Excerpts from the 2016 CDC Guideline:

Regarding use of extended release or long acting (ER/LA) formulations:
"….there are serious risks of ER/LA opioids, and the indication for this class of medications is for management of pain severe enough to require daily, around-the-clock, long-term opioid treatment in patients for whom other treatment options…are ineffective, not tolerated, or would be otherwise inadequate…" (p. 13)

Regarding dosage limits:
"….opioid overdose risk increases in a dose-response manner, that dosages of 50 - <100 MME/day have been found to increase risks for opioid overdose by factors of 1.9 to 4.6 compared with dosages of 1 - <20 MME/day." (p. 23)

"….a single dosage threshold for safe opioid use could not be identified." (p. 23)

"Most experts agreed that, in general, increasing dosages to 50 or more MME/day increases overdose risk without necessarily adding benefits for pain control or function…." (p. 23)

"….opioid dosages should not be increased to >/= 90 MME/day without careful justification based on diagnosis and on individualized assessment of benefits and risks." (p. 23)

"Before increasing total opioid dosage to >/= 50 MME/day, clinicians should reassess whether opioid treatment is meeting the patient's treatment goals. If a patient's opioid dosage for all sources of opioids combined reaches or exceeds 50 MME/day, clinicians should implement additional precautions, including increased frequency of follow-up and considering offering naloxone and overdose prevention education to both patients and the patients' household members." (p. 23)

"Established patients already taking high dosages of opioids, as well as patients transferring from other clinicians, might consider the possibility of opioid dosage reduction to be anxiety-provoking, and tapering opioids can be especially challenging after years on high dosages because of physical and psychological dependence. However, these patients should be offered the opportunity to re-evaluate their continued use of opioids at high dosages in light of recent evidence regarding the association of opioid dosage and the overdose risk. Clinicians should explain *in a nonjudgmental manner (emphasis added)* to patients already taking high opioid dosages (>/= 90 MME/day) that there is now an established body of evidence showing that overdose risk is increased at higher opioid dosages. Clinicians should *empathically (emphasis added)* review benefits and risks of continued high-dosage opioid therapy and should offer to work with the patient to taper opioids to safer dosages. For patients who agree to taper opioids to lower dosages, clinicians should collaborate with the patient on a tapering plan. Experts noted that patients tapering opioids after taking them for years might require very slow opioid tapers as well as pauses in the taper to allow gradual accommodation to lower opioid dosages. Clinicians should remain alert to signs of anxiety, depression, and opioid use disorder that might be unmasked by an opioid taper…." (p. 23-24)