OPIOIDS COMMONLY USED TO TREAT MODERATE TO SEVERE PAIN[8]					
Generic Name/ Trade Name	**Indications**	**Usual Dosing Interval**	**Routes of Administration/ Dosing Forms**	**Potential Side Effects**	**Comments**
Morphine (KADIAN®, MSIR®, MS Contin®, and others)	Severe acute pain (eg, trauma, postoperative pain, MI), cancer pain, persistent pain	Varies with IR and CR	PO (IR and CR), PR, IV, SC, IM, EA, IA, SL	Mu agonist class side effects, precautions, warnings, and contraindications*; metabolite can accumulate in setting of renal or hepatic dysfunction	Used as a standard of comparison for all opioids; can stimulate histamine release; IR and CR oral preparations available; CR tablets are taken whole and must not be broken, chewed, or crushed (to prevent potential toxic dose)
Hydromorphone (Dilaudid®)	Oral: management of pain where opioid therapy is appropriate; parenteral: moderate to severe pain (eg, trauma, MI, surgery, burns, renal colic, biliary colic, cancer)	4-6 hours for oral and parenteral; 6-8 hours for rectal	PO, PR, IV, SC, EA, IA	Mu agonist class side effects, precautions, warnings, and contraindications*	Useful alternative to morphine; available in high-potency injectable that facilitates SC administration
Fentanyl (Duragesic®)	Severe acute pain, cancer pain, CNCP; TD fentanyl is indicated only for treatment of persistent pain that requires continuous administration and cannot be managed by less aggressive means	Varies with RoA and form; 72 hours for TD fentanyl	IV, EA, IA, TD, OTFC	Mu agonist class side effects, precautions, warnings, and contraindications*; TD fentanyl is contraindicated for acute pain, postoperative pain, or intermittent pain responsive to PRN or non-opioid therapy, and at doses >25 [Greek mu]g/hour at the initiation of opioid therapy; TD fentanyl should not be used in children <12 years or in patients <18 years who weigh <110 lb, except in research setting	TD and oral transmucosal formulations available, including OTFC; IV fentanyl is fast-acting and is frequently combined with benzodiazepines for procedural analgesia and sedation; TD fentanyl is long-acting and can control pain for up to 72 hours, but a small number of patients may require q48h dosing; ensure patients follow the correct patch application procedures for TD fentanyl and avoid direct exposure of application site to heat

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Oxycodone (OxyContin® and others)†	Moderate to moderately severe pain (eg, trauma, postoperative pain, musculoskeletal disorders, abdominal pain, dental pain, cancer pain); CR formulation for moderate to severe pain wherein opioid is required for an extended period of time	Varies with IR and CR	PO (IR and CR)	Mu agonist class side effects, precautions, warnings, and contraindications*; CR tablets are to be taken whole and must not be broken, chewed, or crushed, to prevent potential toxic dose; CR 80 mg tablets for use in opioid-tolerant patients only	IR and CR preparations; available as single entity and in combination with a non-opioid; can be used like oral morphine for severe pain; frequently combined with a non-opioid for moderate pain
Hydrocodone‡	Moderate to severe pain (eg, trauma, back pain, postoperative pain, abdominal pain, dental pain)	4-6 hours	PO	Mu agonist class side effects, precautions, warnings, and contraindications*; hydrocodone/ibuprofen NR for OA or RA or for patients with NSAID hypersensitivity or other contraindications to NSAIDs	Available in combination with non-opioids: hydrocodone/acetaminophen for moderate or moderately severe pain; hydrocodone/ibuprofen for short-term (<10 days) management of acute pain (eg, trauma, musculoskeletal and back pain, postoperative pain, abdominal pain, dental pain)
Codeine§	Mild to moderately severe pain	4 hours	PO, SC	Mu agonist class side effects, precautions, warnings, and contraindications*; the most common side effects are lightheadedness, dizziness, SoB, sedation, and N/V	Used orally for mild to moderate pain, with limited use for severe pain; usually used in combination with non-opioid, which has an analgesic ceiling; codeine is a prodrug—10% of patients lack the enzyme needed to make codeine active; may cause more nausea and constipation per unit of analgesia than other mu agonist opioids

*Mu agonist class side effects include sedation, mental clouding or confusion, respiratory depression, nausea, vomiting, constipation, pruritus (itching), and urinary retention. With the exception of constipation, these side effects tend to subside over time. Most opioids should be used with caution in patients with impaired ventilation, bronchial asthma, liver failure, or increased intracranial pressure. Opioid-induced respiratory depression is usually short lived, antagonized by pain, and most common in opioid-naïve patients.

†Also available in combination with non-opioid analgesics (eg, oxycodone/aspirin [eg, Percodan]).

‡Available in combination with non-opioid analgesics (eg, hydrocodone/acetaminophen [eg, Vicodin]).

§Also available in combination with non-opioid analgesics (eg, codeine/acetaminophen [Tylenol w/ Codeine]).

MI = myocardial infarction; IR = immediate release; CR = controlled release; PO = orally; PR = rectally; IV = intravenously; SC = subcutaneously; IM = intramuscularly; EA = epidural administration; IA = intrathecal administration; SL = sublingually; CNCP = chronic non-cancer pain; TD = transdermal; RoA = route of administration; OTFC = oral transmucosal fentanyl citrate; PRN = as needed; CNS = central nervous system; NR = not recommended; OA = osteoarthritis; RA = rheumatoid arthritis; NSAID = nonsteroidal anti-inflammatory drug; SoB = shortness of breath; N/V = nausea/vomiting.