

Table 1. Drug Information Common to the Class of Extended-Release and Long-Acting Opioid Analgesics (ER/LA opioid analgesics)

Avinza (morphine sulfate ER capsules)	Embeda (morphine sulfate ER-naltrexone capsules)	Nucynta ER (tapentadol HCl ER tablets)
Butrans (buprenorphine transdermal system)	Exalgo (hydromorphone HCl ER tablets)	Opana ER (oxymorphone HCl ER tablets)
Dolophine (methadone HCl tablets)	Kadian (morphine sulfate ER capsules)	OxyContin (oxycodone HCl CR tablets)
Duragesic (fentanyl transdermal system)	MS Contin (morphine sulfate CR tablets)	
Dosing interval	Refer to individual product information.	
Key instructions	<ul style="list-style-type: none">■ Individually titrate to a dose that provides adequate analgesia and minimizes adverse reactions.■ The times required to reach steady-state plasma concentrations are product specific; refer to product information for titration interval.■ Continually reevaluate to assess the maintenance of pain control and the emergence of adverse reactions.■ During chronic therapy, especially for non-cancer-related pain, periodically reassess the continued need for opioids.■ If pain increases, attempt to identify the source, while adjusting the dose.■ When an ER/LA opioid analgesic is no longer required, gradually titrate downward to prevent signs and symptoms of withdrawal in the physically-dependent patient. Do not abruptly discontinue these products.■ Limitations of usage:<ul style="list-style-type: none">■ Not for use as an as-needed analgesic.■ Not for mild pain or pain not expected to persist for an extended duration.■ Not for use in treating acute pain.■ Solid oral dosage forms:<ul style="list-style-type: none">■ Swallow tablets and capsules whole: crushing, chewing, breaking, cutting or dissolving may result in rapid release and absorption of a potentially fatal dose of opioid.■ Some capsules can be opened and pellets sprinkled on applesauce for patients who can reliably swallow without chewing and used immediately. See individual product information.■ Exposure of some products to alcoholic beverages or medications containing alcohol may result in the rapid release and absorption of a potentially fatal dose of opioid.■ Dispose of unused product by flushing down the toilet.■ Transdermal dosage forms:<ul style="list-style-type: none">■ Avoid exposure to external heat. Patients with fever must be monitored for signs or symptoms of increased opioid exposure.■ Location of application must be rotated.■ Prepare skin by clipping, not shaving hair, and washing area only with water.■ See individual product information for the following:<ul style="list-style-type: none">■ Dosage reduction for hepatic or renal impairment.	
Drug interactions common to the class	<ul style="list-style-type: none">■ Concurrent use with other central nervous system depressants (sedatives, hypnotics, general anesthetics, antiemetics, phenothiazines, other tranquilizers, and alcohol) can increase the risk of respiratory depression, hypotension, profound sedation, or coma. Reduce the initial dose of one or both agents.■ Partial agonists and mixed agonist/antagonist analgesics (i.e., buprenorphine, pentazocine, nalbuphine and butorphanol) may reduce the analgesic effect or precipitate withdrawal symptoms. Avoid concurrent use.■ Opioids may enhance the neuromuscular blocking action of skeletal muscle relaxants and produce an increased degree of respiratory depression.■ Concurrent use with anticholinergic medication increases the risk of urinary retention and severe constipation, which may lead to paralytic ileus.	
Use in opioid-tolerant patients	<ul style="list-style-type: none">■ See individual product information for which products:<ul style="list-style-type: none">■ Have strengths or total daily doses only for use in opioid-tolerant patients.■ Are only for use in opioid-tolerant patients at all strengths.	
Contraindications	<ul style="list-style-type: none">■ Significant respiratory depression■ Acute or severe asthma in an unmonitored setting or in the absence of resuscitative equipment■ Known or suspected paralytic ileus■ Hypersensitivity (e.g., anaphylaxis)■ See individual product information for additional contraindications.	
Relative potency to oral morphine	<ul style="list-style-type: none">■ These are intended as general guides.■ Follow conversion instructions in individual product information.■ Incomplete cross-tolerance and inter-patient variability require the use of conservative dosing when converting from one opioid to another – halve the calculated comparable dose and titrate the new opioid as needed.	