SHORT-TERM MEDICATIONS TO ASSIST WITH OPIOID WITHDRAWAL SYMPTOMS*

Autonomic symptoms (sweating, tachycardia)	• Clonidine 0.1 to 0.2 mg orally every 6-8 hours (sometimes may be used twice daily) Hold if blood pressure < 90/60 mmHg
	o Recommend 0.1 mg test dose with blood pressure check 1 hour post dose. Increasing dose requires increasing blood pressure monitoring
	o Re-evaluate in 3-7 days (average duration 15 days). Taper to stop
	• Gabapentin start at 100 to 300mg and titrate to 1800 to 2100 mg divided in 2 to 3 daily doses (dose-adjust in renal impairment)
Anxiety, dysphoria, lacrimation, rhinorrhea	Diphenhydramine 25 mg every 6 hours as needed (caution in older adults)
	Hydroxyzine 25 to 50 mg three times daily as needed
Muscle aches, joint pain, headache	• Ibuprofen 400 mg orally every 4 to 6 hours as needed, not to exceed 2400 mg daily (caution in older adults or those at risk for GI bleed)
	Acetaminophen 650 to 1000 mg orally every 4 to 6 hours as needed, not to exceed 4000 daily
Sleep disturbance	Trazodone 25 to 100 mg orally at bedtime
	Doxepin 6 to 50 mg orally at bedtime
Nausea	Ondansetron 4 to 8 mg orally every 12 hours as needed, not to exceed 16 mg daily
	 Prochlorperazine 5 to 10 mg orally three times daily before meals or every six hours as needed, not to exceed 40 mg daily
Diarrhea	Bismuth subsalicylate 524 mg every 0.5 to 1 hour orally, not to exceed 4192 mg daily
	• Loperamide 4 mg orally initially, then 2 mg with each loose stool, not to exceed 16 mg daily

^{*}Maintain the patient on all appropriate non-drug therapies (e.g., cognitive behavioral therapy, sleep hygiene)

References:

Sevarino K. Medically supervised opioid withdrawal during treatment for addiction. UptoDate. 2018. VA PBM Academic Detailing Service. Opioid Taper Decision Tool: A VA Clinician's Guide. IB&P Number: IB 10-939; P96820. Available at: https://www.pbm.va.gov/PBM/academicdetailingservicehome.asp. Accessed August 2017.