



Pharmacy Newscapsule

Wisconsin Department of Health Services
Division of Quality Assurance

March-April 2014

Gradual Dose Reduction or Tapering Scenarios by Doug Englebert, R.Ph.

The following is a scenario that provides some general guidance for medication dose reduction or tapering, based on the Centers for Medicare and Medicaid Services (CMS) guidance. The scenarios listed below are only examples of what may occur and are intended to provide guidance for the investigation of, and compliance with, F329 - Unnecessary Drugs. Real situations involving individual residents identified during survey may have different characteristics and complexities that can affect compliance with F329.

Scenario: The resident has dementia with Post Traumatic Stress Disorder (PTSD) and has been on the same dose of risperidone for eight months. What are the requirements for dose reduction?

The requirements for dose reduction in this resident include two attempts in the first year, performed in two separate quarters, with at least a month between attempts. This resident's first dosage reduction will need to occur in month eight or nine in order to meet the quarterly requirement.

However, this first dosage reduction can be avoided if it is clinically contraindicated. Clinically contraindicated means:

Option 1: First attempt at a dosage reduction failed (for example, return of symptoms) and the physician provides their clinical rationale. For example data showing that the resident has responded favorably, continues to respond favorably, and that any side effects are tolerated and monitored.

Option 2: In this scenario the resident has dementia with PTSD. In this population there are some clinical standards that support use of antipsychotics, which may include a longer length of therapy for those individuals where the

(continued on page 2)

In This Issue ...

Dose Reductions	PG 1
App for That	PG 1
OTC Contingency in CBRF	PG 2
Consultant Corner	PG 3

There is an APP for That!

MediMath Medical Calculator

MediMath has 144 of the most important medical calculators and scoring tools.

These include Body Mass Index (BMI), creatinine clearance, opioid conversions, and IV concentrations.

This app does carry a price, but for some who use a significant number of the calculations available, the price may be worth it.

There are other medical calculators that you can check out, as well. Simply search using the term "medical calculator," check the reviews, and check the version dates.

medication is successful. In these cases where the resident with dementia also has a confirmed mental illness, the psychiatrist that is treating the Post Traumatic Stress Disorder (PTSD) can provide standards of practice and clinical rationale specific to this resident's medication response and the first dose reduction in the first nine months does not need to occur.

In this scenario, it would be best practice for the facility and the psychiatrist to have full understanding of the plan of treatment so that the facility can develop a care plan and monitor more effectively and the psychiatrist can have better data to assess results.

Unfortunately, there is sometimes a breakdown in this communication. When this occurs, as a surveyor you should attempt to interview the psychiatrist and facility staff who are care planning, providing care, and monitoring to see if that plan is on target. If the facility and psychiatrist do not have the same understanding of the treatment plan and the potential need for dose reductions, the facility will often be cited for failing to complete a dose reduction and also potentially for inadequate monitoring or inadequate indications.

OTC Contingency Supplies in a CBRF

by Doug Englebert, R.Ph.

Since the rewrite of DHS 83 in 2009, there have been requests for contingency supplies of medications in a Community Based Residential Facility (CBRF). Recently, there was another inquiry that has changed the Division's position. The following clarifies that position.

First, **no** CBRF is allowed to have a contingency supply of prescription medications. There may be some rare instances where a waiver or variance may be allowed for prescription drugs in contingency, but these will usually occur in situations where a physician is based in the facility.

Second, the intent of the OTC packaging and labeling requirement at 83.37(1)(b) was that all residents would have their own supply of OTC product which would have proper labeling when kept in manufacturer bottles. In addition, by doing so it allowed CBRF residents the option of purchasing the supply from a pharmacy or from other locations where OTC medication are available.

Since 2009, some facilities have been granted waivers to have contingency supplies of OTC medications. In these cases, a facility has usually established policies for use, trained staff, and has developed rationales such as medication waste, resident finances, and --- in some cases --- resident safety to limit individual supplies of OTC medications and to use a contingency supply of OTC medications instead. In January 2014, another facility requested certain OTC medications to be placed into contingency instead of having individual supplies. In reviewing that waiver, a question was raised related to DHS 83.37(1)(b) and the need to have a resident's name on the container being interpreted as a need to have individual supplies. During that discussion it was determined that a facility could be compliant by placing multiple residents' names on the container and still be compliant, if the residents had orders for the medication and if the OTC medication was maintained in the manufacturers container. Pursuant to the discussion for this waiver, it was determined that CBRFs do not need a waiver for OTC medication contingency supplies.

For a facility to have OTC contingency supplies of medications they must do the following, per 83.37(1):

- 1) Have a written order for the OTC medication.
- 2) Keep OTC medications in manufacturer container.
- 3) Place each resident's name on the label.

The use of a contingency supply of medications brings up issues of medication safety and infection control. Sometimes, there can be different types of medication errors that occur with the use of a contingency supply which may require specific training in the facility. Usually, the types of errors include selecting the wrong dose or forgetting or not documenting a medication that was given (which leads to a second dose being given too early). In addition to medication errors, infection control issues caused by contamination of the contingency supply can also occur --- for example, using unwashed hands or an unclean device (like a spatula or medication cup) to prepare doses of medications. As a surveyor, if you see facilities with medication errors or infection control issues, you should investigate these issues for possible violations.

Consultant Corner

1. Can you discuss the requirements regarding monitoring of refrigerator temperatures?

Refrigerator monitoring needs to be based on what is being stored in the refrigerator.

For example, a refrigerator has opened insulin vials stored in the unit. Most insulin vials can be stored at room temperature for up to 28 days. In this situation, if the refrigerator went to room temperature for 24 hours, the insulin could still be used. Therefore, checking this refrigerator once a day may be enough.

However, if you have a product that can only tolerate four hours at room temperature, the facility should be checking about every four hours to ensure that the refrigerator never hit room temperature for longer than four hours. In these situations, the most practical solution is to obtain a continuous monitor. These monitors can be purchased for between \$50 and \$300 and can protect medications far more costly from expiring.

The last concern with medication refrigerators is the lack of follow-up when refrigerator temperatures go beyond the typical ranges of 36° - 46° Fahrenheit. In these situations, determining medication stability and viability for continued use is important. In addition, repairing or adjusting the unit, continued monitoring, and removal of medications are options that may need to be explored.

As a surveyor, you should check medication refrigerators for adequate monitoring. And, looking at procedures to address temperatures out of range is important, especially if there is evidence that temperatures have done so.