

Low Dose Naltrexone

Opioid antagonist · Off-label low-dose immunomodulation

Oral Capsule Once Daily **Bedtime Preferred** Off-Label Use

COMMON INDICATIONS (OFF-LABEL)

- ▶ Fibromyalgia
- ▶ Chronic pain syndromes
- ▶ Complex regional pain syndrome
- ▶ Hashimoto's thyroiditis
- ▶ Crohn's disease / IBD
- ▶ Multiple sclerosis (adjunct)
- ▶ Long COVID / post-viral fatigue
- ▶ Chronic fatigue syndrome
- ▶ Psoriasis, autoimmune skin

STANDARD TITRATION SCHEDULE

<p>WEEKS 1–2</p> <p>1.5 mg</p> <p>QHS</p>	<p>WEEKS 3–4</p> <p>3 mg</p> <p>QHS</p>	<p>WEEK 5+</p> <p>4.5 mg</p> <p>Target dose · QHS</p>	<p>MAINTENANCE</p> <p>1.5–4.5 mg</p> <p>Per response</p>
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TITRATION NOTES

Start low and slow — many patients are sensitive to vivid dreams or sleep disturbance early on. If side effects occur at any step, hold dose for an additional 1–2 weeks before advancing. Dose reduction to 3 mg or split AM/PM dosing is reasonable if QHS dosing disrupts sleep.

DOSING RANGE BY INDICATION

INDICATION	TYPICAL DOSE	NOTES
Fibromyalgia / chronic pain	3–4.5 mg QHS	Allow 8–12 weeks for full response
Autoimmune (Hashimoto's, IBD)	3–4.5 mg QHS	Monitor TSH / inflammatory markers q3 months
MS / neuroinflammation	4.5 mg QHS	Adjunct to disease-modifying therapy
Long COVID / CFS	1.5–4.5 mg QHS	Highly variable; titrate to tolerance
Pediatric (>6 yrs, specialist)	0.1 mg/kg QHS	Max 4.5 mg; specialist guidance recommended

AVAILABLE FORMULATIONS

ORAL

- ▶ **Capsules:** 0.5, 1.5, 3, 4.5 mg · slow-release base optional
- ▶ **Sublingual troches:** 1.5, 3, 4.5 mg
- ▶ **Oral liquid:** 1 mg/mL · ideal for pediatric / micro-titration

TOPICAL

- ▶ **Topical cream:** custom strengths for localized inflammatory skin conditions
- ▶ Compounded with appropriate base for absorption
- ▶ Contact pharmacy to discuss patient-specific formulation