

Medication	Usual Dose Range	Dosing Interval	Maximum dose in 24hr	Mechanism of Action	Comments
Non-opioid Analgesics					
NSAIDs, Coxib, Acetaminophen					
Acetaminophen (Tylenol)	500-1000mg	6 hours	3,000mg	Possible central COX-3 inhibition among other mechanisms	Foremost cause of liver failure. Hepatotoxicity, especially in frail patients or if co-ingested with alcohol.
Acetylsalicylic Acid (Aspirin)	300-600mg	6 hours	4,000mg	Irreversible COX-1 inhibitor	Avoid in pediatrics viral syndromes at risk for Reyes syndrome.
Celecoxib (Celebrex)	100-200mg	12 hours	200-400mg	Highly selective inhibitor of COX-2	<i>Precautions same as ibuprofen.</i> Contraindicated in sulfonamide allergy. No platelet effect. Risk of CV events. Use lowest dose possible.
Ibuprofen (Advil, Motrin)	200-400 mg	4-6 hours	3,200 mg	Nonselective COX-1 and COX-2 inhibitor	Caution with renal disease. Monitor for common adverse effects including GI ulceration and bleeding, decreased platelet aggregation, renal toxicity.
Ketorolac (Toradol)	30mg IV initial then 15-30mg subsequent	6 hours	150mg first day, 120mg thereafter	Reversible COX-1 and COX-2 inhibitor	<i>Precautions same as ibuprofen</i>
Naproxen (Naprosyn)	500 mg initial, then 250 mg	6-8 hours	1,000 mg	Reversible COX-1 and COX-2	<i>Precautions same as ibuprofen</i>
Adjuvant Analgesics					
Tricyclic Antidepressants					
Amitriptyline (Elavil)	50 mg	qhs	150 mg	TCA; block reuptake of NE and serotonin	Used for neuropathic pain. Side effects include dry mouth, drowsiness, dizziness, constipation, urinary retention, confusion; obtain baseline EKG if hx of cardiac disease. Uptitrate as necessary.
Desipramine	25 mg	qhs	150 mg	TCA; block reuptake of NE and serotonin	<i>Similar precautions to amitriptyline.</i> Used for neuropathic pain. Better side effect profile than amitriptyline. Uptitrate as necessary.
Nortriptyline	25 mg	qhs	150 mg	TCA; block reuptake of NE and serotonin	<i>Similar precautions to amitriptyline.</i> Used for neuropathic pain. Better side effect profile than amitriptyline. Uptitrate as necessary.

SNRI					
Duloxetine	40-60 mg	daily	120 mg	Inhibits serotonin and NE reuptake	Used for diabetic neuropathy, chronic MSK pain. Do not use with MAOis.
Antiepileptic Drugs					
Gabapentin (Neurontin)	Start 100-300 mg	TID	3600 mg	GABA analog, but primarily inhibits high-voltage activated calcium channels	Used for neuropathic pain. Adjust dose for renal dysfunction. Can cause sedation.
Lamotrigine (Lamictal)	Start 25 mg	daily	300 mg	Sodium channel blocker	Used for neuropathic pain. Titrate slowly to reduce risk of serious cutaneous toxicity
Pregabalin (Lyrica)	Start 75 mg	BID	300 mg	Promotes production of GABA	Used for diabetic neuropathy, post-herpetic neuralgia, fibromyalgia. Similar as gabapentin but often more rapid response. Schedule V controlled substance.
Topiramate (Topamax)	25 mg	daily	400 mg	Acts on sodium channels, calcium channels, and GABA receptors	Used for migraine prophylaxis
Corticosteroids					
Dexamethasone (Decadon)	4-8 mg PO q 8-12h; 10-20 mg IV q 6h	--	minimal effective dose	Synthetic glucocorticoid that leads to production of anti-inflammatory properties	Used for spinal cord compression, bone metastases, joint pain. High dose therapy should not exceed 72 hours. May improve appetite.
Prednisone	5-10 mg	daily or BID	minimal effective dose	Synthetic glucocorticoid that leads to production of anti-inflammatory properties	Used for spinal cord compression, bone metastases.
Local Anesthetics					
Lidoderm patch (topical lidocaine)	1-3 patches over painful area	12h on and 12h off	No more than 1 patch should be used in a 24 hour period.	Local anesthetic	Used for post-herpetic neuralgia. Patch may be cut to fit painful area

Table adapted from the following resources:

1. Zacharoff, K. L., MD, McCarberg, B. H., MD, Reisner, L., PharmD, MFSHP, & Venuti, S. W. (2010). *Managing Chronic Pain with Opioids in Primary Care* (2nd ed.). Newto
2. *Pain Control in the Primary Care Setting*. (2006). Glenview, IL: American Pain Society.