



FFCP Prescribing Policy for Controlled Substances 6-29-23

This policy covers schedule II and schedule III medications which include and are not limited to benzodiazepines such as Xanax (alprazolam), Klonopin (clonazepam), Valium (diazepam), Lorazepam (Ativan), temazepam; hypnotic sleeping medication such as Ambien and Lunesta; medication for opioid and substance dependence (buprenorphine); and stimulant medication for ADHD such as Adderall, Ritalin, and Dexedrine.

When clients seek services with us our clinicians conduct diagnostic assessments which include direct examination, review of pertinent collateral information, and review of available records. Based on such assessment a treatment plan is developed. While our treatment plans aim to be client-centered, when it comes to prescription medication, clinician expertise, and clinical judgment are a factor in determining which medication is appropriate for a specific client. We follow guidelines for best prescribing practices based on relevant research, professional standards, and experience.

Benzodiazepines have several short-term and long-term risks. FFCP has implemented a policy where we will not start a benzodiazepine or hypnotic sleep medication in a client who is not already on one. This means that if a client is not presently taking a benzodiazepine we will not prescribe such medication. Our goal is to prevent long-term addiction and adverse consequences associated with benzodiazepine use and hypnotic sleep aid use. There are some specific medical scenarios that may warrant a short-term course of benzodiazepine which would be the only exception to this policy.

In addition, our long-term goal is to assist clients in weaning off benzodiazepines and hypnotic sleeping medication. This is something that we have been quite successful with. There are several protocols that exist, the most popular being the Ashton Manual. Such tapering protocols allow for client-directed long-term reduction of the dose of medication over months to even years.

<https://www.benzoinfo.com/ashtonmanual/>

FFCP clinicians medically treat ADHD. ADHD is a syndrome classified in the DSM with well-established behavioral, medical, and psychological treatments available. During our assessment the clinician makes a clinical judgment whether standard outpatient



assessment is indicated or a referral for neuropsychological testing is needed to confirm a diagnosis prior to stimulant medication treatment. The primary medications for ADHD also have an abuse potential and are considered controlled substances.

While stimulant medications improve attention and focus, they are also notorious for increasing anger, irritability, triggering manic and hypomanic episodes, and disrupting sleep. When we determine that there are adverse effects from a medication, we are obligated to factor that in when determining whether to continue a medication with a client.

Because of the abusive nature of some forms of stimulants over others, FFCP does prioritize the use of methylphenidate (Ritalin) and long-acting amphetamine salts (not including Adderall) first.

Depending on the medication prescribed, periodic and random urine drug testing may be a component of the medication monitoring process. When providing consent for assessment and treatment, such consent includes agreeing to cooperation with such testing.

Our clinicians are interested and invested in the well-being of our clients. This includes physical and mental health along with quality of life. Whenever possible medication decision-making is a joint venture between prescriber and client with client preference being an important consideration. With controlled substances and their risks, we stand by our policy of using clinical judgment when determining their use and in working with clients to wean off such medications when deemed clinically necessary and appropriate.

Prior to prescribing medication, we check the controlled substances database (CRISP). CRISP is an important tool ensuring safe prescribing and monitoring of controlled substances. When patients opt out of CRISP we are not able to safely prescribe certain medications. If a patient opts out of CRISP then we will make a determination if we are able to provide any treatment or a restricted range of treatment options and medication.