

# Types of common opioid medications

Opioid Strength	Opioid name	Opioid properties	Equianalgesic ratios	Usual dose range ( <i>opioid-naïve</i> )*	Short-acting (immediate release) forms:		Long-acting (controlled release) forms:
					Oral	Other	
<i>Weak</i>	Codeine	Pro-drug, metabolized to morphine in 90% of pts	1/10	Oral: 15-60mg q4h	-Codeine directly -Combined w/ acetaminophen as Tylenol #1, 2, 3, 4 (tabs, liquid)	SC/IV (faster onset)	CodeineContin®
	Tramadol	Weak mu-opioid-receptor agonist	1/10	50-100mg q4-6h (oral; immediate release)	Zytram® (usual daily dose = 150mg/day, max 400mg/d) Ralivia® (usual daily dose = 200-300mg/d, max 300mg/d)		
	Meperidine/ Pethidine	Formerly popular Opioid, now less used b/c of ↑↑ neuro-toxicity	1/3	Oral: 50-150mg q4h prn	Demerol® ( <i>use only for acute pain, limit duration to &lt;48hours</i> )	SC/IM	<i>Not recommended for long term analgesia</i>
<i>Strong</i>	Morphine	Gold-std, also ↓ preload in CHF tx. Can be short or long lasting.	1	Oral: 10mg q4h as needed	Morphine, MS® (tabs, liquid)	SC/IV (faster onset)	MSContin®, M-Eslon®, Kadian®
	Oxycodone	Opioid derived from further processing of opium into thebaine	1.5-2	Oral: 5-20mg q4-6h	OxyIR®, Supeodol® -Combined w/ acetaminophen as Percocet®		OxyContin® (now replaced by OxyNEO® in Canada)
	Methadone	For analgesia <i>and</i> anti-addictive use in opioid-dependent patients	3-7.5	Oral: 2.5-10mg q4-12h	Metadol® (tabs, capsules) Dolophine® (in the US)		<i>Long duration of action, low cost, so also used to mgmt chronic pain</i>
	Hydromorphone	Hydrogenated ketone version of morphine	5	Oral: 2-4mg q3-4h as needed	Dilaudid® (tabs, liquid)	IV/epidural (1/5 of dose needed)	HydromorphContin® (dose = 3-30mg q12h)
	Fentanyl	Quick onset, for rapid relief of severe pain Only opioid that can be given in patch form	50-100	Patch: 25µg/hr (calculate up based on daily morphine dose)	None	Slow SC/IM/IV/SL	Transdermal Duragesic® Patches

### \*Notes:

- “Usual dosing range” is for *initial, acute* treatment of opioid-naïve patients with *Immediate-release* forms of the opioid (according to UpToDate)
  - Doses can be titrated up slowly in patients who need extra pain control
  - Doses vary with chronic pain management
- Patients exposed to one opioid in the past may need *higher* doses if restarting analgesia with the *same* opioid (to overcome body’s tolerance)
- But when *switching opioids*, *lower* the dose of the new opioid (b/c body hasn’t developed tolerance to that new opioid yet)