Opioid Tapering Flow Sheet

START HERE

Consider opioid taper for patients with opioid MME > 90 mg/d or methadone > 30 mg/d, aberrant behaviors, significant behavioral/physical risks, lack of improvement in pain and function.

1. Frame the conversation around tapering as a safety issue.
2. Determine rate of taper based on degree of risk.
3. If multiple drugs involved, taper one at a time (e.g., start with opioids, follow with BZPs).
4. Set a date to begin and set a reasonable date for completion. Provide information to the patient and establish behavioral supports prior to instituting the taper. See OPG guidelines.

OPIOIDS

Basic principle: For longer-acting drugs and a more stable patient, use slower taper. For shorter-acting drugs, less stable patient, use faster taper.

1. Use an MME calculator to help plan your tapering strategy. Methadone MME calculations increase exponentially as the dose increases, so methadone tapering is generally a slower process.
2. Long-acting opioid: Decrease total daily dose by 5–10% of initial dose per week.
3. Short-acting opioids: Decrease total daily dose by 5–15% per week.
4. See patient frequently during process and stress behavioral supports. Consider UDS, pill counts, and PDMP to help determine adherence.
5. After ¼ to ½ of the dose has been reached, with a cooperative patient, you can slow the process down.
6. Consider adjuvant medications: antidepressants, gabapentin, NSAIDs, clonidine, anti-nausea, anti-diarrhea agents.

MME for Selected Opioids

Opioid	Approximate Equianalgesi Dose (oral and transdermal)	Opioid	Approximate Equianalgesi Dose (oral and transdermal)
Morphine (reference)	30mg	Codeine	200mg
Fentanyl transdermal	12.5mcg/hr	Hydrocodone	30mg
Hydromophone	7.5mg	Methadone Chronic	4mg
Oxycodone	20mg	Oxymorphone	10mg
Tapentodol	75mg	Tramadol	300mg