ANALGESICS

OPIOID EQUIVALENCY*

Opioid	PO	IV/SC/IM	Opioid	PO	IV/SC/IM
buprenorphine	n/a	0.3–0.4 mg	meperidine	300 mg	75 mg
butorphanol	n/a	2 mg	methadone	5–15 mg	2.5–10 mg
codeine	130 mg	75 mg	morphine	30 mg	10 mg
fentanyl	?	0.1 mg	nalbuphine	n/a	10 mg
hydrocodone	20 mg	n/a	oxycodone	20 mg	n/a
hydromorphone	7.5 mg	1.5 mg	oxymorphone	10 mg	1 mg
levorphanol	4 mg	2 mg	pentazocine	50 mg	30 mg

*Approximate equianalgesic doses as adapted from the 2003 American Pain Society (www.ampainsoc.org) guidelines and the 1992 AHCPR guidelines. n/a = Not available. See drug entries themselves for starting doses. Many recommend initially using lower than equivalent doses when switching between different opioids. IV doses should be titrated slowly with appropriate monitoring. All PO dosing is with immediate-release preparations. Individualize all dosing, especially in the elderly, children, and in those with chronic pain, opioid naïve, or hepatic/renal insufficiency.

ANALGESICS—NSAIDs

Salicylic acid derivatives	ASA, diflunisal, salsalate, Trilisate
Propionic acids	flurbiprofen, ibuprofen, ketoprofen, naproxen, oxaprozin
Acetic acids	diclofenac, etodolac, indomethacin, ketorolac, nabumetone, sulindac, tolmetin
Fenamates	meclofenamate
Oxicams	meloxicam, piroxicam
COX-2 inhibitors	celecoxib

Note: If one class fails, consider another.

Muscle Relaxants

BACLOFEN (*Lioresal, Lioresal D.S.*) Spasticity related to MS or spinal cord disease/injury: Start 5 mg PO three times per day, then increase by 5 mg/dose q 3 days until 20 mg PO three times per day. Max dose 20 mg four times per day. [Generic only: Tabs 10, 20 mg.] ▶K Ⓚ ♀C ▶+ $

CARISOPRODOL (*Soma*) Acute musculoskeletal pain: 350 mg PO three to four times per day. Abuse potential. [Generic/Trade: Tabs 250, 350 mg.] ▶LK ♀? ▶– ©IV $

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