## Benzodiazepine Medication Policy

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<tr>
<th>Effective Date</th>
<th>Approval Date</th>
<th>CaSonya Thomas, Director</th>
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### Policy

It is the policy of the Department of Behavioral Health (DBH) for DBH physicians to follow accepted medical guidelines when prescribing habituating medications to ensure the medication is the optimum treatment.

### Purpose

To ensure DBH physicians evaluate the benefits-to-risk ratio and follow accepted guidelines when prescribing Benzodiazepine class medications. This will reflect a high quality of care and reduce serious side effects such as abuse and dependency.

### Compliance

The physician monitors at every visit that clients receiving active on-going therapy are eligible to receive benzodiazepine medications. If client fails to appear for two consecutive psychiatric sessions, further benzodiazepine prescriptions will be denied. Lack of compliance with the overall treatment plan may be an index of poor adherence to the medications themselves.

### History of the Client

Given the very high incidence and prevalence of substance abuse/dependence in a contemporary society, the physician shall ascertain if a client has a drug history. When possible, the physician will consult with the primary care physician/pharmacy to ensure reconciliation of medications. If the prescriber believes that the foreseeable risk of using benzodiazepine medication may outweigh any benefits, then prescribing benzodiazepines shall be delayed while the client first tries a series of non-habituating medications.

### Client Rights to Remedy First Refusal

In cases where the physician has deemed benzodiazepines to be an inappropriate pharmacologic choice and the client is not satisfied with such result (refusal), then the client shall have access to a second opinion in that clinic or in any other clinic except the Crisis Walk-In Clinic (CWIC). CWIC is for urgent matters only.

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## Benzodiazepine Medication Policy, Continued

### General Principals

Clients with a diagnosis requiring benzodiazepine medication shall first be offered non-habituating medications. If habituating medications are needed, the diagnosis shall be appropriate to justify their use.

### Diagnosis-Specific Treatment with Scheduled Drugs

Prior to the prescription of any benzodiazepine, the physician must warn the client that addiction is a possible consequence of such treatment and suddenly stopping such a medication could precipitate a seizure.

Benzodiazepines should be used only when they are clinically indicated and there is not an appropriate non-habituating alternative available. The diagnosis and need for benzodiazepine therapy should be frequently reviewed. When benzodiazepines are prescribed, justification for ongoing use shall be documented at each encounter.

### Related Policies

Department of Behavioral Health, Standard Practice Manual:
- MDS2006 - [Deviation from Standard Practice of Medicine](#)
- MDS2018 - [Physician's Orders (Treatment Plan)](#)