Updated September 2026

Buspirone

Brand names - Buspar, Vanspar *Oral adult dosing for anxiety*

Buspirone is a nonbenzodiazepine anxiolytic. Its exact mechanism is unclear but may be mediated by its high affinity for serotonin 5-HT1A receptors.

Buspirone is commonly used in adults for generalized anxiety disorder (GAD). This information sheet offers prescribing guidance and safety information.

Initial Dose	7.5mg bid or 5mg tid
Titration Timeline	May increase total daily dose by 5 mg every 2–3 days, as tolerated.
Usual Range	20-30mg/day, divided
Max Dosage	60mg/day, divided

Prescribing Pearls

- **Expect gradual symptom changes over several weeks** (at least 2-3 weeks). Not as-needed medication for acute anxiety. Take on regular schedule.
- Take consistently with or without food. Taking with food increases exposure. Avoid taking with grapefruit juice, which may markedly increase exposure.
- Common side effects include dizziness, nausea, headache, nervousness, lightheadedness, and restlessness.
- **Use caution while driving until effects are known.** Buspirone is generally less sedating than benzodiazepines, but individual cognitive or motor effects are unpredictable.
- Buspirone does **not** prevent benzodiazepine or other sedative-hypnotic withdrawal. If transitioning from chronic benzodiazepine therapy, taper the sedative-hypnotic appropriately rather than substituting buspirone abruptly.
- **Avoid buspirone in patients who have taken MAOIs within past 14 days.** Wait at least 14 days after stopping buspirone before starting an MAOI. Review other serotonergic meds and monitor for serotonin syndrome.

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Safety

- **Pregnancy.** Use an individualized risk-benefit assessment. Human data are limited. In one study of 72 infants with first-trimester exposure, no major malformations were observed; however, the sample size is too small to definitely make conclusions regarding safety.
- **Lactation.** Available evidence suggests low transfer into breast milk at maternal doses up to 45 mg/day. Because there is little long-term data on infant effects, it may be preferred to consider an alternative when clinically appropriate, such as lorazepam or oxazepam, particularly when nursing a newborn or preterm infant. When prescribing buspirone during breastfeeding, monitor the breastfed infant in case of adverse symptoms.
- **Hepatic or renal impairment.** Exposure to buspirone may be substantially increased in patients with renal or liver disease. Avoid use in severe hepatic or renal impairment. In less severe impairment, use conservative individualized dosing and monitor tolerability.
- **Review CYP3A4 inhibitors and inducers.** Strong CYP3A4 inhibitors may require substantial dose reduction; strong CYP3A4 inducers may reduce effectiveness. Consider a dose adjustment when either inhibitors or inducers are present.

Disclaimer

Indiana CHAMP is a resource hub and consultation service to supplement clinician decision-making. The information on this sheet does not constitute medical care. The clinician is responsible for ensuring appropriate application of guidance in patient care.