Common Opioids and Doses				
Opioid	**Initial dosing***	**Renal adjustments**	**Hepatic adjustments**	**Notes**
Fentanyl patch (chronic pain)	Based on the conversion factor from another opioid	• CrCl 10–50: use 75% of normal dose • CrCl <10: use 50% of normal dose	• CP class A or B: use 50% of normal dose • CP class C: 12.5 mcg/hr patch applied once every 72 hours	• Only start in opioid tolerant patients (60 MME x 7 days) • Do not cut patch • Patches last 3 days
Buprenorphine patch (chronic pain)	5 mcg/hr patch applied once every 7 days	None	None; consider alternative therapy in severe hepatic impairment (CP class C)	• Only start in opioid tolerant patients (60 MME x 7 days) • Do not cut patch • Patches last 7 days
Hydromorphone IR	1-2 mg PO every 3-4 hours PRN	• CrCl 30–59: use 50% of normal dose • CrCl <30: use 25% of normal dose and extend dosing interval to every 4-6 hours PRN	CP class B or C: use 25%-50% of normal dose and extend dosing interval	
Hydrocodone IR	2.5-5 mg PO every 4-6 hours PRN	eGFR <30: extend dosing interval to every 6–8 hours PRN	None	• Combined with acetaminophen. Do not exceed 4 g/day of acetaminophen for a healthy patient, 2 g/day in patients with heavy alcohol use or CP class C. • Monitor closely for respiratory depression, especially in first 72 hours of use.
Morphine	10 mg PO every 4 hours PRN	• CrCl 30-59: consider alternative therapy. May use 50%–75% of normal dose and extend dosing interval • CrCl 15–29:avoid use. May use 25%-50% of normal dose and extend dosing interval • CrCl <15: avoid use	• CP class A: extend dosing interval • CP class B: use 50% of normal dose and extend dosing interval • CP class C: avoid use. May use <50% of normal dose and extend dosing interval	Avoid ER formulations in renal and hepatic impairment.

Source: Owsiany et al, Am J Med 2019;132(12):1386–1393.

*For acute non-cancer pain in opioid-naive patients unless otherwise indicated.

CP= Child-Pugh score, CrCl= creatinine clearance, eGFR= estimated glomerular filtration rate, ER= extended release, IR= immediate release, MME= morphine milligram equivalent, PRN= as needed

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Medications That Can Exacerbate Effects of Opioids						
Medication Class	**Medication Examples (highest risk)**	**Constipation**	**Sedation**	**Confusion/Delirium**	**Fall Risk**	**Respiratory Depression**
Anticonvulsants	Carbamazepine, Oxcarbazepine, Divalproex		X	X	X	
Barbiturates	Phenobarbital		X	X	X	X
Gabapentinoids	Gabapentin, Pregabalin		X	X	X	X
Antidepressants	Fluvoxamine, Mirtazapine, Paroxetine, Trazodone	X	X	X	X	
Tricyclic antidepressants (TCAs) (especially at higher dose)	Amitriptyline, Clomipramine, Doxepin, Imipramine	X	X	X	X	
Benzodiazepine	Alprazolam, Lorazepam, Clonazepam, Diazepam, Temazepam		X	X	X	X
Z-drugs	Eszopiclone, Zaleplon, Zolpidem		X		X	
Misc.	Verapamil, Iron supplements	X				
Agents for overactive bladder	Fesoterodine, Oxybutynin, Tolterodine	X			X	
Antipsychotics	Chlorpromazine, Clozapine, Olanzapine, Quetiapine	X	X	X	X	
Antihistamines	Diphenhydramine, Doxylamine, Hydroxyzine	X	X	X	X	
Anti-Parkinson agents	Benztropine, Trihexyphenidyl	X	X	X	X	

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