TEXAS Health and Human Services

Medication Audit Criteria and Guidelines

Buspirone (Buspar)

PEFC Approved: August 2020

Indications

- Generalized anxiety disorder
- Major depressive disorder (monotherapy or augmentation)
- Major depressive disorder, refractory (augmentation)
- Social anxiety disorder (augmentation)

Black Box Warning

None

Contraindications

Absolute

- Concomitant use of MAOIs or within 14 days of discontinuing MAOIs
- Hypersensitivity to buspirone hydrochloride

Relative

- Breastfeeding
- Pregnancy
- Severe hepatic impairment
- Severe renal impairment

Precautions

- Akathisia
- CNS depression
- Serotonin syndrome
- Withdraw CNS-depressant drugs gradually before initiating buspirone

Adverse Reactions

Side Effects Which Require Medical Attention

- Cerebrovascular accident (less than 0.1%)

- Chest pain
- Congestive heart failure (less than 0.1%)
- Myocardial infarction (less than 0.1%)
- Seizures
- Serotonin syndrome
- Suicidal ideation

Pregnancy and Breastfeeding

- See relative contraindications.
- Review product-specific labeling. Consider risks/benefits in reviewing medication-specific labeling

Drug Interactions of Major Significance

See: Indiana Univ Drug Interaction Table

Special Populations

Age-Specific Considerations

- Pediatrics/Adolescents
  - Has been evaluated in placebo-controlled trials involving pediatric patients aged 6-17 years of age, but there were no significant differences found between buspirone and placebo for the symptoms of GAD. There are no long-term safety or efficacy data in this population.
  - Not considered in the Psychotropic Medication Utilization Parameters for Children and Youth in Texas Public Behavioral Health (6th Version)
- Geriatric
  - No dosage adjustments needed

Hepatic Impairment

- Mild-moderate impairment - Use with caution; patients demonstrated increased plasma levels and prolonged half-life of buspirone. No dosage adjustments provided.
- Severe impairment – use is not recommended

Renal Impairment

- Mild-moderate impairment - Use with caution; patients demonstrated increased plasma levels and prolonged half-life of buspirone. No dosage adjustments provided.
- Severe impairment – use is not recommended

Patient Monitoring Parameters

- Pregnancy test – baseline and as clinically indicated

Dosing

- See HHSC Psychiatric Drug Formulary for dosage guidelines.
- Exceptions to maximum dosage must be justified as per medication rule.