

## Patient Prescribing Information for Anti-anxiety, Sleep Medication, and Opioids

\*Note review ADHD prescribing guideline elsewhere (add web page url)

If you have an anxiety disorder/panic, insomnia, or an addiction to opioids or are on suboxone or methadone, please complete our checklist and review our guidelines so you will know what to expect as part of our evaluation and prescribing policies.

Were you diagnosed or do you believe you have an anxiety disorder/or panic disorder Yes  No

Were you diagnosed with a sleep disorder or do you have insomnia? Yes  No

Were you diagnosed with an opioid addiction or are you currently on suboxone or methadone? Yes  No

If you have answered yes to any of these questions, please review below our Televerohealth Guideline on prescribing these controlled substances.

Our general approach to care for these disorders/problems include:

- Our priority is to get to know you and develop a good working relationship with you.
- We will take some time review your psychiatric and medical history, your medical records, complete a full psychiatric evaluation, and administer diagnostic testing, as appropriate.
- As medically indicated, we may require some testing or labs including an initial and/or follow up Urine Drug Screen, and, if needed, an approval or coordination with your primary care physician to help us determine that it is medically safe to prescribe.
- Our clinical approach is generally to begin by offering behavioral interventions or psychotherapy, if indicated.
- If we prescribe seen our guidelines below.

### Anxiety Disorders/ Panic & Anti-anxiety Medications

- If you are seeking benzodiazepine (Ativan, Klonopin, Xanax etc.) for treatment for anxiety, understand that we recommend that benzodiazepine may only be prescribed for a maximum of 6 weeks. Our primary recommended treatment for these disorders is psychotherapy and/or antidepressants (SSRI, TCA, MAOIs), if needed.
- If you have been on a benzodiazepine (Ativan, Klonopin, Xanax etc.) for a long time and are seeking treatment, we may initially continue these medications. However, our goal will be to reduce your dose and transition your treatment to antidepressants and/or psychotherapy.

### Insomnia/ Sleep Disorder

- Our approach to general insomnia (without a formal sleep disorder) is initially focused on teaching sleep hygiene. If sleep medication is indicated, we may begin using antidepressants such as trazadone, doxepin, mirtazapine as these are not addicting. If a

sleep medication such as Ambien, other z drugs, or the Orexins are indicated, we will generally be prescribed these over the short-term typically, not more than 6 weeks. We may recommend Cognitive Behavioral Therapy for Insomnia (CBT-I) as this is now considered the best long term treatment approach to insomnia

### **Opioids, Suboxone, and Methadone**

- Because we are a telemental health company, and all our sessions are virtual, we do not prescribe narcotics
- As a telemental health company, we are not able to start you on suboxone or offer what is called a suboxone induction. However, if you are on a stable dose of suboxone or need an adjustment in dose, or a taper, we can prescribe if we are also treating you for a co-morbid psychiatric diagnosis.
- Because we are not a primary addiction service, we are not allowed to prescribe methadone. We also cannot taper methadone or switch a patient from methadone to suboxone. Those interventions can be done more safely with an in-person addiction specialist or an in-person outpatient methadone clinic. We can coordinate your care with your in-person methadone treatment clinician.

If you have further questions, please discuss these with your treating clinician