**Benzodiazepine and Z-Drug Prescribing Policy**

At Present Psychiatry, patient safety and evidence-based care are our highest priorities. To ensure responsible prescribing practices and to reduce the risk of dependence, misuse, and adverse health outcomes, the following policy applies to all patients:

**1. Benzodiazepines**

* We do **not prescribe benzodiazepines (such as Xanax, Ativan, Klonopin, or Valium) for the ongoing treatment of anxiety or depression.**
* Benzodiazepines may only be considered in **short-term, time-limited situations** (e.g., acute crisis stabilization, medical procedures, or when clinically appropriate and supported by guidelines).
* Long-term management of anxiety and depression will focus on **first-line treatments**, including psychotherapy, SSRIs, SNRIs, and other evidence-based non-benzodiazepine medications.
* Patients requesting benzodiazepines for chronic use will be referred to appropriate non-benzodiazepine treatment options.

**2. Z-Drugs (e.g., Zolpidem, Ambien, Lunesta)**

* We do **not prescribe zolpidem or other “Z-drugs” for the treatment of sleep disorders.**
* Management of insomnia will emphasize **behavioral interventions (CBT-I)**, sleep hygiene, and non-habit-forming alternatives when medication is appropriate.

**3. Patient Education**

* All patients will be educated about the **risks of dependence, tolerance, withdrawal, and cognitive impairment** associated with benzodiazepines and Z-drugs.
* Alternative treatment plans will be developed collaboratively with each patient to address their symptoms safely and effectively.

**4. Exceptions**

* Exceptions to this policy may be made in **rare, clinically justified circumstances**.
* Exceptions are **strictly limited to one-time, short prescriptions intended only to bridge the gap and prevent withdrawal symptoms** when clinically necessary.
* Any exception will require clear documentation of the rationale, risk-benefit assessment, and a time-limited treatment plan.