EPITOMERX
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LOW-DOSE NALTREXONE (LDN)

HOW LDN MAY WORK

At low doses, naltrexone briefly blocks opioid receptors, which may increase endogenous endorphin signaling after the medication clears. LDN may also modulate microglial activity and toll-like receptor 4 (TLR4), pathways involved in neuroinflammation and pain sensitization. These proposed effects may help regulate pain and inflammatory signaling, although clinical response varies and use remains off-label.

SOME CONDITIONS IN WHICH LDN HAS BEEN STUDIED

1 Fibromyalgia	**6 ME/CFS (chronic fatigue syndrome)**
2 Chronic or centralized pain	**7 Post-COVID condition / long COVID**
3 Neuropathic pain / CRPS	**8 Psoriasis**
4 Crohn's disease / inflammatory bowel disease	**9 Hailey-Hailey disease**
5 Multiple sclerosis	**10 Lichen planopilaris / chronic pruritus**

COMMON PRESCRIBING APPROACH

Start: 0.5 mg once daily
Titrate: Increase by 0.5 mg every 7 days
Common maintenance: 4.5 mg once daily

Example:
Week 1: 0.5 mg qam
Week 2: 0.5 mg bid
Week 3: 1 mg in am and 0.5 mg qpm
Week 4: 1 mg bid
Week 5: 1.5 mg qam and 1 mg qpm
Week 6: 1.5 mg bid
Week 7: 1 mg qam and 1.5 mg qpm
Week 8: 2 mg bid
Week 9: 4.5 mg qpm

OR

Start 1.5 mg one daily
Titrate by 0.5 mg every 7 days
Common maintenance: 4.5mg once daily

Dosing is not standardized by indication. Start low and individualize to response and tolerability.

PRACTICAL GUIDANCE

Timing: Take in evening to coincide nocturnal endorphin surge; switch to morning if vivid dreams or insomnia occur.

Trial duration: Benefits may be gradual. Reassess after approximately 8-12 weeks at a therapeutic dose.

Common effects: Vivid dreams, sleep disturbance, headache, nausea/GI discomfort, fatigue, or dizziness.

COMPOUNDED OPTIONS: Individualized capsules, very-low-dose strengths, oral liquid, and titration packs.

IMPORTANT: Do not initiate LDN in patients actively using opioids or in opioid-dependent patients. Naltrexone may precipitate withdrawal and block opioid analgesia. Review hepatic disease, pregnancy/lactation, anticipated surgery, and acute pain needs before prescribing.

LOW-DOSE NALTREXONE (LDN) ORDER FORM

All compounds for clinical use require a prescription written for each individual patient. Medication will be dispensed with patient specific label and in patient specific package.

PATIENT INFORMATION

Patient name: _____ DOB: _____

Address: _____ Phone: _____

Allergies: _____ Relevant diagnosis / indication: _____

PRESCRIBER INFORMATION

Prescriber name: _____ NPI: _____ DEA: _____

Address: _____ Phone: _____ Fax: _____

LOW-DOSE NALTREXONE

Quantity: _____ OR
Day Supply: ☐ 30 ☐ 60 ☐ 90
Refills: ☐ 0 ☐ 1 ☐ 2 ☐ 3 ☐ 4 ☐ 5 ☐ ___

Directions:
_____
_____
_____
_____
_____
_____
_____
_____
_____
_____

DOSAGE FORM

☐ Oral capsule
☐ Oral suspension
☐ Other: _____

STRENGTH

☐ 0.5 mg
☐ 1 mg
☐ 1.5 mg
☐ 3 mg
☐ 4.5 mg
☐ 6 mg
☐ _____ mg/ml

TITRATION

☐ Start _____ mg daily
Increase by _____ mg
every _____ days
to _____ mg daily

☐ Other:
_____
_____
_____
_____
_____

MAINTENANCE

☐ No titration

FREQUENCY FOR MAINTENANCE

☐ Daily
☐ Nightly
☐ Other: _____

SPECIAL INSTRUCTIONS

_____
_____
_____
_____
_____
_____
_____

ADDITIONAL PRESCRIPTION

Medication / strength / dosage form: _____

Complete SIG / titration instructions: _____

Quantity or Day Supply: _____ Refills: _____

PRESCRIBER AUTHORIZATION

Prescriber signature: _____ Date: _____

No claims are made as to the efficacy, safety or use of compounded formulations. Formulations are not FDA approved. Nothing herein is intended to replace or influence the independent judgment of any licensed professional. Updated 07/26.