**Oxycodone suggested tapering regime**

This document is to be used in conjunction with the following guidance document:

[***Analgesic Tapering Guidelines for adult patients with persistent pain patients taking strong opioids and/or gabapentinoids***](https://nhssomerset.nhs.uk/wp-content/uploads/2022/08/ICB-Analgesic-tapering-guidelines-general-with-flow-chart-approved-v1.2-1.docx)

Oxycodone is a synthetic opioid licenced for use in the UK for severe pain, post-operative pain and pain control in terminal care.

100mg of oxycodone is approximately equivalent to 150mg of oral morphine.1

As with all opioids, the dose used should be the lowest possible for benefit, for the shortest possible time.

Long term use of opioids in non-malignant pain (longer than 3 months) carries an increased risk of dependence and addiction, so at the end of treatment the dosage should be tapered slowly to reduce the risk of withdrawal effects; tapering from a high dose may take weeks or months.

Dose changes should be individualised to the person.  There are no recommendations as to the speed of reduction but it is suggested that changes are not more frequently than weekly. A suggested regime for a patient who is already taking oxycodone MR 100mg twice daily is included on page 2.   If the patient is taking a lower dose than 100mg BD then start the process further down the table and follow the suggested tapering guidance.

**Before starting:**

* Where possible, ensure any reduction is discussed and agreed with the patient.
* Agree the speed of dose reduction with the patient.
* Typically, one change per week is recommended. Some patients will need space to acclimatise to the new dose so the dose changes may be every one to two weeks.  Inform the patient that reduction can be slowed but not reversed.
* Modified release formulations of oxycodone should be taken at 12hourly intervals. Oxeltra **®** modified release tablets or Oxypro**®** modified release tablets are the preferred formulations in Somerset. They are available in the following strengths 5mg, 10mg, 15mg, 20mg, 30mg, 40mg, 60mg and 80mg. Prescriptions should state the brand

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| ***Agreed dose reduction interval:  weekly, fortnightly, monthly*** **Enter the table at the appropriate dose level**Oxeltra **®** modified release tablets or Oxypro**®** modified release tablets are available in the following strengths 5mg, 10mg, 15mg, 20mg, 30mg, 40mg, 60mg and 80mg. Prescriptions should state the brand. Doses should be at 12hourly intervals. |
| **Change (e.g. weekly / fortnightly / monthly)**  | **Morning oxycodone MR dose**  | **Evening oxycodone MR dose**  |
| 1 | 95mg  | 95mg  |
| 2 | 90mg  | 90mg  |
| 3 | 85mg  | 85mg  |
| 4 | 80mg  | 80mg  |
| 5 | 75mg  | 75mg  |
| 6 | 70mg  | 70mg  |
| 7 | 65mg  | 65mg  |
| 8 | 60mg  | 60mg  |
| 9 | 55mg  | 55mg  |
| 10 | 45mg  | 45mg  |
| 11 | 40mg  | 45mg  |
| 12 | 40mg  | 40mg  |
| 13 | 35mg  | 40mg  |
| 14 | 35mg  | 35mg  |
| 15 | 30mg  | 35mg  |
| 16 | 30mg  | 30mg  |
| 17 | 25mg  | 30mg  |
| 18 | 25mg  | 25mg  |
| 19 | 20mg  | 25mg  |
| 20 | 20mg  | 20mg  |
| 21 | 15mg  | 20mg  |
| 22 | 15mg  | 15mg  |
| 23 | 10mg  | 15mg  |
| 24 | 10mg  | 10mg  |
| 25 | 5mg  | 10mg  |
| 26 | 5mg  | 5mg  |
| 27 | STOP  | 5mg  |
| 28 | STOP  | STOP  |

 Notes

* Higher doses (40mg and over) can be “see-sawed” as the lower doses are, if patient feels that the dose change is too much.
* The Faculty of Pain Medicine recommends reducing opioids by no more than 10% every 1-2 weeks.2
* In the UK there are not available MR oxycodone preparations to allow this approach throughout the reducing regime.
* This leads to a larger reduction as the regime progresses.
* This may mean that some patients want to slow the speed of the reduction as the regime progresses.

References

1. [Dose equivalents and changing opioids | Faculty of Pain Medicine (fpm.ac.uk)](https://fpm.ac.uk/opioids-aware-structured-approach-opioid-prescribing/dose-equivalents-and-changing-opioids)
2. [Tapering and stopping | Faculty of Pain Medicine (fpm.ac.uk)](https://fpm.ac.uk/opioids-aware-structured-approach-opioid-prescribing/tapering-and-stopping) accessed 19/3/21