TAPERING FLOWCHART

START HERE

Consider opioid taper for patients with opioid MED > 120/methadone > 40, aberrant behaviors, significant behavioral/physical risks, lack of improvement in pain and function.

Consider benzodiazepine taper for patients with aberrant behaviors, behavioral risk factors, impairment, or concurrent opioid use.

1. Explain to the patient the reason for the taper: "I am concerned…"
2. Determine rate of taper based on degree of risk.
3. If multiple drugs involved, taper one at a time (e.g., start with benzos, follow with opioids).
4. Set a date to begin, provide information to the patient, and set up behavioral supports, prior to instituting the taper. See page 26 of OPG guidelines.

OPIOID TAPER

Opioids (not methadone)

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. Utilize the drug the patient is taking as the tapering medication. If you switch medications, follow MED equivalency chart and then reduce the dose by 25–50% as starting dose. Metabolic variability can be quite significant. Utilize a 90% dose reduction if switching to methadone. See dose calculator link below.
2. Decrease total daily starting dose by 5–15% per week in divided doses.
3. See patient frequently during process and stress behavioral supports. Consider UDS, pill counts, and PDMP to help determine adherence.
4. After ¼ to ½ of the dose has been reached, with cooperative patient, you can slow the process down.
5. Consider adjuvant medications: antidepressants, NSAIDs, clonidine, anti-nausea, anti-diarrhea agents.

Methadone

Basic principle: Very long half life may necessitate a more protracted tapering process. Otherwise follow opioid principles.

MED for Selected Opioids

Opioid	Approximate Equianalgesic Dose (oral and transdermal)
Morphine (reference)	**30mg**
Codeine	200mg
Fentanyl transdermal	12.5mcg/hr
Hydrocodone	30mg
Hydromorphone	7.5mg
Methadone	Chronic: 4mg†
Oxycodone	20mg
Oxymorphone	10mg

Link to Morphine Equivalent Dosing (MED) Calculator

agencymeddirectors.wa.gov/mobile.html

OPG
OREGON PAIN GUIDANCE

BENZODIAZEPINE TAPER

Basic principle: Expect anxiety, insomnia, and resistance. Patient education and support very important. Risk of seizures with abrupt withdrawal increases with higher doses. The slower the taper, the better tolerated.

1. **Slow taper:** Calculate total daily dose. Switch from short acting agent (alprazolam, lorazepam) to longer acting agent (diazepam, clonazepam). Upon initiation of taper reduce the calculated dose by 25–50% to adjust for possible metabolic variance.
2. First follow up visit 2–4 days after initiating taper to determine need to adjust initial calculated dose.
3. Reduce the total daily dose by 5–10% per week in divided doses.
4. After ¼ to ½ of the dose has been reached, with cooperative patient, you can slow the taper.
5. Consider adjunctive agents to help with symptoms: trazodone, buspirone, hydroxyzine, clonidine, antidepressants, neuroleptics, and alpha blocking agents.

1. **Rapid taper:** See the tapering guidelines on page 28 of the OPG guidance documents.

Benzodiazepine Equivalency Chart

Drug	Half-life (hrs)	Dose Equivalent
Chlordiazepoxide (Librium)	5–30 h	25mg
Diazepam (Valium)	20–50 h	10mg
Alprazolam (Xanax)	6–20 h	0.5mg
Clonazepam (Klonopin)	18–39 h	0.5mg
Lorazepam (Ativan)	10–20 h	1mg
Oxazepam (Serax)	3–21 h	15mg
Triazolam (Halcion)	1.6–5.5 h	0.5mg