**Drug Regimen Review**

**Policy**

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It is the policy of the facility that a licensed pharmacist will review the resident drug regimen including the resident chart at least once a month. The consultant pharmacist may need to conduct the medication regimen review (MRR) more frequently depending on the resident condition, review of short stay residents and risk of adverse consequences. The licensed pharmacist will report in writing, any irregularities to the attending physician, the facility’s medical director and the director of nursing to be acted upon. The pharmacist performing the monthly MRR must also review the resident’s medical record to appropriately monitor the medication regimen and ensure that the medications each resident receives are clinically indicated.

**OBJECTIVE OF DRUG REGIMEN REVIEW POLICY**

The intent of this requirement is that the facility maintains the resident’s highest practicable level of physical, mental and psychosocial well-beingand prevents or minimizes adverse consequences related to medication therapy to the extent possible. The pharmacy consultant will complete the drug regimen review by reviewing the comprehensive assessment information of the resident, identifying irregularities, syndromes potentially related to medication therapy, adverse medication consequences, as well as potential for adverse drug reactions and medication errors.

**Centers for Medicaid and Medicare Services (CMS) - Definitions** **from the State Operations Manual:**

 “Definitions are provided to clarify terminology related to pharmaceutical services and the management of each resident’s medication regimen for effectiveness and safety.

* **“Adverse consequence”** is a broad term referring to unwanted, uncomfortable, or dangerous effects that a drug may have, such as impairment or decline in an individual’s mental or physical condition or functional or psychosocial status. It may include various types of adverse drug reactions and interactions (e.g., medication-medication, medication-food, and medication-disease) (adapted from The Merck Manual Professional Version <http://www.merckmanuals.com/professional/clinical-pharmacology/adversedrug-reactions/adverse-drug-reactions> .)

**NOTE:** Adverse drug reaction (ADR) is a form of adverse consequence. It may be either a secondary effect of a medication that is usually undesirable and different from the therapeutic and helpful effects of the medication or any response to a medication that is noxious and unintended and occurs in doses used for prophylaxis, diagnosis, or therapy. The term “side effect” is often used interchangeably with ADR; however, side effects are but one of five ADR categories. The others are hypersensitivity, idiosyncratic response, toxic reactions, and adverse medication interactions. A side effect is an expected, well-known reaction that occurs with a predictable frequency and may or may not rise to the level of being an adverse consequence.”

* **“Clinically significant”** refers to effects, results, or consequences that materially affect or are likely to affect an individual’s mental, physical, or psychosocial well­being either positively by preventing, stabilizing, or improving a condition or reducing a risk, or negatively by exacerbating, causing, or contributing to a symptom, illness, or decline in status.”
* **“Dose”** is the total amount/strength/concentration of a medication given at one time or over a period of time. The individual dose is the amount/strength/concentration received at each administration. The amount received over a 24-hour period may be referred to as the daily dose.”
* “**Duplicate therapy”** refers to multiple medications of the same pharmacological class/category or any medication therapy that substantially duplicates a particular effect of another medication that the individual is taking.”
* **“Excessive dose”** means the total amount of any medication (including duplicate therapy) given at one time or over a period of time that is greater than the amount recommended by the manufacturer’s label, package insert, and accepted standards of practice for a resident’s age and condition.”
* **“Excessive Duration”**

• “Continuation beyond the manufacturer’s recommended time frames, the stop date or duration indicated on the medication order, facility-established stop order policies, or clinical practice guidelines, evidence-based studies from medical/pharmacy journals, or current standards of practice, without documented clinical justification; or

• Continuation of a medication after the desired therapeutic goal has been achieved, without evaluating whether there is a continued need for the medication, for example, use of an antibiotic beyond the recommended clinical guidelines or the facility policy without adequate reassessment and evaluation of the resident.”

* **“Irregularity”** refers to use of medication that is inconsistent with accepted standards of practice for providing pharmaceutical services, not supported by medical evidence, and/or that impedes or interferes with achieving the intended outcomes of pharmaceutical services. An irregularity also includes, but is not limited to, use of medications without adequate indication, without adequate monitoring, in excessive doses, and/or in the presence of adverse consequences, as well as the identification of conditions that may warrant initiation of medication therapy.”
* **“Medication Interaction”** is the impact of another substance (such as another medication, herbal product, food or substances used in diagnostic studies) upon a medication. The interactions may alter absorption, distribution, metabolism, or elimination. These interactions may decrease the effectiveness of the medication or increase the potential for adverse consequences.”
* “**Medication Regimen Review** (MRR)” or Drug Regimen Review is a thorough evaluation of the medication regimen of a resident, with the goal of promoting positive outcomes and minimizing adverse consequences and potential risks associated with medication. The MRR includes review of the medical record in order to prevent, identify, report, and resolve medication-related problems, medication errors, or other irregularities. The MRR also involves collaborating with other members of the IDT, including the resident, their family, and/or resident representative.”
* **Pharmacy Assistant or Technician”** refers to ancillary personnel who work under the supervision and delegation of the pharmacist, consistent with state requirements.”
* **“Psychotropic Drug”** **is** defined in the regulations at §483.45(c)(3), as "any drug that affects brain activities associated with mental processes and behavior." Psychotropic drugs include, but are not limited to the following categories:

1. anti-psychotics
2. anti-depressants
3. anti-anxiety and
4. hypnotic”

**“NOTE:** Although the regulatory language refers to “drug regimen review,” the guidance in this document generally will refer to “medication regimen review” except in those situations where the term “drug” has become part of an established pharmaceutical term (e.g., adverse drug event, and adverse drug reaction or consequence).”1

**PROCEDURE**

1. The pharmacy will be informed of all new residents upon admission in order for a pharmacist to review prescriptions prior to dispensing.
2. The Pharmacy Consultant will perform a monthly drug regimen review on each resident unless the resident condition/risk will indicate a more frequent schedule that is individualized and communicated between the facility clinical staff and the Pharmacy Consultant.
3. Any irregularities noted by the pharmacist during this review must be documented on a separate, written report that is sent to the attending physician and the facility’s medical director and director of nursing and lists, at a minimum, the resident’s name, the relevant drug, and the irregularity the pharmacist identified. The report may be in paper or electronic form.
4. If in the professional judgement of the pharmacy consultant that an irregularity requires urgent action, the pharmacy consultant will immediately report the irregularity to the Director of Nursing and/or Unit Charge Nurse and the attending physician by phone.
5. The Pharmacy Consultant will be notified within 24 hours of a resident admission, significant change in resident condition or short stay resident that would indicate the need for a medication regimen review. The Pharmacy Consultant will arrange with facility staff, a review of drug regimen on:
   1. New admissions
   2. Transfers from another facility
   3. Resident returns to the facility
   4. Residents on respite care, hospice, end-of-life
   5. Residents with significant Change of condition
   6. Anticipated short term stay of less than 30 days

If the review is offsite, the pharmacy consultant will document findings and send electronically to the facility to include in the medical record. If in the professional judgement of the pharmacy consultant that an irregularity requires urgent action, the pharmacy consultant will immediately ***(Facility may identify time range in accordance with State and Federal interpretation)*** report the irregularity to the Director of Nursing and/or Unit Charge Nurse and the attending physician by phone.

1. The attending physician must document in the resident’s medical record that the identified irregularity has been reviewed and what, if any, action has been taken to address it. If there is to be no change in the medication, the attending physician should document his or her rationale in the resident’s medical record.
2. A review will be completed on any drug at the request of the QAPI committee.
3. All medication regime review documents will be maintained in the resident medical record.

**Reference**

1Centers for Medicare & Medicaid Services State Operations Manual, Appendix PP – Guidance to Surveyors for Long Term Care Facilities (Rev. 173, 11-22-17) Advance Copy, 2022: <https://www.cms.gov/files/document/appendix-pp-guidance-surveyor-long-term-care-facilities.pdf>