Guidance for Managing Medetomidine Exposure

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Developed by SNJMATCOE
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Background

- There has been a rapid shift in the New Jersey drug supply from Xylazine to Medetomidine.
- Metedomidine is a racemic mixture of levo- and dexmedetomidine
- Found in bags of “dope” (heroin/fentanyl—fentanyl dose ~10,000 mcg/bag).
- Street names include “rhino tranq” and “mede”
- Central alpha-2 agonist (similar to clonidine), but much more potent than xylazine.

Overdose

- Sedation, bradycardia, and hypotension
- Sedation not reversed by naloxone (still give naloxone to reverse respiratory depression associated with opioid toxicity)
- May require prolonged monitoring for sedation and airway control

Withdrawal

- Rapid transition from intoxication to withdrawal (6-8 hours)
- Tachycardia (>120 bpm), hypertension (>200 SBP), tremor, intractable vomiting, and encephalopathy
- Most patients require ICU-level care

Treatment of Medetomidine Withdrawal

- Aggressive opioid withdrawal management:
  - Start methadone 40-60 mg PO daily plus 10 mg PO Q 6 PRN COWS >4
  - Alternatively, for NPO patients: Start methadone 20-30 mg IV daily or hydromorphone 1mg/hr continuous infusion and titrate to effect
- Antiemetic therapy
  - Ondansetron is commonly ineffective
  - D2 antagonists are preferred: prochlorperazine 10 mg IV/PO, droperidol 2.5 mg IV/IM, olanzapine 5-10 mg IM
- Alpha-2 agonist therapy
  - Aggressive “loading” if able to take oral medications: clonidine 0.3 mg Q 20 mins PRN withdrawal symptoms x3 (up to 0.9 mg in first hour) followed by
  - Clonidine 0.3-0.6 mg PO TID-QID PLUS clonidine 0.3 mg/24 hr transdermal patch
  - For patients unable to take oral medication or symptoms refractory to clonidine:
    - Dexmedetomidine infusion and titrate to withdrawal symptoms. Consider increasing typical max dose from 1.5 to 2.5 mcg/kg/hr
  - Adjuncts: Tizanidine, antipsychotics, benzodiazepines, or phenobarbital
  - Aggressive withdrawal management is preferred over isolated BP control
  - Wean dexmedetomidine slowly to avoid rebound withdrawal symptoms

New Jersey providers can call or text 1-844-HELP-OUD 24/7 for assistance in treating opioid use disorder.