

Discontinuing Opioids

Action	Reasons	Process
Discontinue Immediately	<ul style="list-style-type: none"> • Drug diversion or prescription forgery • Danger to the patient, e.g., work, operation of machinery, suicide attempt • Threats are made in the practice office • Patient arrested 	No further prescribing.
Rapid Taper	<ul style="list-style-type: none"> • Non-compliance with evaluation or therapy plans (e.g., tests, appointments, consultant visits) • Medication misuse • Problem (“red flag”) behaviors: focus on opioids, requests for early refills, multiple calls or visits, calls to Patient Relations, prescription problems, urine drug test results (positive or negative), illicit substance use, contract violations. 	<p><u>Multiple agent conversion.</u> If multiple agents, first convert all medications to morphine equivalent (see Appendix D) and taper as morphine (morphine sulfate extended release). If methadone is in use, convert to methadone equivalents.</p> <p><u>Taper.</u> Taper by 25% every 3-7 days (shorter interval for short half-life medications). As little as 20% of the preceding dose may be used.</p>
Slower Taper	<ul style="list-style-type: none"> • Lack of benefit (opioids are given on a <i>trial</i> basis) • Opioid-induced toxicity/hyperalgesia • Excessive dosing: morphine > 180 mg/day, oxycodone > 120 mg/day, fentanyl > 75 mcg/hr, methadone > 40 mg/day 	<p><u>Multiple agent conversion.</u> If multiple agents, first convert all medications to morphine equivalent (see Appendix D) and taper as morphine (morphine sulfate extended release). If methadone in use, convert to methadone equivalents.</p> <p><u>Taper.</u> Taper every week by 10% of original dose until 20% remains. Taper remaining 20% by 5% of original dose each week until off or at goal.</p>
Buprenorphine Conversion with Taper (requires XDEA number and experience)	<ul style="list-style-type: none"> • Opioids not indicated and need for removal from them • Opioid-induced hyperalgesia related to large dose opioid therapy requiring reduction • Pain and addiction 	<p><u>Referral for evaluation.</u> Refer to chronic pain service for evaluation and clinic conversion.</p> <p><u>Evaluation during hospitalization.</u> Evaluate patients with lack of benefit of opioids or with toxicity, who may benefit from conversion to buprenorphine</p>