

Non-Opioid Pain Management Options Provider Guide

Drug	Indication as It Relates to Pain	Pain Dosing	Titration	Formulary	Abuse Potential
Analgesic Class					
Acetaminophen	<p>FDA Uses pain (mild to severe)</p> <p>Non-FDA Uses osteoarthritis</p>	<p>Maximum daily dose for adults</p> <p>Over 50kg: 4000mg divided as 650mg every 4 hours or 1000mg every 6 hours</p> <p>Less than 50kg: maximum daily dose 75mg/kg (3750mg/d) divided as 12.5mg/kg every 4 hours or 15mg/kg every 6 hours</p>	No titration	<p>C OTC</p> <p>MK OTC</p> <p>M OTC</p> <p>MD OTC</p>	Minimal
NSAIDs Class					
Ibuprofen*	<p>FDA Uses pain, osteoarthritis, rheumatoid arthritis</p>	<p>Suggested dose: 1200–3200mg divided</p> <p>Maximum daily dose: 3200mg divided</p>	No titration	<p>C Tier 1</p> <p>MK Tier 1</p> <p>M Tier 1</p> <p>MD Tier 2</p>	Minimal
Naproxen*	<p>FDA Uses ankylosing spondylitis, bursitis, acute gout, osteoarthritis, pain, rheumatoid arthritis, acute tendinitis</p> <p>Non-FDA Uses soft tissue injury</p>	<p>Initial dose: 250–500mg twice daily</p> <p>Maximum daily dose: 1500mg for limited periods up to 6 months</p> <p>Naproxen sodium salt is more rapidly absorbed so it is recommended for relief of acute pain</p> <p>Initial dose: 275–550mg twice daily</p> <p>Maximum daily dose: 1650mg for limited periods up to 6 months</p>	No titration	<p>C Tier 1</p> <p>MK Tier 1</p> <p>M Tier 1</p> <p>MD Tier 2</p>	Minimal
Celecoxib*	<p>FDA Uses ankylosing spondylitis, rheumatoid arthritis, osteoarthritis, acute pain</p> <p>Non FDA Uses acute gout, acute postoperative pain</p>	<p>Initial dose: 400mg once daily and additional 200mg once daily as needed</p> <p>Maintenance: 200mg twice daily as needed</p>	No titration	<p>C Tier 1</p> <p>MK Tier 2</p> <p>M Tier 1</p> <p>MD Tier 3</p>	Minimal

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Legend: **C** Commercial **MK** Marketplace **M** Medicaid **MD** Medicare **OTC** Over-the-Counter **NF** Non-formulary **PA** Prior Authorization

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NSAIDs Class continued					
Diclofenac 1% gel	<p>FDA Uses ankylosing spondylitis, osteoarthritis, pain, rheumatoid arthritis</p>	<p>4g to lower extremities 4 times a day, 2g to upper extremities 4 times a day</p> <p>Maximum doses: 8mg/d for single joint upper extremity, 16g/d for single joint lower extremity, 32g/d total over all joints affected</p>	No titration	<p>C Tier 1</p> <p>MK Tier 2</p> <p>M Tier 1</p> <p>MD Tier 3</p>	Minimal
Anticonvulsants Class					
Gabapentin	<p>FDA Uses postherpetic neuralgia</p> <p>FDA Uses diabetic peripheral neuropathy, fibromyalgia, postoperative pain</p>	<p>Initial dose: 300mg/d</p> <p>Target: 1800–2400mg/d divided</p>	Titrate by 300mg every 3 days	<p>C Tier 1</p> <p>MK Tier 1</p> <p>M Tier 1</p> <p>MD Tier 2</p>	C5 in Kentucky, Ohio, Massachusetts, Minnesota reported on PMP equivalent Withdrawal symptoms have occurred
Lyrica	<p>FDA Uses diabetic peripheral neuropathy, fibromyalgia, neuropathic pain (spinal cord injury), postherpetic neuralgia</p> <p>Non-FDA Uses postoperative pain, restless legs syndrome</p>	<p>Initial dose: 150mg/d divided</p> <p>Target: 600mg/d divided</p>	Titrate by 150mg every 7 days	<p>C Tier 3</p> <p>MK Tier 3</p> <p>M Tier 2</p> <p>MD Tier 3 QL</p>	C5 nationally
SNRI Antidepressants Class					
Duloxetine	<p>FDA Uses diabetic peripheral neuropathy, fibromyalgia, musculoskeletal pain (chronic)</p> <p>Non-FDA Uses chemotherapy-induced pain (peripheral nerve disease)</p>	<p>Initial dose: 300mg/d</p> <p>Target: 60mg/d</p>	Titrate by 30mg after the first week	<p>C Tier 1</p> <p>MK Tier 2</p> <p>M Tier 1</p> <p>MD Tier 3</p>	Withdrawal symptoms occur in about 50% of patients who stop this medication

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SNRI Antidepressants Class continued					
Venlafaxine	Non-FDA Uses diabetic neuropathy	Initial dose: 37.5mg/d Target: 225mg/d	Titrate by 37.5mg in the first week, then increase by 75mg weekly	C Tier 1 MK Tier 1 M Tier 1 MD Tier 2/3	SSRI-like withdrawal symptoms when abruptly stopped
Tricyclic Antidepressants Class					
Amitriptyline*	Non-FDA Uses fibromyalgia, headache (treatment/prophylaxis), pain, postherpetic neuralgia	Initial dose: 25mg/d Target: 100mg/d	Titrate by 25mg intervals every 3–5 days	C Tier 1 MK Tier 1 M Tier 1 MD PA	Withdrawal symptoms such as nausea, headache, insomnia, or anxiety
Nortriptyline*	Non-FDA Uses diabetic neuropathy, postherpetic neuralgia	Initial dose: 10mg/d Target: 100mg/d	Titrate in 10mg intervals every 3–5 days	C Tier 1 MK Tier 1 M Tier 1 MD Tier 2	Withdrawal symptoms such as nausea and headache
Desipramine*	Non-FDA Uses diabetic neuropathy, postherpetic neuralgia	25–150mg/d can be divided	No titration	C Tier 1 MK Tier 1 M Tier 1 MD Tier 2	Withdrawal symptoms such as nausea, headache, insomnia, or anxiety
Local Anesthetic Class					
Lidocaine patch	FDA Uses local anesthesia, postherpetic neuralgia Non-FDA Uses diabetic neuropathy	Apply 1–3 patches to painful area, on for 12 hours, then off for 12 hours	No titration	C Tier 1 MK Tier 2 M PA MD Tier 3 PA	Minimal

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Muscle Relaxants, Centrally Acting Class					
Baclofen 10mg and 20mg	FDA Uses spasticity Non-FDA Uses trigeminal neuralgia	Initial dose: 5mg 3 times a day Maximum dose: 80mg per day divided	15mg per day, increments every 3 days	C Tier 1 MK Tier 1 M Tier 1 MD Tier 2	Experimentally used to treat alcohol and drug addiction Sudden discontinuation can lead to side effects such as anxiety and confusion, psychosis, convulsions, and tachycardia
Chlorzoxazone*	FDA Uses musculoskeletal pain	500–700mg 3–4 times daily	No titration	C Tier 1 MK Tier 1 M Tier 1 MD NF	Possible respiratory depression when combined with benzodiazepines, barbiturates, codeine or its derivatives, or other muscle relaxants
Cyclobenzaprine*	FDA Uses skeletal muscle spasm, acute Non-FDA Uses fibromyalgia	Initial dose: 5mg orally 3 times per day Maximum dose: 10mg orally 3 times per day for no longer than 2–3 weeks Fibromyalgia dosing: 10–30mg every night	Increase as needed	C Tier 1 MK Tier 1 M Tier 1 MD NF	Minimal
Metaxalone*	FDA Uses musculoskeletal pain	800mg orally 3–4 times a day	No titration	C Tier 1 MK Tier 2 M NF MD Tier 4	Possible respiratory depression when combined with benzodiazepines, barbiturates, codeine or its derivatives, or other muscle relaxants

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Muscle Relaxants, Centrally Acting Class continued					
Methocarbamol*	FDA Uses musculoskeletal pain	Initial dose: 1500mg orally 4 times a day for 48–72 hours; 8g per day may be administered for severe conditions Maintenance: 750mg orally every 4 hours, 1500mg 3 times a day, or 1000mg 4 times a day	No titration	C Tier 1 MK Tier 1 M Tier 1 MD NF	Possible respiratory depression when combined with benzodiazepines, barbiturates, codeine or its derivatives, or other muscle relaxants
Tizanidine Tablets	FDA Uses spasticity Non-FDA Uses acute pain	Initial dose: 2mg orally may repeat every 6–8 hours to a maximum of 3 doses a day Maximum dose: 36mg per day	Increase by 2–4mg per dose at 1–4 day intervals	C Tier 1 MK Tier 1 M Tier 1 MD Tier 2	Minimal
Muscle Relaxants, Peripherally Acting Class					
Dantrolene	FDA Uses spasticity, chronic	Initial dose: 25mg once daily for 7 days Maximum dose: 100mg 4 times a day	After first 7 days, use 25mg 3 times a day for 7 days, then 50mg 3 times a day for 7 days, then 100mg 3 times a day	C Tier 1 MK Tier 2 M Tier 1 MD NF	Minimal

References

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