

## Medication Regimen Review

---

---

---

---

---

---

---

---

### Disclosure Statement

Norman Pillsbury, Pharm.D., BCPS has disclosed that he has no relevant financial disclosures. No one else in a position to control content has any financial relationships to disclose.

---

---

---

---

---

---

---

---

The University of Florida College of Pharmacy is accredited by the Accreditation Council for Pharmacy Education as a provider of continuing pharmacy education.



---

---

---

---

---

---

---

---

### Objectives

At the completion of this activity, the participant will be able to:

- Recognize the purpose of the Medication Regimen Review in the care process for LTC patients
- Perform a Medication Regimen Review (LTC Patient Case)

---

---

---

---

---

---

---

---

### Medication Regimen Review

- Complete monthly medication regimen reviews using available resources and provide written reports of these reviews to the Facility Administrator, Director of Nursing, Medical Director and all residents' prescribers.
- Assist the facility in establishing a procedure to perform MRR on all residents (without exception) who are anticipated to stay in the facility less than 30 days, or who experience an "acute" change of condition, as identified by facility staff.

Centers for Medicare and Medicaid Services. State Operations Manual (SOM) Appendix PP - Guidance to Surveyors for Long Term Care Facilities. <https://www.cms.gov/Regulations-and-Compliance/Statelicenseandcertification/som/PP-Appendix-PP-Long-Term-Care-Facilities>

---

---

---

---

---

---

---

---

### Medication Regimen Review

- Measure the response to Consultant Pharmacist recommendations from previous visits, and based on subsequent follow-up by the facility, escalate unresolved issues as necessary.
- Evaluate facility documentation related to behavior and adverse effect monitoring for psychotropic medications.
- Assess appropriate utilization and documentation of non-pharmacologic interventions (including multiple), either instead of, or in conjunction with, medication therapy.

Centers for Medicare and Medicaid Services. State Operations Manual (SOM) Appendix PP - Guidance to Surveyors for Long Term Care Facilities. <https://www.cms.gov/Regulations-and-Compliance/Statelicenseandcertification/som/PP-Appendix-PP-Long-Term-Care-Facilities>

---

---

---

---

---

---

---

---

### Medication Regimen Review

- The Consultant Pharmacist’s Medication Regimen Review (MRR) is part of the resident’s permanent health record
  - Consultant pharmacists require access to the entire health record
  - The facility staff should assure that the attending physician, the Director of nursing AND the Medical Director receive copies of the MRRs.
  - The MRR is part of the residents’ permanent health record

Centers for Medicare and Medicaid Services. State Operations Manual (SOM) Appendix PP – Guidance to Surveyors for Long Term Care Facilities. [https://www.cms.gov/medicare/medicaid-services/stateoperationsmanual/downloads/som17ap\\_pp\\_appendix\\_pp.pdf](https://www.cms.gov/medicare/medicaid-services/stateoperationsmanual/downloads/som17ap_pp_appendix_pp.pdf)

---

---

---

---

---

---

---

---

---

---

### Medication Regimen Review

- **The Consultant Pharmacist’s Medication Regimen Review (MRR) is part of the resident’s permanent health record**
  - The attending physician’s response to irregularities identified by the consultant pharmacists are part of the residents’ permanent health record
  - If the attending physician makes no change in the medication based on the Consultant pharmacist’s findings, his/her rationale must be entered into the resident’s permanent health record.
  - If the attending physician does not respond to the consultant pharmacist’s recommendation in a timely manner, the irregularity will be referred to the Medical Director

Centers for Medicare and Medicaid Services. State Operations Manual (SOM) Appendix PP – Guidance to Surveyors for Long Term Care Facilities. [https://www.cms.gov/medicare/medicaid-services/stateoperationsmanual/downloads/som17ap\\_pp\\_appendix\\_pp.pdf](https://www.cms.gov/medicare/medicaid-services/stateoperationsmanual/downloads/som17ap_pp_appendix_pp.pdf)

---

---

---

---

---

---

---

---

---

---

### What is a “Potential or Actual Clinically Significant Medication Issue” (per CMS)?

- A clinically significant medication issue is a potential or actual issue that, in the clinician’s professional judgment, warrants:
  - physician (or physician-designee) communication**AND**
  - completion of physician’s (or designee’s) prescribed/recommended actions by midnight of the next calendar day (at the latest)”

---

---

---

---

---

---

---

---

---

---

**UF** College of Pharmacy  
UNIVERSITY of FLORIDA

## Looking at the Medication List

<p><b>Have there been any changes in the medication list?</b></p>	<ul style="list-style-type: none"> <li>• Do we know the indication for each medication?</li> <li>• Do we know why something was stopped or started?</li> <li>• Was the medication changed during a hospitalization or a change in setting?</li> </ul>
<p><b>Are there any apparent duplications?</b></p>	<ul style="list-style-type: none"> <li>• If a different medication was used in the hospital, was it continued after discharge? Was the original medication discontinued or is there now a duplication?</li> </ul>
<p><b>Does the medication need a stop date or should it be discontinued?</b></p>	<ul style="list-style-type: none"> <li>• Is this medication usually used for a limited duration (e.g., antibiotics, cough and cold, heparin) and has the full course of treatment been completed?</li> <li>• Was the medication ordered for an illness that has now resolved (e.g., acute pain, acute behavior, wound)?</li> </ul>

Thompson W et al. Tools for deprescribing in frail older persons and those with limited life expectancy: a systematic review. J Am Geriatr Soc. 2019; 67:172-180.

---

---

---

---

---

---

---

---

**UF** College of Pharmacy  
UNIVERSITY of FLORIDA

## Looking for Changes in the Resident

<p><b>Is there a new symptom or functional change?</b></p>	<ul style="list-style-type: none"> <li>• Is the new problem a known side effect of a medication (e.g., falls, weight loss)?</li> <li>• Did it happen about the same time as a medication change?</li> </ul>
<p><b>Does the treatment seem to be having no impact?</b></p>	<ul style="list-style-type: none"> <li>• Is a drug-drug interaction causing the treatment to be less effective?</li> <li>• Does the medication or current dose need to be reevaluated?</li> </ul>
<p><b>Has illness or frailty progressed significantly?</b></p>	<ul style="list-style-type: none"> <li>• Are all of the chronic medications still needed?</li> <li>• Is the current dose still safe and effective?</li> <li>• What are the palliative or end of life wishes of the resident?</li> </ul>

Thompson W et al. Tools for deprescribing in frail older persons and those with limited life expectancy: a systematic review. J Am Geriatr Soc. 2019; 67:172-180.

---

---

---

---

---

---

---

---

**UF** College of Pharmacy  
UNIVERSITY of FLORIDA

## Case Study

- BP is 83 y/o white female who resides in Shady Acres Health and Rehab. Her memory remains poor. Patient was referred to neurologist for evaluation of balance problems and some tremor. Patient had a history of close head injuries without loss of consciousness. Patient had fluent speech, but at times appeared confused and unable to answer questions.
- CMH-Type 2 diabetes mellitus with diabetic chronic kidney disease, mixed hyperlipidemia, CKD, Atrial Fibrillation, arteriosclerotic heart disease, gastritis, hyperthyroidism, depression, GERD, psychosis, and end stage dementia.

---

---

---

---

---

---

---

---

### Current Medication List

1. Donepezil 10 mg daily: Take 1 tablet by mouth once daily for dementia
2. Lisinopril 10 mg tablet: Take 1 tablet by mouth daily for HTN
3. Pantoprazole DR 40 mg tablet: Take 1 tablet by mouth twice daily for GERD ( since March 2019)
4. Lantus<sup>®</sup> (insulin glargine) 100 units/ml vial: Inject 25 units under the skin once daily for DM
5. Humalog<sup>®</sup> (insulin lispro) 100 units/ml vial: Inject under the skin per sliding scale
6. Gabapentin 300 mg capsule: Take 1 capsule by mouth three times a day for neuropathy
7. Lyrica<sup>®</sup> (pregabalin) 50 mg capsule: Take 1 capsule by mouth twice a day for neuropathy
8. Atorvastatin 10 mg tablet: Take 1 tablet by mouth once daily for hyperlipidemia
9. Levothyroxine 25 mcg tablet: Take 1 tablet by mouth in the morning for hypothyroidism
10. Risperidone 2 mg tablet: Take 1 tablet by mouth twice daily for dementia (started on July 2019)
11. Eliquis 5 mg tablet – Take 1 tablet by mouth twice daily for A. Fib

---

---

---

---

---

---

---

---

---

---

### Review of Systems

- General Appearance: Patient is in no apparent distress. ABW= 70 kg (154 lb), Height= 165 cm (65 inches), BMI= 25.71 kg/m<sup>2</sup>
- Vital Signs: Temp= 97.2 °F, HR= 83 bpm , RR= 15 breaths/min, BP = 128/74 mmHg
- Cardiovascular: No palpitations, no chest pain
- Extremities: No swelling of the legs
- Endocrine: Random blood glucose= 160 mg/dL and HbA1c is 6.8%, TSH= 2.19 uIU/mL (Normal range= 0.5-3)
- Lipid Panel: Total Cholesterol= 295 mg/dL, TG= 160 mg/dL, HDL= 47 mg/dL, LDL= 138 mg/dL on December 2019.
- Electrolytes: Na= 141 mEq/L, K= 4.6 mEq/L
- Renal: ACR= 26 mg/g, BUN= 35 mg/dL, Scr= 1.7 mg/dL, Calculated CrCl= 39 ml/min/1.73 m<sup>2</sup> (using the CKD-EPI calculator)
- Hematology: Hgb=14 g/dL, Hct=42%

---

---

---

---

---

---

---

---

---

---

### Let's Perform a Medication Regimen Review

---

---

---

---

---

---

---

---

---

---

- Have a strategy on how to assess your patient medication profile.
- Prioritize the interventions you want to present to the prescriber.
- Keep your recommendations short, concise, and accurate.
- Recommendations should be evidence based and cited if possible.

---

---

---

---

---

---

---

---

**Have a strategy on how to assess your patient medication profile**

- Assess documentation on the medication administration record (MAR)
- Assess allergies and diagnosis
- Labs and monitoring
- Unnecessary Medications (Beers Drugs)
- Disease State Management
- Psychotropics

---

---

---

---

---

---

---

---

**Prioritize the interventions you want to present to the prescriber**

- If possible try to keep the number of recommendations to the top 3 priority recommendations.
- Priority will be different from one clinician to the next.
- Evidence based recommendation
- Present the recommendations that cannot wait until your next scheduled visit or review.

---

---

---

---

---

---

---

---

### Communication to Prescribers

- Keep your recommendations short, concise, and accurate
- Communication style is a key to gaining more accepted comments over the long haul.
- Speak with confidence
- Do not get emotional or show frustration when you get pushback.
- Be a medication resource.

---

---

---

---

---

---

---

---

### Medication Regimen Review Comment 1

- Dr. Smith: Resident is 83 yo with a serum creatinine of 1.7 and is currently on Eliquis 5 mg twice daily.
- Recommendation: Please evaluate the current regimen and based on literature, consider decreasing therapy to Eliquis 2.5 mg twice daily.
- NOTE - The prescriber must accept, accept with changes, or decline (and provide adequate rationale for declining) the recommendation.

Eliquis product information. Prescription. No. Bristol-Myers Squibb Company. 2018 Jun.

---

---

---

---

---

---

---

---

### Medication Regimen Review Comment 2

- Dr. Smith: Your resident has been on Risperidone 2 mg twice daily for psychosis since July 2019. Gradual dosage reductions must be performed twice yearly on antipsychotics with the first year of therapy.
- Recommendation: Please consider decreasing the present dosage to Risperidone 1mg twice daily for psychosis and monitor for any return of behaviors with the first seven days of a change in therapy.

Centers for Medicare and Medicaid Services. State Operations Manual (SOM) Appendix PP - Guidance to Surveyors for Long Term Care Facilities. <https://www.cms.gov/Regulations-and-Compliance/Statelicenseandcertification/som/2019-01-01-pp>

---

---

---

---

---

---

---

---

### Medication Regimen Review Comment 3

- Dr. Smith: Your resident is presently on Atorvastatin 10 mg daily and the most recent LDL level was 138 mg/ dL in December 2019 was not meeting current goals for therapy.
- Recommendation: Please reevaluate the current therapy and based on current literature, consider increasing the therapy to Atorvastatin 40 mg daily and reevaluate current goals for therapy.

Grundy SM et al. 2018. AHA/ACC/AACVPP/AAPA/ABC/ACCP/AFPA/AHA/ASPC/LMA/PCNA. Guideline on the Management of Blood Cholesterol: A report of the American College of Cardiology/American Heart Association Task Force on Clinical Practice Guidelines. Circulation. 2018; 138(25):e510-552

---

---

---

---

---

---

---

---

---

---

### Medication Regimen Review Comment 4

- Dr. Smith: Your resident is presently on Pantoprazole 40 mg twice daily since March 2019.
- Recommendation: Please reevaluate therapy and base on current literature consider decreasing the present dosage to Pantoprazole 40 mg once daily and monitor for reemergence of symptoms when dosage is changed.

American Geriatrics Society. American Geriatrics Society 2015 Updated AGS Beers Criteria® for Potentially Inappropriate Medication Use in Older Adults. American Geriatrics Society. AGS. 2015

---

---

---

---

---

---

---

---

---

---

### Considerations

- There maybe additional recommendation that are identified in the medication regimen process, but prioritize your review to submit your top 3 or 4 most pressing drug related problems to the prescriber
- Determine which interventions can be held off until your next scheduled visit.
- Do not want to overwhelm the patient or the prescriber with too many changes to the medication profile.

---

---

---

---

---

---

---

---

---

---



## Medication Regimen Review

---

---

---

---

---

---

---

---