

ANTI-ANXIETY/ANXIOLITIC AGENTS

MEDICATION / DOSAGE RANGE	SIDE/ADVERSE EFFECTS CONTRAINDICATIONS	CONTRAINDICATIONS/ COMMENTS
alprazolam (Xanax) 0.25-2mg TID (max 8mg/d)	Drowsiness, sedation, dependence, suicidal ideation. Contraindication: narrow-angle glaucoma.	Indicated for short-term use or intermittent use in GAD/panic disorder. Do not mix with alcohol/other CNS depressants/caffeine. Do not abruptly stop this medication.
bupirone (BuSpar) 7.5-15mg in divided doses (max 60mg/d)	Dizziness, headache, drowsiness, nausea, restlessness, involuntary facial or neck movements.	Low risk for dependence. Not a CNS depressant. Takes 2-4 weeks to reach desired effect. Avoid alcohol/grapefruit juice.
chlordiazepoxide (Librium) 5-50mg TID/QID	Drowsiness, lethargy, respiratory depression, OH, dependence, suicidal ideation. Contraindications: narrow-angle glaucoma, prostatic hypertrophy, psychoses.	Avoid alcohol/other CNS depressants, increases bilirubin, AST/ALT. Also used in alcohol withdrawal syndrome (in higher doses). Do not abruptly stop this medication.
clonazepam (Klonopin) 0.25-2mg BID	Drowsiness, sedation, ataxia, respiratory depression, suicidal ideation. Contraindications: renal disease, COPD.	Also used as an anticonvulsant. Avoid alcohol/other CNS depressants/ caffeine. Avoid use in addiction-prone individuals. Do not abruptly stop this medication.
clonidine (Catapres, Catapres TTS) 0.1mg BID-TID (max 2.4 mg/d)	Dry mouth, constipation, drowsiness, sedation. Patch contraindicated in SLE, scleroderma, and polyarteritis nodosa.	Avoid alcohol/other CNS depressants/ caffeine. Used off-label for migraine prophylaxis, treatment of alcohol, smoking, opiate, and benzodiazepine withdrawal.
clorazepate (Tranxene) 15mg/d HS, may inc. to 15-60mg in divided doses	Drowsiness, hypotension. Contraindications: narrow-angle glaucoma, psychoses, drug abusers.	Also used in Alcohol Withdrawal Syndrome. Can be useful in management of agitation and aggression. Do not abruptly stop this medication.
diazepam (Valium) 1-10mg BID-QID (max 30mg/8hrs)	Drowsiness, fatigue, dependence, N/V, syncope, CV collapse. Contraindications: narrow-angle glaucoma, untreated open-angle glaucoma.	Drug of choice for status epilepticus. Used in short-term relief of anxiety symptoms (including pre-surgery, cardioversion, endoscopic procedures) and alcohol withdrawal. Avoid alcohol/other CNS depressants/ caffeine. Do not abruptly stop this medication.
hydroxyzine (Atarax, Vistaril) 25-100mg TID-QID (max 600mg/d)	Drowsiness, dry mouth, sedation.	Used for anxiety relief, control of nausea/vomiting and reduction of narcotic requirements. May also be used for chronic urticaria and alcohol withdrawal/delirium tremens. Non-addictive.
lorazepam (Ativan) 2-6mg/d in divided doses (max 10mg/d)	Drowsiness, sedation, dizziness, lethargy. Contraindications: narrow-angle glaucoma, psychoses.	Also used as a pre-anesthetic medication and for management of status epilepticus. Avoid alcohol/CNS depressants/ caffeine.
meprobamate (Miltown, Equanil) 400-800mg/d	Drowsiness, ataxia, nausea, respiratory depression.	May be used to promote sleep in anxious patients. Avoid alcohol/CNS depressants/ caffeine.
oxazepam (Serax) 30-60mg/d in divided doses TID-QID	Drowsiness, ataxia, confusion, nausea, paradoxical reactions.	Also used in acute alcohol withdrawal. Avoid alcohol/CNS depressants/ caffeine. Do not abruptly stop this medication.
propranolol (Inderal) Single dose of 5-10mg taken 20-30 min prior to anxiety-producing event.	Confusion, fatigue, dizziness, drowsiness, bradycardia, parenthesis. Many CV and respiratory system contraindications.	Used off-label for anxiety, panic disorder, and social anxiety disorders. Also used for migraine headache prophylaxis. Some Asians may be more sensitive (slow metabolizers) to BB, thus caution is indicated in its use.

MOOD STABILIZERS

MEDICATION / DOSAGE RANGE	SIDE/ADVERSE EFFECTS CONTRAINDICATIONS	CONTRAINDICATIONS/ COMMENTS
carbamazepine (Tegretol) 800-1200mg/d divided BID-QID (max 1600mg/d)	Agranulocytosis, aplastic anemia, thrombocytopenia, sedation, dry mouth, dizziness, syncope, ataxia, neuralgias, n/v/d, constipation, photosensitivity, life- threatening skin rashes	Therapeutic level 4-12mcg/ml. Drowsiness, dizziness, ataxia, light- headedness & gastric upset usually subside within a few days of starting therapy. Multiple drug interactions. BBW for Asians: screen for HLA-B*1502 due to high risk of SJS or TENS (potentially fatal).
divalproex, valproic acid (Depakote) 250 mg TID (max 60mg/k/d)	Thrombocytopenia, hepatotoxicity, sedation, n/v/d, weight gain, fine tremor, photosensitivity, hair loss, insomnia, suicidal thoughts. Contraindicated in bleeding disorders or liver disease.	Therapeutic level 50-100mcg/ml. Blood counts and liver function must be regularly monitored. Monitor for life-threatening hepatotoxicity/pancreatitis Multiple drug interactions
gabapentin (Neurontin) 600-2000 mg/d divided TID (max 3600mg/d)	Drowsiness, dyspnea, swelling of lips, slurred speech, delusions, trembling or shaking, fatigue, weight gain or weight loss, n/v/d, blurred vision, clumsiness or unsteadiness, somnolence.	Sometimes effective for mood disorders that have failed antidepressants or other mood stabilizers. Has significantly more anxiety and antiagitation potency than some other mood stabilizing anticonvulsants. Maintenance phase use.
lamotrigine (Lamictal) 50-200mg/d daily-BID	Dizziness, ataxia, somnolence, headache, n/v/d, constipation, diplopia, blurred vision, poor coordination, fatal rash, rhinitis.	Especially for use in bipolar depression. Used in maintenance phase. Withhold drug if rash develops and report immediately. May cause aseptic meningitis.
lithium (Eskalith, Lithobid, Lithonate) 300mg TID or QID	Cardiac dysrhythmias, convulsions, headache, acne, rash, lethargy, alopecia, fatigue, diabetes insipidus (polyuria), increased thirst, n/v/d/, anorexia, dry mouth, metallic taste, fine hand tremor, muscle weakness, edema, nephrotoxicity, goiter, hypothyroidism, weight gain, suicidal ideation.	Therapeutic level for acute mania between 1.0-1.5 mEq/L. Used for control and prophylaxis of acute mania and the acute manic phase of mixed bipolar disorder. Also used in unipolar depression, schizophrenia, alcohol dependence. Maintain consistent Na/H ₂ O intake (avoid diuretics/NSAID's). Caffeine can decrease lithium levels Monitor levels regularly. Multiple drug interactions.
topiramate (Topamax)200-600mg/d divided BID	Anorexia, weight loss, confusion, psychomotor slowing, fatigue, dizziness, flushing, paresthesia.	Used in maintenance phase or in combination with other drugs. Multiple drug interactions.

ANTIDEPRESSANT AGENTS

****Monitor for increased Suicidal Ideation during initiation of therapy (especially in children, adolescents, and young adults >25yrs. of age)****

Selective Serotonin Reuptake Inhibitors (SSRI's)

MEDICATION / DOSAGE RANGE	SIDE/ADVERSE EFFECTS CONTRAINDICATIONS	CONTRAINDICATIONS/ COMMENTS
citalopram (Celexa) 10-40mg/d (max 60mg/d)	All in class: fatigue, nausea, diarrhea, dry mouth, hyponatremia, dizziness, tremor, sexual dysfunction, decreased libido, minimal sedation, suicidal ideation. Rare: Serotonin Syndrome, NMS-like syndrome.	All in class: Usually used first line due to minimal side effects compared to older antidepressants (MAO-I's and TCA's) and greatly decreased potential for overdose. Many SSRI's have drug interactions.
fluoxetine (Prozac) 10-80mg/d 90mg/weekly	See above	See above Long half-life.
fluvoxamine (Luvox) 100-300 mg/d	See above	See above. Used for OCD. Do not stop abruptly.
paroxetine (Paxil) 10-50mg/d	See above	See above. Short half-life – do not stop abruptly.
sertraline (Zoloft) 50-200mg/d	See above	See above. Do not discontinue abruptly. Most nausea, stomach upset.
escitalopram (Lexapro) 10-20mg/d	See above	See above. Do not discontinue abruptly.
vilazodone (Viibryd) 10-40mg/d	See above	See above. Do not discontinue abruptly. Newest agent in class.

Norepinephrine and Serotonin Specific Antidepressant (NASSA)

mirtazapine (Remeron) 15-45mg/d	Strong sedating effect, hyponatremia, dizziness, increased appetite, weight gain, constipation, cholesterol elevation.	Helps SSRI sexual dysfunction, low interference with metabolism of other drugs. Can be used as an appetite stimulant in the elderly. Do not discontinue abruptly.
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Selective Norepinephrine Reuptake Inhibitors (NRI's)

roboxetine (Vestra, Edronax) 2-8 mg/d divided BID	Ach side effects, decreased libido (less than with SSRI), headache, insomnia	Potential for drug interactions. Non-sedating. Do not discontinue abruptly. May help with lethargy and slowed cognition secondary to depression as well as social impairments (those r/t low self esteem and social apathy).
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Norepinephrine Dopamine Reuptake Inhibitor (NDRI)

bupropion (Wellbutrin XL,SR, Zyban) generic 100mg TID SR 150mg BID XL 150-300mg/d	Lowers seizure threshold, agitation, insomnia, dry mouth, blurred vision, headache, dizziness, tremor, n/v, constipation.	Full effect may take up to 4 weeks. Also used for smoking cessation. Least weight gain. Do not discontinue abruptly.
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ANTIDEPRESSANT AGENTS*(continued)*

****Monitor for increased Suicidal Ideation during initiation of therapy (especially in children, adolescents, and young adults >25yrs. of age)****

Serotonin Antagonist and Reuptake Inhibitor (SARI)

MEDICATION / DOSAGE RANGE	SIDE/ADVERSE EFFECTS CONTRAINDICATIONS	CONTRAINDICATIONS/ COMMENTS
trazodone (Desyrel) 150-400 mg/d	Drowsiness, orthostatic hypotension, dry mouth, weight gain, memory dysfunction.	Can be used as a non-addictive sleeper. Do not discontinue abruptly. No Ach side effects. Rare priapism (especially at higher doses)
nefazodone 50-600 mg/d BID-TID	Headache, dizziness, drowsiness, liver failure.	Canada withdrew from market in 2003 due to liver-related adverse effects. Do not discontinue abruptly.

Serotonin and Norepinephrine Reuptake Inhibitors (SNRI's)

venlafaxine (Effexor, Effexor XL) Regular - 25-375mg/d XR 75-225mg/d	Somnolence, dry mouth, dizziness, hyperhidrosis, hypertension, hyponatremia, nausea, insomnia, agitation, headache, sexual dysfunction, elevated cholesterol	Useful for treatment-resistant chronic depression. Do not discontinue abruptly. Low potential for drug interaction. Possible increase in blood pressure (10-15mmHg) especially at higher doses. Do not mix w/St. John's Wort. Does not cause Ach/CV effects.
duloxetine (Cymbalta) 30-60mg daily or in divided doses	Nausea, somnolence, dry mouth, constipation, decreased appetite, hyperhidrosis, fatigue, hypertension, hyponatremia, sexual dysfunction	Response to medication 1-4 weeks, mild side effects. Monitor BP, reduce or discontinue if elevated BP persists. Do not discontinue abruptly.
desvenlafaxine (Pristiq) 50-100 mg daily	GI upset, dizziness, insomnia, hyperhidrosis, constipation, somnolence, decreased appetite, hypertension, hyponatremia, anxiety, sexual dysfunction	Monitor BP, reduce or discontinue if elevated BP persists. Do not discontinue abruptly.
levomilnacipran (Fetzima ER) 40-120mg daily	Nausea, vomiting, constipation, hyperhidrosis, sexual, hypertension, hyponatremia, dysfunction, tachycardia, palpitations, urinary hesitancy	Monitor BP, reduce or discontinue if elevated BP persists. Do not discontinue abruptly.

ANTIDEPRESSANT AGENTS*(continued)*****Monitor for increased Suicidal Ideation during initiation of therapy (especially in children, adolescents, and young adults >25yrs. of age)*******Tricyclic Antidepressants (TCA)***

MEDICATION / DOSAGE RANGE	SIDE/ADVERSE EFFECTS CONTRAINDICATIONS	CONTRAINDICATIONS/ COMMENTS
amitriptyline (Elavil, Endep) 150-300mg/d All: Best to give at HS due to drowsiness	All in class: Lethal in overdose Anticholinergic (Ach) side effects, cardiotoxicity, arrhythmias, tachycardia, orthostatic hypotension, weight gain, drowsiness.	All in class: Takes 1-3 weeks to reach therapeutic effect. Takes only 3 times maximum therapeutic dose to be fatal. Do not discontinue abruptly. Elavil – most implicated in cardiac toxicity.
amoxapine (Asendin) 150-450 mg/d	See above	See above
clomipramine (Anafranil) 75-250 mg/d	See above	See above Indicated for OCD
desipramine (Norpramin, Pertofrane) 75-200mg/d	See above	See above Sudden cardiac death in children.
Doxepin (Adapin, Sinequan) 150-300 mg/d	See above	See above
imipramine (Tofranil) 150-300 mg/d	See above	See above
nortriptyline (Aventyl, Pamelor) 50-150mg/d	See above	See above
protriptyline (Vivactil) 15-45 mg/d	See above	See above
trimipramine (Surmontil) 100-250 mg/d	See above	See above

Monoamine Oxidase Inhibitors (MAO-I)

isocarboxazid (Marplan) 10-60 mg/d Divided BID –QID	Restlessness, insomnia, dizziness, headache, seizures, weakness, blurred vision, orthostatic hypotension, arrhythmias, constipation, nausea.	All in class: dietary restrictions r/t tyramine accumulation and risk of hypertensive crisis. Multiple drug interactions. Check all OTC and prescriptions for interactions.
tranlycypromine (Parnate) 20-60 mg/d divided BID	Vomiting, dry mouth, abdominal pain, impotence, anorexia, dysuria.	See above.
phenelzine (Nardil) 45-90 mg/d Divided TID	Orthostatic hypotension, hepatotoxicity, insomnia, respiratory depression, constipation, dry mouth, nausea, anorexia, weight gain.	See above.
selegiline transdermal (EMSAM) 6-12mg/24hr	Insomnia, agitation, orthostatic hypotension, n/v/d, application site reactions.	See above.

Side Effect Comparison Chart: ANTIDEPRESSANTS

Drug Class	Ach	Sedation	OH	Sexual Dysfx	GI upset	Agitation/ Insomnia	Other Side Effects
Tricyclic Anti-depressants	High	High	High	High	High	Low	2000mg can be fatal Cause QT prolongation May lower seizure threshold May cause weight gain
SSRI	Low to none	Low	None	High	High	Low for SSRI(High for Prozac only)	Headache common Variable effect on P450 enzyme system- check for drug interaction No drug interaction for Celexa Variable effect on weight Serotonin syndrome
SNRI	Low	Low	None	High	High	Moderate	May cause HTN in higher doses May lower seizure threshold May cause increased sweating
MAOI	Mod	None to moderate	High	High	Low	None to High	Special diet (Hypertensive crisis) May lower seizure threshold May cause weight gain Many drug interactions including OTC
bupropion (Wellbutrin, Zyban)	None	None	None	None	Moderate	High	Lowers seizure threshold No weight gain Take second dose before 1700 to avoid insomnia
mirtazapine (Remeron)	None	High	None	None	Low	None	May cause weight gain
desyrel (Trazodone)	Low	High	High	None	Moderate	None	Used as a non-addictive sleeper at sub-therapeutic doses Priapism may result at higher doses

Typical (Traditional) Antipsychotics
First Generation Antipsychotics

****Class side effects are: seizure, impotence, hyperprolactinemia; rare and toxic side effects include: NMS, anticholinergic toxicity, hepatotoxicity, cholestatic jaundice, agranulocytosis.**

MEDICATION / ROUTE / DOSAGE RANGE	EPS	Sedation	OH	ACh	Weight Gain
LOW POTENCY					
chlorpromazine (Thorazine) PO, IM, IV, R 150-750 mg/d	Moderate	High	High	Moderate	Moderate
thioridazine (Mellaril) PO 150-550 mg/d	Low	High	High	High	Moderate
MEDIUM POTENCY					
loxapine (Loxitane) PO 20-200 mg/d	Moderate	Moderate	Low	Low	Low
molindone (Moban) PO 20-200 mg/d	Moderate	Moderate	Low	Low	Low
perphenazine (Trilafon) PO 6-42 mg/d	Moderate	Moderate	Low	Low	None
HIGH POTENCY					
haloperidol (Haldol) PO, IM 1.5-13.5 mg/d	High	Low	Low	Low	Moderate
fluphenazine (Prolixin) PO, IM 2.5-15 mg/d	High	Low	Low	Low	None
thiothixene (Navane) PO 5-40mg/d	High	Low	Moderate	Low	Moderate
pimozide (Orap) PO 2-12 mg/d	High	Moderate	Low	Moderate	None

Third Generation Antipsychotics

****Class side effects are: seizure, impotence, hyperprolactinemia.. Rare and toxic side effects include: NMS, anticholinergic toxicity, cholestatic jaundice, and agranulocytosis.**

aripiprazole (Abilify) PO 10-30 mg/d IM 5.25mg-15mg (not to exceed 30mg/d) aripiprazole lauroxil - (Aristada) 441mg-882mg/every 4-6 weeks or 1064mg/every 8 weeks Abilify Maintena 300-400mg IM monthly	Very Low	Low	Low	None	Low	Low
brexpiprazole (Rexulti) 2-4mg /d	Very Low	Low	Low	None	Low	Low
cariprazine (Vraylar) 1.5mg - 6mg /d	Very Low	Low	Low	None	Low	Low

TREATMENT OF EXTRAPARAMIDAL SIDE EFFECTS

Anticholinergics

MEDICATION / DOSAGE RANGE	SIDE/ADVERSE EFFECTS CONTRAINDICATIONS	CONTRAINDICATIONS/ COMMENTS
trihexyphenidyl (Artane) 1-5mg TID	All in class: contraindicated in acute angle glaucoma. Toxic symptoms include: blurred vision, vertigo, tachycardia, confusion, dry mouth, constipation, urinary retention, arrhythmia.	Reduces rigidity, tremors, EPS.
biperiden (Akineton) 2mg daily -QID	See above	See above
procyclidine (Kemadrin) 2-5 mg TID	See above	See above
benztropine (Cogentin) 0.5-5mg/d	See above	See above

Antihistamines

diphenhydramine (Benadryl) 25-50 mg TID-QID	Contraindicated in acute angle glaucoma. Hypotension, arrhythmias, blood dyscrasias, vertigo, tinnitus, drowsiness, dry mouth, GI/GU disturbances.	Reduces rigidity, tremors, EPS. Monitor for paradoxical effects.
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Antiviral

amantadine (Symmetrel) 100mg DAILY-BID	Dizziness, ataxia, hypotension, insomnia, mottling of skin.	Reduces rigidity, tremors, EPS.
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Vesicular Monoamine Transporter-2 (VMAT-2)

valbenazine (Ingrezza) 40-80mg/d	Somnolence, fatigue, anticholinergic SE, gait disturbance, headache, nausea, vomiting, arthralgia	Approved in 2017 for tardive dyskinesia
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PHARMACOLOGIC TREATMENT OF ADDICTIVE DISORDERS

Alcohol Withdrawal/Delirium Tremens

MEDICATION / DOSAGE RANGE	SIDE/ADVERSE EFFECTS CONTRAINDICATIONS	CONTRAINDICATIONS/ COMMENTS
Benzodiazepine diazepam (Valium) lorazepam (Ativan) chlordiazepoxide (Librium)	See specific drug in previous table.	Decrease withdrawal symptoms, stabilize vital signs, prevents seizure and delirium tremens. A large loading dose may be given initially, then medication is dosed every 4-6 hours tapering over 3-5 days based on severity of withdrawal. **Textbook has erroneous information about diazepam on page 426. This medication is frequently used due to its <u>long</u> half-life.
Beta-blocker atenolol (Tenormin) propranolol (Inderal)	Fatigue, headache, dizziness, nausea, constipation, diarrhea, insomnia. Avoid in asthmatic patients.	Stabilize vital signs, decrease craving, reduce autonomic withdrawal symptoms.
Alpha-adrenergic blocker clonidine (Catapres)	Fatigue, headache, dizziness, nausea, constipation, diarrhea, insomnia.	Reduce autonomic withdrawal symptoms.
Anti-seizure Medications carbamazepine (Tegretol) divalproex sodium (Depakote) phenytoin (Dilantin)	See specific drug in previous table.	Decrease withdrawal symptoms. Reduce amount of benzodiazepine needed. When used alone, does not reduce the incidence of seizures or delirium tremens. Useful for underlying seizure disorders.
Antipsychotic haloperidol (Haldol)	See specific drug in previous table.	Used for hallucinations and/or aggressive behavior
thiamine (vitamin B1)	Drowsiness, dermatitis, hypersensitivity reactions, burning at injection site. Use cautiously in patients with low blood pressure, low heart rate and diabetics taking vasodilators.	Given orally to treat malabsorption/malnutrition. Given intramuscularly or intravenously to treat acute Wernicke-Korsakoff Syndrome

Alcohol Addiction Recovery

disulfiram (Antabuse) 250-500mg/d	Drowsiness, headache, acne, metallic/garlic-like taste in mouth.	Causes a disulfiram reaction if mixed with alcohol (flushing, sweating, throbbing headache, nausea, vomiting, tachycardia, decrease in blood pressure).
naltrexone (Vivitrol, ReVia) Vivitrol 380mg IM/every 4 weeks ReVia 50mg po/day	Nausea, headache, dizziness, drowsiness, anxiety, loss of appetite.	Reduces craving by interfering with the brain reward system.
topiramate (Topamax) 75-300mg/d	Drowsiness, dizziness, loss of coordination, paresthesias, loss of appetite, altered taste, diarrhea, weight loss.	Decreases alcohol craving.
acamprosate (Campral) 333mg – 2 tablets TID	Diarrhea, nausea, vomiting, headache, dizziness, constipation, fatigue, weight gain/loss, sexual dysfunction.	May help by reducing craving. Is part of a complete treatment program, which includes both counseling and psychological support.
phenytoin sodium (Dilantin)	Life threatening rash, muscle spasm, headache, nausea, vomiting, dizziness, restlessness, decreased blood sugar, lethargy, slurred speech, vitamin D deficiency	Therapeutic level 10-20mcg/ml Monitor for worsening depression or suicidal ideation

PHARMACOLOGIC TREATMENT OF ADDICTIVE DISORDERS

(Continued)

Opiate Addiction Recovery

MEDICATION / DOSAGE RANGE	SIDE/ADVERSE EFFECTS CONTRAINDICATIONS	CONTRAINDICATIONS/ COMMENTS
methadone (Dolophine) methadone 15-30mg/d maintenance taper by 5-10mg/d for withdrawal	Respiratory depression, QT prolongation, bradycardia, lightheadedness, dizziness, nausea, vomiting, sweating, constipation, pruritus	Long-acting opiate used as a substitute to heroin use (maintenance therapy) or in tapering doses for opiate withdrawal. Highly addictive. Methadone is approved for use in the opiate addicted gravida.
levomethadryl acetate (Orlaam/LAAM) 10-140mg three times a week	QT prolongation, abdominal pain, constipation, malaise, joint pain, sexual dysfunction	Pre-treatment 12-lead ECG required. Administered only by Opioid Treatment Programs certified by SAMHSA. Both gradual reduction of 5-10% per week or abrupt withdrawal schedules have been used successfully
clonidine (Catapres) 0.1- 0.2mg q 4-6/h prn withdrawal symptoms	Fatigue, headache, dizziness, nausea, constipation, diarrhea, insomnia.	Suppresses somatic withdrawal symptoms.
naltrexone (ReVia) ReVia 50mg po/day	Nausea, headache, dizziness, drowsiness, anxiety, loss of appetite.	Blocks exogenous opioids.
buprenorphine (Subutex) SL tablet 4-24 mg/d	headache, stomach pain, nausea, vomiting, constipation, sweating, weakness, back pain, insomnia	Both gradual reduction or abrupt withdrawal schedules have been used successfully
buprenorphine/naloxone (Suboxone) SL film 2mg/0.5mg to 24mg/6mg per day	headache, stomach pain, nausea, vomiting, constipation, sweating, weakness, back pain, insomnia	Both gradual reduction or abrupt withdrawal schedules have been used successfully