

## **Medications for patients on Suboxone**

Patients on Suboxone are taking it for opiate dependence. Because addicts can very easily develop a second addiction, it is important to use caution with medications. Here is a list of medications to avoid with patients on Suboxone.

1. Opiates of any kind. These are extremely dangerous medications in any patient with a history of opiate dependence and can easily precipitate relapse. Suboxone also has a very strong affinity for the opiate receptor, so they are unlikely to work. These include Percocet, Lortab, morphine, Dilaudid, codeine, oxycodone, hydrocodone, and methadone. In addition, it includes partial agonists such as Stadol and tramadol. (Please see separate handout for treating patients on Suboxone with pain.)
2. Benzodiazepines. These medications can interact with Suboxone and cause severe respiratory depression and death. They can also be addictive, and opiate addicts are at especially high risk. Alprazolam (Xanax) is one of the most addictive substances around and should never be used in any patient with any history of addiction or substance abuse. For acute anxiety, a session with a sympathetic counselor or other provider can often help. If this is not available or inadequate, consider hydroxyzine and atypical antipsychotics. Propranolol can be useful if the patient has a lot of sympathetic activation. For chronic anxiety, the treatment of choice is an SSRI. Atypical antipsychotics can help as well. For insomnia, trazodone, ramelteon, or atypical antipsychotics work well. Also, consider non-medical measures such as yoga and herbal teas. Avoid Ambien and other similar medications. For all of these, try to maximize the psychosocial treatment as well.
3. Muscle relaxants. Flexeril and Soma both have a fairly strong abuse potential. Baclofen and Robaxin are preferred. Physical therapy and stretching exercises often are even better.