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[Choosing Wisely - 15 things we should question](#)

Phase 3 guidance: GDR regulations

- **Non-traditional meds such as antihistamines, seizure meds, other CNS meds, when use appears to be a substitute for a traditional psychotropic are now subject to GDR guidelines**
- Attempt GDR: Twice within the first year, in two separate quarters, at least one month apart. After the first year, reductions must be attempted annually
- GDRs should be done in a manner than minimizes withdrawal with appropriate tapers.
 - **Dose changes may take 4-6 weeks to see full effect.** Be careful not to classify a failure 3 days into an attempted GDR.
- CMS surveyors will look for the potential of psychosocial harm by interviewing staff and/or resident to determine if side effects have adversely affected the resident's QOL
 - **Renewal requires a new prescription AND a direct evaluation of the patient by the prescriber**
 - **Prescriber must document a specific rationale for therapy, specific benefits to patient, and progress to goals of therapy.**
- Antipsychotics -absolute **hard stop on PRN antipsychotics at 14 days.** No exceptions.
- Other psychotropics - limited to 14 days unless:



Med Director Report: Psychotropics and Deprescribing

- o Prescriber documents specific diagnosis, treatment benefits, rationale for extending beyond 14 days AND a specific duration of treatment
- o includes antihistamines such as hydroxyzine when uses for behaviors
- Compazine is an antipsychotic
- Hospice is NOT EXEMPT from PRN rules or any rules.
- **Documentation should include an indication with an identified clinical rationale that is based upon an assessment of the resident's condition and therapeutic goals**