

Example Tapers for Opioids⁵⁻⁹

Slowest Taper (over years) Reduce by 2 to 10% every 4 to 8 weeks with pauses in taper as needed <i>Consider for patients taking high doses of long-acting opioids for many years</i>	Slower Taper (over months or years) Reduce by 5 to 20% every 4 weeks with pauses in taper as needed MOST COMMON TAPER	Faster Taper (over weeks)^{****} Reduce by 10 to 20% every week	Rapid Taper (over days)^{****} Reduce by 20 to 50% of first dose if needed, then reduce by 10 to 20% every day
Ex: morphine SR 90 mg Q8h = 270 MEDD Month 1: 90 mg SR qam, 75 mg noon, 90 mg qpm [5% reduction]* Month 2: 75 mg SR qam, 75 mg noon, 90 mg qpm Month 3: 75 mg SR (60 mg+15 mg) Q8h Month 4: 75 mg SR qam, 60 mg noon, 75 mg qpm Month 5: 60 mg SR qam, 60 mg noon, 75 mg qpm Month 6: 60 mg SR Q8h Month 7: 60 mg SR qam, 45 mg noon, 60 mg qpm Month 8: 45 mg SR qam, 45 mg noon, 60 mg qpm Month 9: 45 mg SR Q8h**	Ex: morphine SR 90 mg Q8h = 270 MEDD Month 1: 75 mg (60 mg+15 mg)SR Q8h [16% reduction] Month 2: 60 mg SR Q8h Month 3: 45 mg SR Q8h Month 4: 30 mg SR Q8h Month 5: 15 mg SR Q8h Month 6: 15 mg SR Q12h Month 7: 15mg SR QHS, then stop***	Ex: morphine SR 90 mg Q8h = 270 MEDD Week 1: 75 mg SR Q8h [16% reduction] Week 2: 60 mg SR (15 mg x 4) Q8h Week 3: 45 mg SR (15 mg x 3) Q8h Week 4: 30 mg SR (15 mg x 2) Q8h Week 5: 15 mg SR Q8h Week 6: 15 mg SR Q12h Week 7: 15 mg SR QHS x 7 days, then stop***	Ex: morphine SR 90 mg Q8h = 270 MEDD Day 1: 60 mg SR (15 mg x 4) Q8h [33% reduction] Day 2: 45 mg SR (15 mg x 3) Q8h Day 3: 30 mg SR (15 mg x 2) Q8h Day 4: 15 mg SR Q8h Days 5-7: 15 mg SR Q12h Days 8-11: 15 mg SR QHS, then stop***

*Continue the taper based on Veteran response. Pauses in the taper may allow the patient time to acquire new skills for management of pain and emotional distress while allowing for neurobiological equilibration.

**Continue following this rate of taper until off the morphine or the desired dose of opioid is reached.

***May consider morphine IR 15 mg ½ tablet (7.5 mg) twice daily.

****Rapid tapers can cause withdrawal effects and patients should be treated with adjunctive medications to minimize these effects; may need to consider admitting the patient for inpatient care. If patients are prescribed both long-acting and short-acting opioids, the decision about which formulation to be tapered first should be individualized based on medical history, mental health diagnoses, and patient preference. Data shows that overdose risk is greater with long-acting preparations.

Communicate the opioid taper plan to the Veteran

Example: Veteran is currently taking morphine SR 60 mg, 1 tablet every 8 hours. Goal is to reduce dose of morphine to SR 30 mg every 8 hours using a slow taper. Dose will be reduced by 15 mg every 10 days.

Using **morphine SR 15 mg tablets**, follow the schedule below:

	Morning	Afternoon	Evening
Days 1 to 10	4 tablets = 60 mg	3 tablets = 45 mg	4 tablets = 60 mg
Days 11 to 20	3 tablets = 45 mg	3 tablets = 45 mg	4 tablets = 60 mg
Days 21 to 30	3 tablets = 45 mg	3 tablets = 45 mg	3 tablets = 45 mg

Scenario 1: Veteran is tolerating the taper



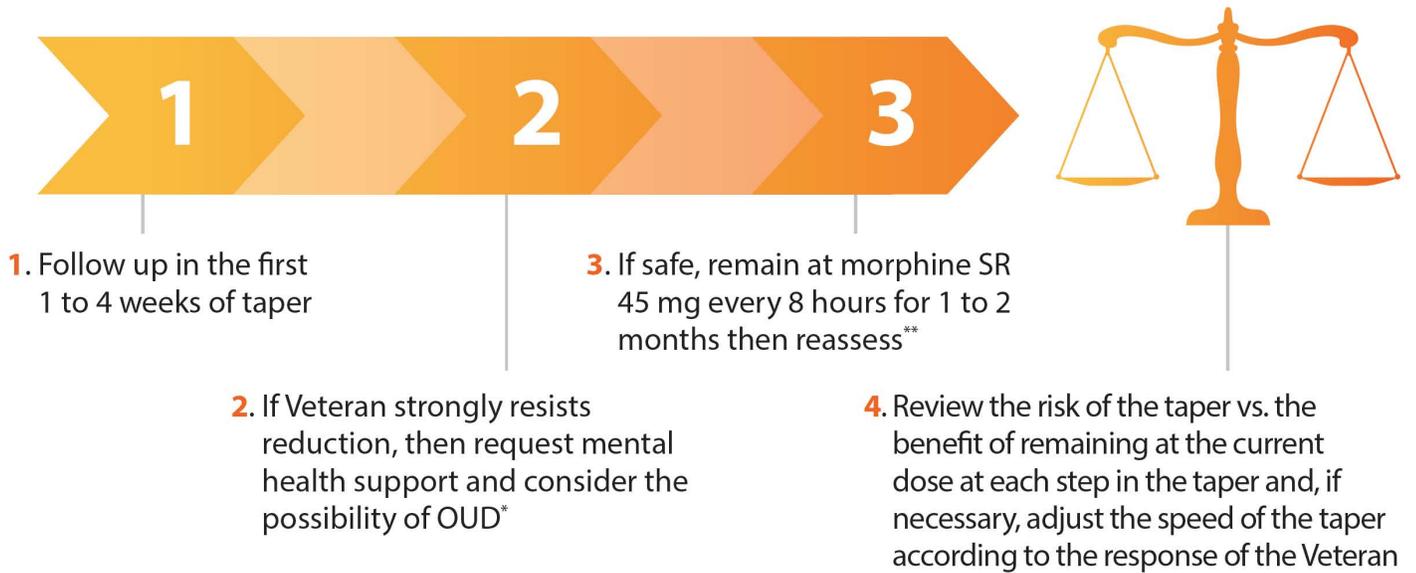
1. Follow up in the first 1 to 4 weeks of taper

2. If Veteran feels supported and is adjusting to the dose reduction

3. Continue strategy of reducing to morphine SR 30 mg every 8 hours

4. Follow up in 1 to 4 weeks to determine the next step in the taper

Scenario 2: Veteran is resisting further reduction



*If the Veteran is resisting further dose reductions, explore the reason for the reluctance: medical (increased pain), mental health (worsening depression, anxiety, etc.), and substance use disorder (SUD)/opioid use disorder (OUD). Refer to OUD Provider Education Guide on VA PBM Academic Detailing SharePoint for more information. <https://vawww.portal2.va.gov/sites/ad/SitePages/OUD.aspx>

**If possible, the Veteran should be actively involved in skills training and/or have a comprehensive pain care plan.

Follow up with the Veteran during the taper:

Follow Up	Slowest Taper (over years)	Slower Taper (over months)	Faster Taper (over weeks)	Rapid Taper (over days)
When	1 to 4 weeks after starting taper then monthly before each reduction	1 to 4 weeks after starting taper then monthly before each reduction	Weekly before each dose reduction	Daily before each dose reduction or if available offer inpatient admission
Who	PACT Team*			
How	Clinic and/or telephone**	Clinic and/or telephone**	Clinic and/or telephone**	Hospital, clinic or telephone**
What	Patient function, ^{***} pain intensity, sleep, physical activity, personal goals, and stress level			

*Follow-up for tapering is recommended to be a team function with various team members taking on roles in which they have demonstrated specific competencies. Mental health practitioners may need to be included in the follow-up plan.

**Providers will need to determine whether a telephone or in-clinic appointment is appropriate based on the risk category of the Veteran. A Veteran with high risk due to a medical condition may have decompensation during the taper and may require a clinic visit over telephone follow-up. If there are issues with the Veteran obtaining outside prescriptions or they are displaying other aberrant behaviors during the taper, providing follow-up in a clinic visit may be more optimal than a telephone visit.

***Quality of Life Scale for patients with pain: https://www.theacpa.org/uploads/documents/Quality_of_Life_Scale.pdf

Tapering Dose Example

Ruben Halperin – September 2018

Consider the following patient:

- 48 year old male on Oxycodone for 16 years since a motor vehicle crash
- Dose: Oxycodone 30 mg four times daily = 120 mg of oxycodone = 180 mg MED
- Pain: Still rates his pain as a 10, wants to increase to 40 mg four times daily
- Function: Hasn't worked since crash. Divorced 9 years ago. Lives alone. On bed or couch 20 hours daily
- Co-morbid conditions: sleep apnea, diabetes 2, hypertension, depression, osteoarthritis of knees

After a long discussion he admits that the oxycodone doesn't help him much, but he's afraid of how bad his pain will be on less of it or without it. He reluctantly agrees to the taper when you explain that his dose is unsafe and you don't feel comfortable continuing to prescribe it.

How to taper? Make sure other **ongoing** strategies are in place before you begin. He goes to a pain education class, watches several videos and meets with the behaviorist in clinic. The behaviorist encourages him to join a pain group where he will have a chance to learn and share experiences with other patients in a similar situation.

Week	Dose 1	Dose 2	Dose 3	Dose 4	Total daily dose	MED
0	30 mg	30 mg	30 mg	30 mg	120 mg	180 mg
1	30 mg	25 mg	30 mg	30 mg	115 mg	172.5 mg
2	same					
3	30 mg	25 mg	25 mg	30 mg	110 mg	165 mg
4	same					
5	30 mg	25 mg	25 mg	25 mg	105 mg	157.5 mg
6	same					
7	25 mg	25 mg	25 mg	25 mg	100 mg	150 mg
8	same					

At the end of 8 weeks you have decreased the oxycodone by about 16%. He's had mild withdrawal symptoms, but nothing intolerable

Week	Dose 1	Dose 2	Dose 3	Dose 4	Total daily dose	MED
9	25 mg	20 mg	25 mg	25 mg	95 mg	142.5 mg
10	same					
11	25 mg	20 mg	20 mg	25 mg	90 mg	135 mg
12	same					
13	25 mg	20 mg	20 mg	20 mg	85 mg	127.5 mg
14	same					
15	20 mg	20 mg	20 mg	20 mg	80 mg	120 mg
16	same					

At the end of 16 weeks you have decreased the oxycodone by about 33%. Withdrawal symptoms mild. He has noticed that his pain isn't any worse. Even so, he tells you he is afraid to keep going, but agrees that everything you told him has been correct.

Week	Dose 1	Dose 2	Dose 3	Dose 4	Total daily dose	MED
17	20 mg	20 mg	15mg	20 mg	75 mg	112.5 mg
18	same					
19	20 mg	15 mg	15 MG	20 MG	70 MG	105 MG
20	same					

Oregon Pain Guidance - Tapering Guidance & Tools

21	20 mg	15 mg	15 mg	15 mg	65 MG	97.5 90
22	same					
23	15 mg	15 mg	15 mg	15 mg	60 MG	90 MG
24	same					
At 24 weeks he is on 50% of his starting opioid dosing. He admits that his pain is no worse. He also tells you his mind feels less foggy and he's been using some of the relaxation techniques when he does feel pain. He began physical therapy a few weeks back and is now walking 15 – 20 minutes daily						
Week	Dose 1	Dose 2	Dose 3	Dose 4	Total daily dose	MED
25	15 mg	15 mg	10 mg	15 mg	55 mg	82.5
26						
27	15 mg	10 mg	10 mg	15 mg	50 mg	75 mg
28						
29	15 mg	10 mg	10 mg	10 mg	45 mg	67.5 mg
30						
31	10 mg	10 mg	10 mg	10 mg	40 mg	60 mg
32	same					
At 32 weeks he is on 30% of his starting opioid dosing. Pain is not worse, in fact he thinks it might be a little better. He's now walking up to an hour daily. He says, I think I want to go to 10 mg 3 times daily and then cut down from there.						
Week	Dose 1	Dose 2	Dose 3		Total daily dose	MED
33	10 mg	10 mg	10 mg		30 mg	45 mg
34	Same: he has a little more withdrawal and asks to stay on 10 mg TID for another 2 weeks					
35	10 mg	10 mg	10 mg		30 mg	45 mg
36	same					
37	10 mg	5 mg	10 mg		25 mg	37.5 mg
38	Same: he wants to cut the morning dose before evening dose because he is worried he won't sleep well					
39	5 mg	5 mg	10 mg		20 mg	30 mg
40	5 mg	5 mg	5 mg		15 mg	22.5 mg
At 40 weeks he is on 12.5% of his starting opioid dosing. He cut down a little faster in last 2 weeks. He is excited by the prospect of getting off completely but still feels like he needs to keep tapering and can't just stop at this dose						
Week	Dose 1	Dose 2	Dose 3		Total daily dose	MED
41	5 mg	2.5 mg	5 mg		12.5 mg	18.25 mg
42						
43	5 mg	5 mg			10 mg	15 mg
44						
45	2.5 mg	5 mg			7.5 mg	11.25 mg
46						
47	X	5 mg			5 mg	7.5mg
48	0				0 mg	0 mg
It took 48 weeks – almost a year, but he successfully came off of a high dose opioid he had been on for 16 years. He admits that his pain is minimal. He is more active than he has been in years, has lost 18 lbs. and he is contemplating going back to work.						