

# Opioid Tapering Recommendations

Due to concerns regarding the potential for opioid abuse, the Centers for Disease Control and Prevention (CDC) released updated recommendations in November 2022 around prescribing opioids. This clinical practice guideline excludes pain management related to sickle cell disease, cancer-related pain treatment, palliative care, and end-of-life care.<sup>9</sup> To help prevent overuse of short-acting and long-acting opioid medications, please consider an opioid taper for your patients who are good candidates based on the following information.

## Reasons for an opioid taper

Adverse effects often outweigh the benefits of long-term opioid treatment. We recommend an opioid taper in the following scenarios<sup>1-5,9</sup>:

- The patient requests dosage reduction or discontinuation
- Pain improves and might indicate resolution of an underlying cause
- When opioid therapy has not meaningfully reduced pain or improved function
- The patient has been treated with opioids for a prolonged period (e.g., years), and current benefit-risk balance is unclear (e.g., decreased positive effects due to tolerance, symptoms such as reduced focus or memory that might be due to opioids)
- The patient is receiving higher opioid doses without evidence of benefit from the higher dose
- The patient experiences side effects that diminish quality of life or impair function
- There is current evidence of opioid misuse
- The patient experiences an overdose or other serious event (e.g., an event leading to hospitalization or injury) or has warning signs for an impending event such as confusion, sedation, or slurred speech
- The patient is receiving medications (e.g., benzodiazepines) or has medical conditions (e.g., lung disease, sleep apnea, liver disease, kidney disease, fall risk, advanced age) that increase risk for adverse outcomes

## Withdrawal syndrome

Opioid-dependent patients may experience opioid withdrawal syndrome when tapering or ceasing opioids. Opioid withdrawal is characterized by signs and symptoms of sympathetic stimulation, due to decreased sympathetic antagonism by opioids, including:

- Anxiety
- Mydriasis
- Nausea
- Hypertension
- Diaphoresis
- Abdominal cramps
- Tachycardia
- Tremor
- Diarrhea
- Restlessness
- Piloerection

- Anorexia
- Myalgias or arthralgias
- Lacrimation
- Dizziness
- Rhinorrhea
- Insomnia
- Hot flashes
- Sneezing
- Dysphoria
- Shivering
- Yawning

Symptoms typically start two-to-three half-lives after the last opioid dose. Generally, opioid withdrawal is **not life-threatening** in patients who don't have significant comorbidities. You can measure opioid withdrawal symptoms using the objective provider assessment tool *Clinical Opiate Withdrawal Scale (COWS)*.<sup>6</sup>

## Opioid tapering protocol

Evidence-based literature doesn't support a recommendation of one tapering speed or schedule over another. The following are current recommendations for tapering schedules:

### HHS<sup>5</sup>

- Slow tapering schedule: Decrease by 10% per month or less, over several months or years, are better tolerated for patients with extended durations of opioid use (e.g., for a year or longer).
- Rapid tapering schedule: More rapid tapering might be needed for patient safety when the risks of continuing the opioid outweigh the risks of continued use.

### FDA<sup>7</sup>

- No standard opioid tapering schedule exists that is suitable for all patients. Create a patient-specific plan to gradually taper the dose of the opioid and ensure ongoing monitoring and support, to avoid serious withdrawal symptoms, worsening of the patient's pain, or psychological distress.

### Department of Veterans Affairs and the Department of Defense<sup>8</sup>

- Safety permitting, a gradual taper rate (consider a 5-20% reduction every 4 weeks or longer, adjust or pause as needed) allows time for neurobiological, psychological, and behavioral adaptations.

## Mayo Clinic<sup>4</sup>

- The right length for an opioid taper varies with each person and each medication.

## CDC<sup>1</sup>

- If benefits do not outweigh risks of continuing opioid therapy, prescribers should attempt to optimize other therapies and gradually reduce dosages, and if deemed appropriate, eventually discontinue opioids.

## Tapering support

The following are tapering support options to consider in conjunction with an opioid tapering schedule:

- **Alpha-2 agonists:** Short-term oral medications, such as clonidine and lofexidine, may be helpful in managing opioid withdrawal symptoms. Studies with clonidine and lofexidine demonstrated lower opioid withdrawal symptom severity compared to placebo in the context of abrupt discontinuation.<sup>9</sup>
- **Symptomatic pain treatments:** Tapering protocols often include symptomatic treatments for muscle aches and pain, such as nonsteroidal anti-inflammatory drugs or acetaminophen.
- **Other medications:** Other medications can also be used to manage other symptoms of withdrawal, including nausea and vomiting or diarrhea.

- **Behavioral health support:** Building upon existing evidence of improved outcomes for patients who participate in interdisciplinary pain rehabilitation programs (IPRP), a Mayo Clinic study demonstrated evidence of improved pain-related outcomes and reduction in medication among patients participating in an IPRP leveraging a cognitive behavioral therapy model.<sup>10</sup>
- **Opioid partial agonist (buprenorphine):** The transition from opioids to buprenorphine may be beneficial for patients for whom risks of continued high-dose opioid use outweigh benefits but who are unable to taper and do not meet criteria for opioid use disorder.

Although we don't review the treatment of opioid use disorder (OUD) in this document, we suggest the following resources for OUD:

- Centers for Disease Control and Prevention Resources: [American Society of Addiction Medicine \(ASAM\) Live and Online CME](#)
- American Society of Addiction Medicine (ASAM) [e-Learning Center](#)
- [Substance Abuse and Mental Health Services Administration](#)

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For more information, visit [professionals.optumrx.com](https://professionals.optumrx.com) > Resources > Notices > Prescribing Opioid Medications Safely

## References:

1. CDC's Clinical Practice Guideline for Prescribing Opioids for Pain | Guidelines | Healthcare Professionals | Opioids | CDC <https://www.cdc.gov/opioids/healthcare-professionals/prescribing/guideline/index.html>
2. Pocket Guide: Tapering Opioids for Chronic Pain (cdc.gov) [https://www.cdc.gov/drugoverdose/pdf/clinical\\_pocket\\_guide\\_tapering-a.pdf](https://www.cdc.gov/drugoverdose/pdf/clinical_pocket_guide_tapering-a.pdf)
3. CDC 2022 Opioid Prescribing Guideline: Tapering (practicalpainmanagement.com) <https://www.practicalpainmanagement.com/resources/clinical-practice-guidelines/cdc-2022-opioid-prescribing-guideline-tapering>
4. Tapering off opioids: When and how - Mayo Clinic <https://www.mayoclinic.org/diseases-conditions/prescription-drug-abuse/in-depth/tapering-off-opioids-when-and-how/art-20386036>
5. Opioid Treatment Providers Resources and Information | SAMHSA <https://www.samhsa.gov/medications-substance-use-disorders/otp-resources>
6. Precipitated withdrawal buprenorphine (naabt.org) [http://www.naabt.org/documents/COWS\\_induction\\_flow\\_sheet.pdf](http://www.naabt.org/documents/COWS_induction_flow_sheet.pdf)
7. FDA's Drug Safety Communications: Opioid Discontinuation and Individualized Tapering | Guidance Portal (hhs.gov) <https://www.fda.gov/drugs/fda-drug-safety-podcasts/fda-identifies-harm-reported-sudden-discontinuation-opioid-pain-medicines-and-requires-label-changes>
8. Opioid Safety - VHA Pain Management (va.gov) <https://www.healthquality.va.gov/guidelines/Pain/cot/VADoDOpioidsCPG.pdf>
9. CDC Clinical Practice Guideline for Prescribing Opioids for Pain <https://www.cdc.gov/mmwr/volumes/71/rr/rr7103a1.htm>
10. Treatment Effectiveness and Medication Use Reduction for Older Adults in Interdisciplinary Pain Rehabilitation <https://www.ncbi.nlm.nih.gov/pmc/articles/PMC7283568/>



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