

# A Provider's Quick Reference: Opioid Information Sheet

Generic Name (Brand Name*)	Available Tablet Strengths (other dosage forms)	MME Conversion Factor** (Equivalent Dose)
<b>Codeine + Acetaminophen (APAP)</b> (Tylenol with Codeine)	<b>Codeine/APAP:</b> 15 mg/300 mg; 30 mg/300 mg; 60 mg/300 mg	<b>0.15</b> (200 mg)
<b>Fentanyl</b> (Duragesic)	12 mcg, 25 mcg, 37.5 mcg, 50 mcg, 62.5 mcg, 75 mcg, 87.5 mcg, 100 mcg (transdermal patch)	<b>2.4</b> (12.5 mcg/hr)
<b>Hydrocodone</b> (Hyslinga ER, Zohydro ER)	<b>Hydrocodone</b> (Hyslinga ER): 20 mg, 30 mg, 40 mg, 60 mg, 80 mg, 100 mg, 120 mg <b>Hydrocodone</b> (Zydro ER): 10 mg, 15 mg, 20 mg, 30 mg, 40 mg, 50 mg (capsule)	<b>1</b> (30 mg)
<b>Hydrocodone + Acetaminophen (APAP)</b> (Lorcet, Lortab, Norco, Vicodin)	<b>Hydrocodone/APAP</b> (Vicodin): 5 mg/300 mg, 7.5 mg/300 mg, 10 mg/300 mg <b>Hydrocodone/APAP</b> (Lorcet, Lortab, Norco): 5 mg/325 mg, 7.5 mg/325 mg, 10 mg/325 mg <b>Hydrocodone/APAP</b> (Generic): 2.5 mg/325 mg, 5 mg/300 mg, 5 mg/325 mg, 5 mg/500 mg, 7.5 mg/300 mg, 7.5 mg/325 mg, 10 mg/300 mg, 10 mg/325 mg	<b>1</b> (30 mg)
<b>Hydromorphone</b> (Dilaudid, Exalgo [ER])	<b>Hydromorphone</b> (Dilaudid): 2 mg, 4 mg, 8 mg <b>Hydromorphone ER</b> (Exalgo): 8 mg, 12 mg, 16 mg, 32 mg	<b>4</b> (7.5 mg)
<b>Morphine</b> (MS Contin)	15 mg, 30 mg, 60 mg, 100 mg, 200 mg	<b>1</b> (30 mg)
<b>Oxycodone</b> (OxyContin, Roxicodone)	<b>Oxycodone</b> (Roxicodone): 5 mg, 15 mg, 30 mg <b>Oxycodone</b> (Generic): 5 mg, 10 mg, 15 mg, 20 mg, 30 mg <b>Oxycodone ER</b> (Oxycontin, Generic): 10 mg, 15 mg, 20 mg, 30 mg, 40 mg, 60 mg, 80 mg	<b>1.5</b> (20 mg)
<b>Oxycodone + Acetaminophen</b> (Endocet, Percocet)	<b>Oxycodone/APAP</b> (Endocet, Percocet, Generic): 2.5 mg/325 mg, 5 mg/325 mg, 7.5 mg/325 mg, 10 mg/325 mg	<b>1.5</b> (20 mg)
<b>Oxymorphone</b> (Opana, Opana ER)	<b>Oxymorphone</b> (Opana): 5 mg, 10 mg <b>Oxymorphone ER</b> (Opana ER): 5 mg, 7.5 mg, 10 mg, 15 mg, 20 mg, 30 mg, 40 mg	<b>3</b> (10 mg)
<b>Tapentadol</b> (Nucynta, Nucynta ER)	<b>Nucynta:</b> 50 mg, 75 mg, 100 mg <b>Nucynta ER:</b> 50 mg, 100 mg, 150 mg, 200 mg, 250 mg	<b>0.4</b> (75 mg)
<b>Tramadol</b> (Ultram, ConZip)	<b>Tramadol</b> (Ultram): 50 mg <b>Tramadol ER</b> (ConZip): 100 mg, 150 mg, 200 mg, 300 mg	<b>0.1</b> (300 mg)

- Opioid Side Effects & Risks**
- Constipation
  - Dry Mouth
  - Sweating
  - Sedation
  - Confusion
  - Dizziness
  - Nausea/Vomiting
  - Itching
  - Physical Dependence
  - Increased Falls Risk
  - Abnormal Gait
  - Slurred Speech
  - Respiratory Depression
  - Risk to household members if taken intentionally or unintentionally

- Factors Associated with Increased Risk of Side Effects**
- ❖ Personal or family history of substance use disorder
  - ❖ Respiratory conditions (e.g., COPD, sleep apnea)
  - ❖ Mental health disorders (e.g., anxiety, depression, bipolar)
  - ❖ Renal or hepatic insufficiency
  - ❖ Age ≥65 years

## Alternate Treatments for Pain: Pharmacological

<b>Nociceptive Pain</b>	<p><b>Acetaminophen (Tylenol):</b> 650-1000 mg every 4-6 hours as needed; maximum daily dose should not exceed 3 g/day</p> <p><b>NSAIDs: Non-Steroidal Anti-Inflammatory Drugs</b></p> <ul style="list-style-type: none"> <li>- <b>Ibuprofen (Motrin, Advil):</b> 200-400 mg every 4-6 hours as needed; maximum daily dose should not exceed 3200 mg</li> <li>- <b>Naproxen (Naprosyn):</b> 500 mg every 12 hours or 250 mg every 6-8 hours as needed; maximum daily dose should not exceed 1000 mg</li> </ul> <p><b>Topical Agents</b> (e.g., diclofenac)</p>
<b>Inflammatory Pain</b>	<p><b>NSAIDs: Non-Steroidal Anti-Inflammatory Drugs</b></p> <p><b>Corticosteroids</b></p> <ul style="list-style-type: none"> <li>- Prednisone: 5-60 mg/day</li> <li>- Short-term use only</li> </ul>
<b>Mechanical or Compressive Pain</b>	<p><b>NSAIDs: Non-Steroidal Anti-Inflammatory Drugs</b></p>
<b>Neuropathic Pain</b>	<p><b>Acetaminophen (Tylenol)</b></p> <p><b>NSAIDs: Non-Steroidal Anti-Inflammatory Drugs</b></p> <p><b>Anticonvulsants</b></p> <ul style="list-style-type: none"> <li>- Gabapentin (Neurontin): 100-300 mg 1-3 times daily</li> <li>- Pregabalin (Lyrica): 25-150 mg once daily or in 2 divided doses</li> </ul> <p><b>Topical Agents</b> (e.g., lidocaine, capsaicin, menthol)</p> <p><b>SNRIs: Serotonin-Norepinephrine Reuptake Inhibitors</b></p> <ul style="list-style-type: none"> <li>- Duloxetine (Cymbalta): 20-60 mg once daily</li> <li>- Venlafaxine (Effexor): 37.5-225 mg once daily</li> </ul>
<b>AVOID</b> in older adults <b>!</b>	<p><b>Aspirin <math>\geq</math> 325 mg</b> (including products such as Goody's powder)</p> <p><b>Tricyclic antidepressants</b> (e.g., amitriptyline, nortriptyline)</p> <p><b>Muscle relaxants</b> (e.g., cyclobenzaprine)</p>

## Alternate Treatments for Pain: Non-pharmacological



Cognitive Behavioral Therapy  
Biofeedback & Relaxation  
Acupuncture



Massage

Rehab/Physical Therapy  
Physical Exercise  
Weight Loss



## How To Taper Opioids

1. Determine the total daily amount of each opioid the patient is taking
2. Convert each amount to MMEs, using the appropriate conversion factor
3. Add the totals together to get the total daily dose (TDD) in MMEs

Target patients taking  $\geq$  50 MME/day for deprescribing. However, reduction in doses in all patients is worth considering.

*Note: Some dose reduction calculations can be determined without converting to MME first. Use your clinical judgement to determine the best method for the given situation.*

### Start taper by reducing TDD by 10% every 1-2 weeks

For patients who have been on opioids for longer periods of time (e.g., years), a slower taper (e.g., 5-10% every 1-2 months) may be warranted in order to minimize withdrawal symptoms.

## Opioid Tapering – Best Practices

- ✓ Consider what tablet strengths are available when calculating new doses
- ✓ The longer the duration of opioid therapy, the longer the taper may take
- ✓ If the patient experiences withdrawal symptoms, you may slow or pause the taper (do not reverse the taper or increase opioid doses)
- ✓ Once the smallest available dose is reached, the interval between doses can be extended (adjust dose first, then adjust dosing interval)
- ✓ Once 30% of the original dose is reached, you may consider slowing the taper

## Symptoms of Opioid Withdrawal

Drug Craving	Mydriasis	Bone/Joint Aches
Anxiety/Restlessness	Tremor	Poor Concentration
Irritability	Tachycardia	Vomiting
Insomnia	Piloerection	Diarrhea
Yawning	Runny Nose	Diaphoresis
Abdominal Pain	Teary Eyes	

**Resources:** Facts and Comparisons® Clinical Drug Information, LLC; Dowell D, Haegerich TM, Chou R. CDC Guideline for Prescribing Opioids for Chronic Pain — United States, 2016. MMWR Recomm Rep 2016;65(No. RR-1):1–49. DOI: <http://dx.doi.org/10.15585/mmwr.rr6501e1>; Lambert M. *ICSI Releases Guideline on Chronic Pain Assessment and Management*. American Family Physician. 82(4):436-439. 2010.; Galluzzi K. *Management of Neuropathic Pain*. The Journal of the American Osteopathic Association. 2005.; Wehrer M. *Pain Management Considerations in Cirrhosis*. US Pharmacist. 40(12):HS5-HS11. 2015.; Johnson S. *Opioid Safety in Patients with Renal or Hepatic Dysfunction*. Pain Treatment Topics. 2007.