

2023 VA/DoD CLINICAL PRACTICE GUIDELINE: MEDICATION MONOTHERAPY FOR THE PRIMARY TREATMENT OF PTSD BY RECOMMENDATION AND STRENGTH EVIDENCE

Quality of Evidence*	Recommend For	Suggest For	Suggest Against	Recommend Against	Recommend Neither For Nor Against
High	None	None	None	None	None
Moderate	paroxetine [^] , sertraline [^] , venlafaxine	None	None	None	None
Low	None	prazosin (only for the treatment of PTSD-associated nightmares)	None	None	None
Very Low	None	None	divalproex, guanfacine, ketamine, risperidone, tiagabine, vortioxetine, prazosin (for the treatment of PTSD)	benzodiazepines, cannabis (or cannabis derivatives) [‡]	amitriptyline [±] , bupropion [±] , buspirone, citalopram [±] , desvenlafaxine, duloxetine, escitalopram, eszopiclone [±] , fluoxetine, imipramine [±] , lamotrigine [±] , mirtazapine [±] , nefazodone [±] , olanzapine [±] , phenelzine [±] , pregabalin [±] , quetiapine [±] , rivastigmine, topiramate
No Data	None	None	None	None	ayahuasca [‡] , dimethyltryptamine [‡] , ibogaine [‡] , lysergic acid diethylamide (LSD) [‡] , psilocybin [‡]

Key:

* The Work Group determined there was no high-quality evidence regarding medication monotherapy.

[^] FDA approved for PTSD.

[±] Clinicians should strongly consider potential adverse effects.

[‡] Studies of these drugs did not meet the inclusion criteria for the systematic evidence review due to poor quality.

2023 VA/DOD CLINICAL PRACTICE GUIDELINE: MEDICATION AUGMENTATION AND COMBINATION* PHARMACOTHERAPY FOR THE TREATMENT OF PTSD BY RECOMMENDATION AND STRENGTH OF EVIDENCE

Quality of Evidence±	Recommend For	Suggest For	Suggest Against	Recommend Against	Recommend Neither For Nor Against
High	None	None	None	None	None
Moderate	None	None	None	None	None
Low	None	None	None	None	3, 4-methylenedioxymethamphetamine (MDMA)
Very Low	None	None	aripiprazole, asenapine, brexpiprazole, cariprazine, iloperidone, lumateperone, lurasidone, olanzapine, paliperidone, quetiapine, risperidone, ziprasidone	None	None
No Data	None	None	None	None	None

Key:

* Combination means 2 or more evidence-based treatments for PTSD are combined to improve outcomes. Augmentation means an intervention that has not demonstrated efficacy for PTSD itself is added to evidence-based treatment to enhance its effect.

± The Work Group determined there was no high- or moderate-quality evidence regarding medication augmentation.