Erratum for Treatment Improvement Protocol (TIP) 43: Medication-Assisted Treatment for Opioid Addiction in Opioid Treatment Programs, 2005. Page 219.

ERRATUM

In Treatment Improvement Protocol 43: *Medication-Assisted Treatment for Opioid Addiction in Opioid Treatment Programs*, 2005, Chapter 13, page 219, incorrect information about medication treatment for neonatal abstinence syndrome was published.

Column 1, line 9 from the bottom, reads "0.4 mg/kg/**dose.**" It should have read "0.4 mg/kg/**day**."

Column 1, line 6 from the bottom, reads "**0.4** mg/kg/dose." It should have read "**0.04** mg/kg/dose."

In subsequent printings of TIP 43, page 219, the paragraphs regarding this topic have been changed to read:

If pharmacological management is indicated, several methods have been found useful. The American Academy of Pediatrics Committee on Drugs policy statement on Neonatal Drug Withdrawal (1998) describes several agents for the treatment of NAS including methadone, tincture of opium, paregoric, and morphine. One method (J. Greenspan, Thomas Jefferson University Hospital, Philadelphia, personal communication, October 2006) uses neonatal opium solution (0.4 mg/mL morphine-equivalent; starting dosage, 0.4 mg/kg/day orally in six to eight divided doses [timed with the feeding schedule]). Dosage is increased by 0.04 mg/kg/dose until control is achieved or a maximum of 2.0 mg/kg/day is reached. If Neonatal Abstinence Scores stay high but daily dosage nears maximum, symptoms are reassessed and concurrent phenobarbital therapy considered. When control is achieved, the dosage is continued for 72 hours before pharmacological weaning, in which dosages are decreased 10 percent daily or as tolerated. When 0.2 mg/kg/day is reached, medication may be stopped. Decisions about dosage decrease during pharmacological weaning are based on Neonatal Abstinence Scores, weight, and physical exams.

The new edition of this TIP will include the above changes and we regret any confusion this error has caused.