



OxyContin 20 mg Taper

How to Taper Your Oxycontin 20 mg +/- Short-Acting Opioid Agent

Are you taking OxyContin 20 mg tablets twice daily plus one of the following opioid medications?

- + Percocet (oxycodone/acetaminophen) 10/325 mg tabs: 1 tab by mouth 3-4x daily
- + Oxycodone IR 10 mg tabs: 1 tab by mouth 3-4x daily

If you are using OxyContin and taking one of these medications, or something similar, you may be appropriate to taper off your OxyContin. You can be transitioned slowly off of your OxyContin, working with your provider to make sure your pain is controlled while avoiding significant withdrawal.

1. You will also be prescribed NALOXONE. You and your support member/s will be counseled on appropriate use of the naloxone prior to beginning the taper. Naloxone is a medication that reduces the risk of death from taking too many opioids. This is a key safety measure.
2. Talk to your provider about other nonopioid medications and nonpharmacologic treatments that can help augment pain and mitigate withdrawal.
3. Use a chart, calendar, and/or medication box to help keep you on track with the correct dosage each week.
4. Plan out a reasonable **taper schedule**. The table below shows how decrease the OxyContin dose, along with increased immediate-release (IR) oxycodone, whenever the OxyContin dose drops. For representation purposes, the table will assume the patient is taking a concomitant IR oxycodone product at 10 mg (+/- APAP) per dose 4x daily.
 - + Whenever the OxyContin dose is dropped, it takes at least 24 hours for the body to eliminate the old dose and equilibrate to the new dose; that is why it's important to follow the IR oxycodone dosing instructions carefully:
 - + On Day 1 when the OxyContin dose drops, increase the IR 10 mg oxycodone tab to 1.5 tab/dose (ie 15 mg) at the 12-18 hour mark and then continue per the table.
 - + On Day 120 when the OxyContin dose drops in frequency, take the IR 5 mg oxycodone 1.5 tab/dose (ie 7.5 mg) for the first two concomitant doses, then increase to 10 mg/dose at the 18 hour mark and then continue per the table.
 - + Once you are off the Oxycontin completely, your IR oxycodone can also be further tapered if desired or necessary.
 - + This schedule can be accelerated based on individual response and conversations with your doctor. The goal is to get you to the finish line safely, not how quickly you get there!



Compass Opioid Prescribing + Treatment Guidance Toolkit



Time Point	Taper Recommendation					MME
	OxyContin Rec	IR Oxycodone Rec				120
Day 1 (Initial Appointment)	↓ to OxyContin 10 mg 2x daily	10 mg	10 mg	15 mg	15 mg	120
Day 2	Continue	15 mg	15 mg	15 mg	15 mg	120
Day 7	Continue	10 mg	15 mg	15 mg	15 mg	112.5
Day 30 (Apt)	Continue	10 mg	15 mg	10 mg	15 mg	105
Day 44	Continue	10 mg	10 mg	10 mg	15 mg	97.5
Day 60 (Apt)	Continue	10 mg	10 mg	10 mg	10 mg	90
Day 74	Continue	7.5 mg	10 mg	10 mg	10 mg	86.25
Day 90 (Apt)	Continue	7.5 mg	10 mg	7.5 mg	10 mg	82.5
Day 104	Continue	7.5 mg	7.5 mg	7.5 mg	10 mg	78.75
Day 120 (Apt)	↓ to Oxycontin 10 mg 1x daily	7.5 mg	7.5 mg	10 mg	10 mg	75
Day 121	Continue	10 mg	10 mg	10 mg	10 mg	75
Day 134	Continue	7.5 mg	10 mg	10 mg	10 mg	71.25
Day 150 (Apt)	Continue	7.5 mg	7.5 mg	10 mg	10 mg	67.5
Day 164	Continue	7.5 mg	7.5 mg	7.5 mg	10 mg	63.75
Day 180 (Apt)	Stop Oxycontin	10 mg	10 mg	10 mg	10 mg	60

Dosing Help

15 mg dose = 1.5 x 10 mg tab

7.5 mg dose = 1.5 x 5 mg tab

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Developed in collaboration with Stader Opioid Consultants.