Prescription for Managing Opioid Withdrawal

**SKH:** Saskatchewan Health Drug Plan **NIHB:** Non-Insured Health Benefits

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|  Note: Some of the medications listed are off-label for the suggested indication | 🗹 check to authorize |
| **clonidine**  |
| May be effective to treat several early classic withdrawal symptoms including:*diaphoresis*; *anxiety, agitation, dysphoria, irritability, restlessness*; *insomnia*; *nausea and vomiting* **cloNIDine** 0.05-0.1mg po TID PRN SKH, NIHB 0.1mg x 42 tabs or \_\_\_ tabs | 🞎 |
| **Myalgias** May consider short-term, **regular** administration if needed. |
| **acetaminophen** 500-1000mg po q4-6h PRN NIHB | 500mg x 50 tabs or \_\_\_ tabsMax daily dose **3g** to 4g | 🞎 |
| **ibuprofen** 400mg po q4-6h PRN SKH, NIHB   |  400mg x 28 tabs or \_\_\_ tabs | 🞎 |
| **naproxen** 500mg po q12h PRN SKH, NIHB  |  500mg x 14 tabs or \_\_\_ tabs | 🞎 |
| **Diarrhea** |
| **loperamide Imodium** 4mg po x 1 followed by  2mg po after each loose stool PRNSKH, NIHB  |  2mg x 28 tabs or \_\_\_ tabs Max daily dose 16mg | 🞎 |
| **Anxiety, Agitation, Dysphoria, Irritability, Restlessness** |
| **hydrOXYzine Atarax** 25mg po TID PRN SKH, NIHB 25mg x 30 caps or \_\_\_ tabs | 🞎 |
| **CloNIDine** is also an option |
| **Insomnia** |
| **traZODone Trazorel** 50mg po HS x 4 days, then HS PRNSKH, NIHB 50mg x 14 tabs or \_\_\_ tabs | 🞎 |
| **CloNIDine & HydrOXYzine** are also options |
| **Harm Reduction** |
| **naloxone kit** NIHB (both IM & intranasal covered), Provincial (SK): IM available at no charge through *Take Home Naloxone* programs x 1 kit | 🞎 |
| **Avoid prescribing benzodiazepines & z-drugs** for withdrawal-related anxiety or insomnia, due to increased risk of CNS depression and overdose. |
| **Other medications** (see page 2 for additional/alternative medication treatment options):  |

***Medications not*** 🗹 ***checked to authorize are not considered an active part of the prescription.*****Comments for pharmacy** (e.g. request for blister packing, anticipated duration of withdrawal therapy, etc.)Refills: \_\_\_\_\_\_\_\_ Prescriber name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Prescriber signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Prescriber address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  |

The medications listed on the first page are generally preferred options;

however, some alternatives are available and listed below.

 *Note: Should these medications listed below be selected, a separate prescription must be generated.*

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| **Spasticity, Restlessness** |
| **cyclobenzaprine** 5-10mg po q8h PRNSKH - EDS; NIHB – Limited Use (60mg/day for 3wks) 10mg x 30 tabs |
| **baclofen\*** 5-10mg po q8h PRNSKH, NIHB10mg x 30 (thirty) tabs***CAUTION***: Baclofen has potential for misuse |
| **Nausea & Vomiting** |
| **dimenhydrinate Gravol** 25-50mg po q4-6h PRNSKH, NIHB 50mg x 28 tabs***CAUTION***: Dimenhydrinate has potential for misuse |
| **ondansetron** 4mg po q6-12h PRNSKH - EDS ODT only; NIHB: both tablet & ODT 4mg x 28 tabs |
| **Abdominal Cramping** |
| **hyoscine Buscopan** 10mg po up to 5 times daily PRNSKH, NIHB 10mg x 28 tabs |
| **dicyclomine** 20mg po q6-8h PRN SKH 20mg x 28 tabs |
| **Anxiety, Agitation, Dysphoria, Irritability, Restlessness** |
| **quetiapine Seroquel** 25mg po HS PRNSKH, NIHB 25mg x 14 tabs |
| **Insomnia** |
| **amitriptyline Elavil** 10mg po HS PRNSKH, NIHB 10mg x 14 tabsHigher doses may be valuable if concomitant neuropathic pain. |
| **nortriptyline** **AVENTYL** 10mg po HS PRN SKH, NIHB 10mg x 14 tabs Nortriptyline has fewer anticholinergic effects than amitriptyline |
| **Lacrimation, Rhinorrhea, Diaphoresis** |
| **oxybutynin\*** 5mg po BID PRNSKH, NIHB5mg x 14 (fourteen) tabs***CAUTION***: Oxybutynin has potential for misuse |

 ***\*Prescription Review Program (PRP) Medication in SK***

**Comments & Cautions**

**Clonidine**

* Individuals who are >91kg may require clonidine doses in the range of 0.1-0.2mg TID PRN.
* Clonidine may be used long-term (i.e. weeks to months) to help with symptoms of protracted withdrawal, including anxiety and other symptoms.

**NSAIDs**

* Avoid using NSAIDs in older adults, individuals with reduced renal function or heart failure, and individuals with a history of gastric ulcer.

**Duration of therapy**

* When indicated for an opioid taper or rotation, consider providing medication for withdrawal management for one month, then reassess. For a buprenorphine-naloxone traditional initiation, consider two weeks. For a methadone initiation, consider ~4 to 8 weeks.

**Older Adults**

* Caution when using medications with CNS depressant and/or anticholinergic effects in older adults. Use the lowest effective dose for short periods of time, if possible, to minimize the risk of falls and cognitive impairment. [BEERS 2019](https://agsjournals.onlinelibrary.wiley.com/doi/abs/10.1111/jgs.15767) recommends that adults >65 years avoid the concomitant use of more than 2 CNS-active drugs due to increased risk of falls and fractures.

**QT Prolongation**

* When the patient is on methadone, be mindful of medications that can cause QT prolongation. See [RxFiles QT Prolongation and Torsades de Pointes](https://www.rxfiles.ca/rxfiles/uploads/documents/members/cht-QA%20TORSADESdePoint.pdf) for a list of medications that may contribute (e.g. quetiapine, TCAs, ondansetron, hydroxyzine).

**Non-Pharmacological Strategies for Managing Opioid Withdrawal**

Non-pharmacologic treatment options can be used in combination with medications to help further alleviate the discomfort of opioid withdrawal. Consider recommending sleep hygiene for insomnia, an [exercise prescription](https://www.rxfiles.ca/RxFiles/uploads/documents/Exercise-RxFiles-Rx.pdf) to improve fitness, self-esteem and sense of wellness, and/or the use of meditation, relaxation, and mindfulness to help patients cope and reduce stress.

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