

Prescription Practices for Certain Controlled Medications



At ANHC, we aspire to be a trusted partner in your health by providing integrated, compassionate, high-quality healthcare. We strive to be the provider of choice for all patients; however, ANHC is not always the right fit for everyone. To support excellent patient care, ANHC is proactively disclosing our facility practice of limiting prescriptions for:

- Stimulants (including Ritalin and Adderall)
- Opioid prescriptions (pain medication including Vicodin and OxyContin)
- Benzodiazepines (anti-anxiety medications including Xanax and Ativan)

Stimulants

ANHC requires a formal diagnosis in order to prescribe medication to treat ADHD and attention difficulties. To reach a formal diagnosis, all patients 18 years old and older, both new and established, who request assessment or medication for ADHD or attention difficulties must participate in a process that includes a medical appointment, a review of past psychological testing and medical records, and possible further psychological testing. This process may take between one and four months to complete. It must be completed prior to the prescription of medication. Patients cannot receive a prescription to treat ADHD and/or attention difficulties until the process has been completed and a formal diagnosis has been made.

Opioids and Benzodiazepines

ANHC takes a cautious approach when prescribing these medications. Benzodiazepines and opioids are the prescription medications most often associated with tolerance, dependence, addiction, and even death in patients. While all prescriptions are at the discretion of the medical provider in partnership with a patient's desired outcomes, ANHC providers will generally only prescribe indicated opioids or benzodiazepines for short-term use.

Guidelines for prescribing these medications are below:

Opioids (oxycodone, hydrocodone, morphine, fentanyl etc.)

- ANHC providers will generally not prescribe opioids for daily chronic pain unless the patient has active cancer, is receiving treatment for end-of-life care, or has a serious medical condition that necessitates palliative care.
- Established patients desiring daily opioids for pain management that do not meet the above criteria (e.g., low back pain) will be referred to a pain management specialist of their choice.
- Patients with ongoing opioid prescriptions may be asked by their provider to submit a urine sample for drug abuse screening on an annual basis.
- ANHC providers will generally attempt to prescribe the lowest opioid dose for the shortest period of time.
- Patients requiring more than 90 morphine milligram equivalent (e.g. 60 mg of Oxycodone) daily will be referred to a pain management specialty practice.

Benzodiazepines (Xanax, Ativan, Klonopin, Valium etc.)

- Providers are unlikely to prescribe benzodiazepines in concert with opioids including buprenorphine, or to patients with substance use disorder.

- ANHC providers are unlikely to prescribe benzodiazepines for long term management of anxiety or for sleep disorders without a sleep study.
- Generally, ANHC providers will not prescribe benzodiazepines for long term use. Medical providers may suggest or require (through prescription modification) patients prescribed benzodiazepines for long term use taper their medication.

General Guidelines

Every patient and condition will be treated on a case-by-case basis based on the needs of the patient, the provider's evaluation, and consideration of all available information. These are general guidelines and are provided as a good faith effort to support mutual respect and trust between patients and their medical provider at ANHC.

By acknowledging receipt of this document in the new patient packet, the patient understands that requests for opioid and benzodiazepine prescriptions may be denied by their primary care provider in accordance with the guidance above. Further, patient requests for medical provider transfer due to denial of prescriptions for opioids or benzodiazepines may be denied by ANHC.