

What is Kratom?

Kratom (*Mitragyna speciosa*) is a tropical tree native to Southeast Asia. Its leaves contain compounds that can produce both stimulant-like effects and effects similar to opioids. Traditionally used in native regions, Kratom is now widely available in the United States through sales on the internet and physical stores. It is commonly marketed in forms such as gummies, tablets, and liquid shots sold at gas stations, smoke shops, and online outlets.

Kratom is often used for self-treatment of various conditions such as pain, coughing, diarrhea, anxiety and depression, opioid use disorder, and opioid withdrawal.

On July 29, 2025, the U.S. Food and Drug Administration (FDA) announced its intention to recommend scheduling certain Kratom derived products, particularly those containing 7-hydroxymitragynine (also known as 7-OH) under the Controlled Substances Act, as part of an ongoing effort to combat illegal opioids.

Risks and Side Effects

Kratom use is associated with a range of adverse effects, some of which can be severe. Common side effects include nausea, vomiting, sweating, dry mouth, constipation, increased heart rate, loss of appetite. Serious risks include liver damage, hallucinations, seizures, psychosis, and in rare cases, death.

Dependence and Withdrawal

Prolonged use may lead to physical dependence and addiction. Withdrawal symptoms resemble those of opioids and may include anxiety, depression, insomnia, muscle aches, runny nose, diarrhea, sweating, tremors, and intense cravings for Kratom.

Mental Health Concerns

Kratom may worsen preexisting mental health conditions and has been linked to an increased risk of suicidal thoughts and behaviors.

Other Health Risks

Kratom products may be contaminated with heavy metals or bacteria i.e.: salmonella. Use during pregnancy may result in neonatal abstinence syndrome in newborns.

Drug Interactions

Kratom can interact with many medications, primarily due to its influence on liver enzymes i.e.: Cytochrome P450 system. These interactions may increase the risk of side effects or reduce the effectiveness of other drugs.

Moderate to Serious Interactions:

- Modafinil (Provigil): may increase the risk for seizures. Avoid concurrent use.
- Quetiapine (Seroquel): Kratom may slow down breakdown, increasing drug levels and potential side effects. Kratom should be avoided with quetiapine.
- Venlafaxine (Effexor): Kratom may reduce metabolism of venlafaxine, potentially increasing side effects of venlafaxine.
- Naltrexone (Vivitrol): can trigger withdrawal symptoms if used with Kratom. Discontinue kratom prior to starting naltrexone.
- Sedative/CNS depressants: combined use can dangerously suppress breathing and increase sedation.

- Serotonergic drugs i.e.: SSRIs, SNRIs, MAOIs: concurrent use can lead to serotonin syndrome, a potentially life-threatening condition marked by seizures, irregular heartbeat, and vomiting.

Liver Enzyme-Related Interactions:

- CYP3A4, CYP2D6, and CYP2C9 substrates: Kratom may alter the metabolism of drugs processed by these enzymes, potentially affecting drug efficacy and safety.
- CYP3A4 inhibitors: May slow Kratom metabolism, intensifying its effects and side effects.

Management of Kratom Withdrawal or Use Disorder

In a patient with Kratom dependence and withdrawal, UpToDate suggests buprenorphine for treating initial symptoms and for the long-term maintenance management (Grade 2C). Induction and maintenance doses are typically less than those needed for opioid use disorder. The evidence is based on case series.



In a patient with a normal or elevated blood pressure who declines buprenorphine or medications for opioid use disorder, a reasonable alternative or as an adjunctive agent for initial symptoms is clonidine. Dosing is similar to treatment of opioid withdrawal from other agents: clonidine 0.1 to 0.3 mg orally every hour until symptoms resolve (maximum total daily dose of 0.8 mg) while monitoring heart rate and blood pressure.

Due to potential for serious health risks and drug interactions, Kratom use should be approached with caution and patients should discuss with their health care professional. A discussion on use of Kratom should especially be addressed with individuals on prescription medications or with existing health conditions.

References:

1. [https://www.fda.gov/news-events/public-health-focus/fda-and-kratom#:~:text=There%20are%20no%20FDA%20approved%20kratom%20drug,toxicity%2C%20seizures%2C%20and%20substance%20use%20disorder%20\(SUD\).](https://www.fda.gov/news-events/public-health-focus/fda-and-kratom#:~:text=There%20are%20no%20FDA%20approved%20kratom%20drug,toxicity%2C%20seizures%2C%20and%20substance%20use%20disorder%20(SUD).)
2. <https://www.webmd.com/vitamins/ai/ingredientmono-1513/kratom#uses>
3. <https://www.medicalnewstoday.com/articles/324128#what-are-the-effects>
4. https://www.uptodate.com/contents/kratom-health-effects-from-acute-and-chronic-use?search=Kratom&source=search_result&selectedTitle=1~11&usage_type=default&display_rank=1

PREFERRED DRUG LIST UPDATES CAN BE FOUND HERE:

	
ACC-RBHA, DD, ALTCS and DCS CHP	Behavioral Health (Non-Title 19/21)

**** Drugs that are not on the formulary will require a PA (prior authorization) request to be submitted****

Reminder for quicker determinations of a Prior Authorization use the ePA link for Our Providers: Please click [here to initiate an electronic prior authorization \(ePA\)](#) request.

This newsletter is brought to you by the Mercy Care Pharmacy Team. For questions, please email Fanny A Musto (MustoF@mercycares.org), Denise Volkov (VolkovD@mercycares.org) or Trennette Gilbert (gilbert@mercycares.org)