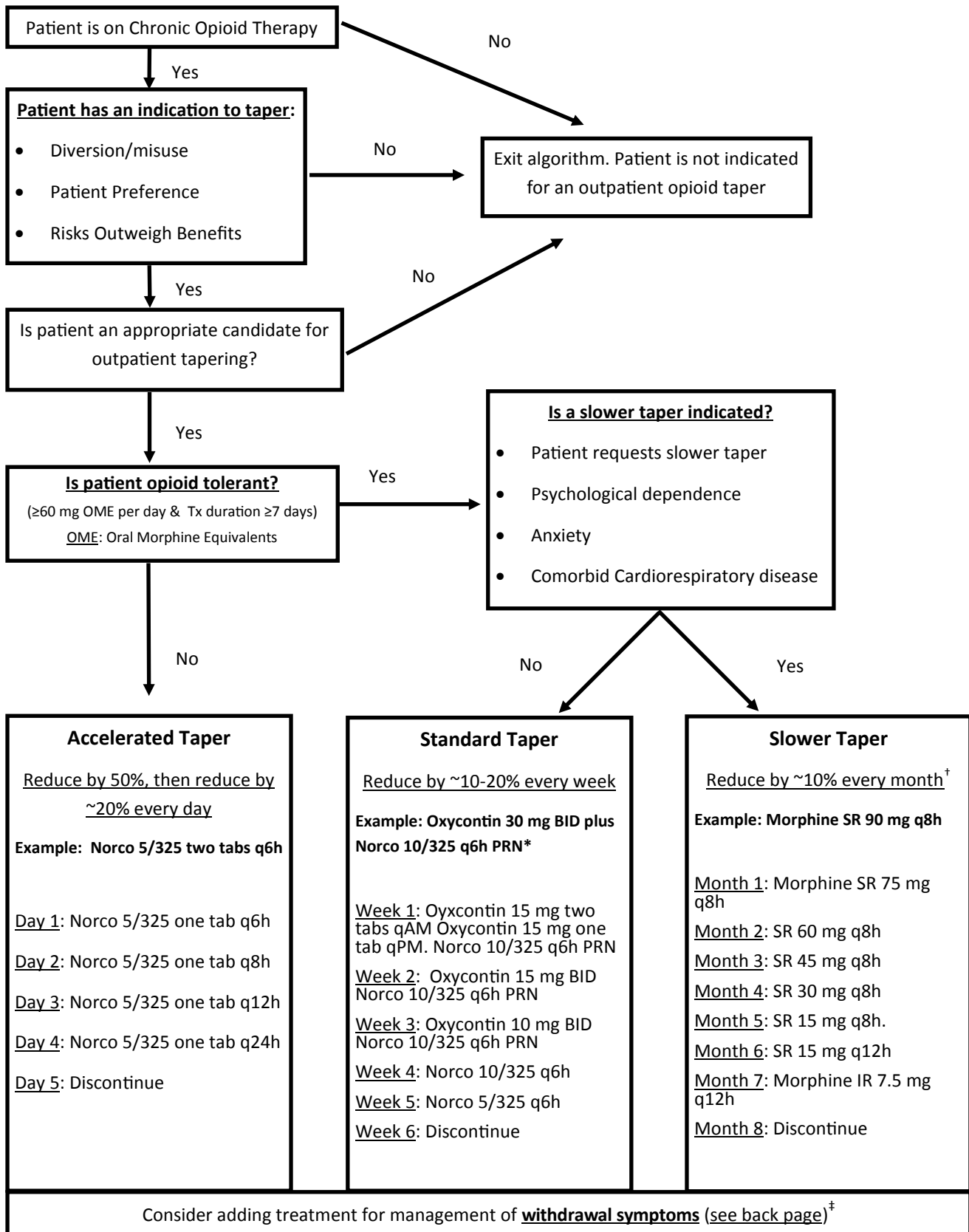


Outpatient Opioid Tapering Algorithm



* Maintain same dose of IR opioid while tapering LA opioid. Once you are at lowest LA tablet dose or 30-45 mg OME, discontinue LA opioid and schedule the IR opioid. Repeat taper strategy until at lowest IR tablet size, then discontinue.

[†] Based on risk of misuse/abuse, consider using weekly prescriptions. See “Issuance of Multiple Prescriptions” on back page.

[‡] Some patients may benefit from having the 10% reduction recalculated once 30% of the original dose is reached.

Management of Acute Withdrawal Symptoms

Autonomic symptoms (sweating, tachycardia, myoclonus)	<ul style="list-style-type: none"> Clonidine 0.1 mg BID; hold dose if blood pressure <90/60 mmHg. MAX dose 0.2 mg QID <ul style="list-style-type: none"> Recheck BP daily as possible; utilize RN BP Office visits Re-evaluate symptoms in 3-7 days Taper over 2-4 days to avoid rebound hypertension
Anxiety, dysphoria, lacrimation, rhinorrhea	<ul style="list-style-type: none"> Hydroxyzine 25 – 50 mg TID PRN Diphenhydramine 25 mg q6h PRN
Myalgias	<ul style="list-style-type: none"> NSAIDs (e.g., naproxen 375 – 500 mg BID or ibuprofen 400 – 600 mg QID) or PRN Acetaminophen 650 mg q6h scheduled or PRN Topical medications: NSAIDs, menthol/methyl salicylate cream, lidocaine cream/ointment
Sleep disturbances	<ul style="list-style-type: none"> Trazodone 25 – 300 mg qHS
Nausea	<ul style="list-style-type: none"> Prochlorperazine 5 – 10 mg q4h PRN Promethazine 25 mg PO or PR q6h PRN Ondansetron 4 mg q6h PRN
Abdominal cramping	<ul style="list-style-type: none"> Dicyclomine 20 mg q6h PRN
Diarrhea	<ul style="list-style-type: none"> Loperamide 4 mg PO initially, then 2 mg with each loose stool, <u>not to exceed 16 mg daily</u> Bismuth subsalicylate 524 mg every 0.5 – 1 hour PO, not to exceed 4192 mg/day

Clinical Pearls & Helpful Tips

Long-Term Side Effects of Opioids:

- Sleep apnea
- Hypogonadism** ****Both sexes:** ↓ libido, osteopenia, osteoporosis, fatigue, ↓ muscle mass, ↑ fat deposits
- Mood changes **Male:** delayed ejaculation, erectile dysfunction
- Risk of death **Female:** amenorrhea, oligomenorrhea
- Hyperalgesia
- Inter-dose withdrawal
- Decrease immune response or immunosuppression
- Urinary retention

Factors That Indicate Need for More Frequent Follow-up:

- Non-adherence to comprehensive pain care plan (e.g. attendance of appointments)
- Unexpected urinary drug test/Prescription Monitoring Program (PMP) results
- Non-adherence to opioid prescription (e.g. using more than prescribed/running out early)
- High risk medication factors (e.g. high-dose opioids, combination of opioids with benzodiazepines or muscle relaxants)

Issuance of Multiple Prescriptions for Schedule II Controlled Substances:

- Federal regulations require all prescriptions for controlled substances “**be dated as of, and signed on, the day when issued.**”
- There is no limit to the number of prescriptions, however, **the combined effect of these multiple prescriptions** is to allow the patient to receive, over time, **up to a 90-day supply** of that controlled substance.
- Write on **each** prescription “**Do not fill until [date]**” where the [date] is the earliest fill date for that prescription. **Consider writing on sequential prescriptions “1 of 3,” “2 of 3,” “3 of 3, etc.”**

References

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- 2) Dowell D, Haegerich TM, Chou R. CDC guideline for prescribing opioids for chronic pain—United States,2016. *MMWR Recomm Rep* 2016;65(1):1–49.
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- 4) Rosenberg J, Bilka B, Wilson S, Spevak C. (2017) Opioid Therapy for Chronic Pain: Overview of the 2017 US Department of Veterans Affairs and US Department of Defense Clinical Practice Guideline. *Pain Medicine* 51.
- 5) Sullivan, Mark D et al. "Prescription Opioid Taper Support for Outpatients With Chronic Pain: A Randomized Controlled Trial." *The journal of pain : official journal of the American Pain Society* vol. 18,3 (2016): 308-318. doi:10.1016/j.jpain.2016.11.003
- 6) Issuance of Multiple Prescriptions for Schedule II Controlled Substances, www.deadiversion.usdoj.gov/faq/mult_rx_faq.htm.