ALAMEDA ALLIANCE FOR HEALTH

SUBSTANCE USE DISORDER OPIOID TAPER DECISION TOOL – CLINICIAN'S GUIDE

WE ARE HERE TO HELP YOU!

At Alameda Alliance for Health (Alliance), we value our dedicated provider partner community, and we appreciate all of your hard work to improve health and wellbeing in our community.

We have created an Opioid Taper Decision Tool and reference guide to help clinicians determine:

- If an opioid taper is necessary.
- When to perform the taper.
- When to provide follow-up and support during the taper.

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High-Risk Population

Tapering off opioids can present a clinical challenge, especially for patients on a high dose of opioids (>90 MME), those with moderate to severe chronic pain (pain greater than 3 months), and those with co-existing mental health disease.[1]

The Centers for Disease Control and Prevention (CDC) recommends starting an opioid dose taper of 10% per week following the patient's functional and pain status each visit.[2] Some patients may need an even slower dose taper depending on the duration of their opioid use.

Providers should consider an opioid taper when the risk of treatment outweighs the benefit.

Consider tapering opioids in the following scenarios:[1, 2]

- Limited pain reduction or improvement in function on escalating doses.
- Severe side effects requiring intensive management.
- Concurrent use of opioids and benzodiazepines.
- Greater than 90 MME/day.
- Non-adherence to a treatment plan.
- Concern for substance use disorder:
    - Consider using any of the following tools: 4 C's Tool, Opioid Risk Tool, Patient Medication Questionnaire, Screener, and Opioid Assessment for Patients with Pain-Revised.[3]
- Opioid related overdose.
- Comorbid risk factors:
    - Lung disease, sleep apnea, liver disease, renal disease, fall risk, greater than 65 years old, mental health disease.
- Opioid tolerance (see below).

Definition of Opioid Tolerance[4]

Patients considered opioid-tolerant are those receiving any of the following medication for 1 week or longer:

- At least 60 mg oral morphine/day
- 25 mcg transdermal fentanyl/hour
- 30 mg oral oxycodone/day
- 8 mg oral hydromorphone/day
- 25 mg oral oxymorphone/day

BRAVO Tool and Other Patient Counseling Tools

The BRAVO protocol outlines a safe and compassionate strategy for opioid tapering while maintaining therapeutic compliance.[5]

BRAVO Tool[5,6]:
www.oregonpainguidance.org/wp-content/uploads/2020/04/BRAVO-FINAL-3.13.20.pdf
www.oregonpainguidance.org/wp-content/uploads/2019/02/BRAVO-updated-2019.pdf?x91687

How to Taper Patients Off of Chronic Opioids Therapy CE:
www.edx.org/course/how-to-taper-patients-off-of-chronic-opioid-therapy

Changing Conversations About Pain CE:
www.oregonpainguidance.org/clinics/opmc-online-pain-management-course

Prescription Opioid Dependence vs Opioid Use Disorder

It is important to understand the difference between Prescription Opioid Dependence and Opioid Use Disorder.

Prescription Opioid Dependence[7] occurs when the body adjusts its normal functioning around regular opioid use. Unpleasant physical symptoms occur when medication is stopped.

Opioid Use Disorder[7] occurs when attempts to cut down or control use are unsuccessful or when the use of opioids results in social problems and a failure to fulfill obligations at work, school, and home. Opioid Use Disorder often comes after the person has developed opioid tolerance and dependence.

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Opioid Tapering Examples (For Reference Only)[4,8]

The CDC recommends a 10% opioid taper per month. Below are different slow tapering scenarios.

*Slow Taper (10% per month)[4]: Morphine **ER** 120 mg BID*

MONTH	MORPHINE ER TAPERED DOSE
Month 1	210 mg (120 mg +90 mg)
Month 2	180 mg (90 mg bid)
Month 3	150 mg (75 mg bid)
Month 4	135 mg (60 mg +75 mg)
Month 5	120 mg (60 mg bid)
Month 6	105 mg (60 mg +45 mg)
Month 7	90 mg (45 mg bid)

MONTH	MORPHINE ER TAPERED DOSE
Month 8	75 mg (45 mg +30 mg)
Month 9	60 mg (30 mg bid)
Month 10	45 mg (30 mg +15 mg)
Month 11	30 mg (15 mg bid)
Month 12	15 mg daily
Month 13	Discontinue

Tapering After Surgery[4]: After surgery, a patient is often ready for an opioid taper.

For example, if a patient is on Oxycodone 10/325 mg, 2 tablets every 6 hours (8 tabs/day), a slow taper is:

DAY	DIRECTIONS	# TABS
Day 1-4	2 tabs every morning, 2 tabs every lunch, 2 tab every dinner, 1 tab qhs	7 tabs/day
Day 5-8	2 tabs every 8 hours	6 tabs/day
Day 9-12	2 tabs every first 8 hours, 1 tab every last 8 hour	5 tabs/day
Day 13-16	1 tab every 6 hours	4 tabs/day
Day 17-20	1 tab every 8 hours	3 tabs/day
Day 20-23	1 tab every 12 hours	2 tabs/day
Day 24-27	1 tab daily	1 tabs/day
Day 28	Discontinue	0 tabs/day

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Tapering Methadone[4]: Methadone 40 mg every 8 hours

MONTH	METHADONE TAPERED DOSE
Month 1	30 mg every 8 hours
Month 2	20 mg every 8 hours
Month 3	15 mg every 8 hours
Month 4	10 mg every 8 hours
Month 5	10 mg daily before noon, 5 mg daily at noon, 10 mg daily in the afternoon or evening
Month 6	5 mg daily before noon, 5 mg daily at noon, 10 mg daily in the afternoon or evening
Month 7	5 mg daily before noon, 5 mg daily at noon, 5 mg daily in the afternoon or evening
Month 8	5 mg daily before noon, 5 mg daily at noon, 2.5 mg daily in the afternoon or evening
Month 9	5 mg daily before noon, 2.5 mg daily at noon, 2.5 mg daily in the afternoon or evening
Month 10	2.5 mg every 8 hours
Month 11	2.5 mg every 12 hours
Month 12	2.5 mg daily
Month 13	Discontinue

Tapering Fentanyl[4]: *Fentanyl 100 mcg every 72 hours*

Slower taper: Reduce by 25 mcg/hr every 30 days

MONTH	FENTANYL TAPERED DOSE
Month 1	75 mcg every 72 hours
Month 2	50 mcg every 72 hours
Month 3	25 mcg every 72 hours
Month 4	12 mcg every 72 hours*
Month 5	Discontinue

***Please Note:** Patient may need morphine 15 mg q6h to manage withdrawal symptoms. Package insert indicates that the patient may go into withdrawal symptoms while tapering.

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Treatment of Withdrawal Symptoms[1,Error! Bookmark not defined.4]

INDICATIONS	TREATMENT OPTIONS*
Abdominal cramping	• Diclyclomine 20 mg q6-8h.
Aches, pains, myalgia	• NSAIDS, Acetaminophen, lidocaine 5% ointment, Diclofenac 1% gel.
Anxiety, lacrimation, rhinorrhea	• Hydroxyzine 25 mg to 50 mg tid prn. • Diphenahydramine 25 mg q6h prn.
Autonomic symptoms (sweating, tachycardia, myoclonus)	• Clonidine 0.1 or 0.2 mg q6-q8h prn. Hold if BP<90/60. Obtain daily BP check. Reassess in 3 to 7 days. Taper upon symptom resolution. Alternatives: • Baclofen 5 mg tid prn; may increase to 40 mg daily dose. • Gabapentin 100 mg to 300 mg titrated to 1800 to 2100 mg divided in 2 to 3 doses. • Tizanidine 4 mg tid prn, can increase to 8 mg tid prn.
Diarrhea	• Loperamide 2 mg to 4 mg prn up to 16 mg per day. • Bismuth subsalicylate 524 mg every 0.5 to 1 hour orally, not to exceed 4192 mg/day.
Insomnia	• Trazodone 25 mg to 100 mg qhs.
Nausea/Vomiting	• Prochlorperazine 5 to 10 mg q4h prn. • Promethazine 25 mg po or pr q6h prn. • Ondansetron 4 mg q6h prn.

***Please Note:** All meds are on the Alliance formulary and do not require prior authorization (PA).

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References

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Disclaimer

This resource is not a substitute for clinical judgment or medical advice. Adherence to or use of this guide does not guarantee successful treatment. Providers are responsible for assessing the care and needs of the individual patient. Providers must use their professional judgment in making decisions or recommendations that impact the patient's health including the use of this resource.

We are here to help!

If you have any questions, please contact:

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