

Commonly Used Long-Acting Opioids Chart

Introduction

This chart contains information about commonly prescribed long-acting opioid analgesics that can be used by clinicians to guide initiation of opioid therapy for patients with pain conditions. Long-acting prescription opioids may be used to improve patient functioning, improve pain control through the day or night, provide relief from related symptoms, such as anxiety or sleep problems, and decrease use of short-acting opioids, which may have higher abuse potential.

A simple rule of thumb for long-acting opioids is to begin with low doses and make medication changes slowly, or to “start low and go slow.” This chart provides information about eight opioid compounds, their available strengths, typical starting doses and dosing intervals for initiation of opioid therapy, and associated brand names. Oxycodone and hydrocodone are listed but may be better left as secondary choices as they are more commonly abused and diverted than morphine, which is also less expensive.

Commonly Used Long-Acting Opioids

Compound	Strengths	Typical Starting Dose and Dosing Interval	Name Branding
Morphine controlled-release tablet	15, 30, 60, 100, 200 mg	15–30 mg every 8–12 hours	MS Contin® Oramorph® SR
Morphine controlled-release capsule	20, 30, 50, 60, 100 mg	20 mg every 12 or 24 hours	Kadian®
Morphine extended-release capsule	30, 60, 90, 120 mg	30 mg every day	Avinza®
Oxycodone controlled-release	10, 20, 40, 80 mg	10 mg every 12 hours	OxyContin®
Oxymorphone extended-release	5, 10, 20, 30, 40 mg	5 mg every 12 hours	Opana® ER
Hydromorphone extended-release	8, 12, 16 mg	8 mg once daily	Exalgo® ER
Fentanyl transdermal patch	25, 50, 75, 100 mcg/hr patch	25 mcg applied every 3 days	Duragesic®
Buprenorphine transdermal	5, 10, 20 mcg/hr patch	5 mcg applied every 7 days	Butrans®