

Table of Selected Medications Used in Pain Management

Generic (Brand) Name	Use	Considerations
Acetaminophen (Tylenol, others)	Backache, headache, joint pain (arthritis), and muscle ache	<ul style="list-style-type: none"> Available OTC Do not exceed 3,000-4,000 mg/day or use with alcohol due to risk of liver toxicity
Aspirin (Bayer, Bufferin, others)	Headache, joint pain and inflammation, muscle ache, and menstrual cramps	<ul style="list-style-type: none"> Available OTC May cause gastrointestinal effects, including ulcers and bleeding
NSAIDs		
Diclofenac (Cambia, Zipsor, Zorvolex, others)	Backache, headache, joint pain and inflammation, including arthritis pain, menstrual cramps, muscle ache, and strains	<ul style="list-style-type: none"> Ibuprofen and naproxen available OTC May be harmful to people with kidney or liver disease and those who drink alcohol heavily May cause gastrointestinal effects including ulcers, but these are less likely with meloxicam or COX-2 inhibitor Prescription formulations of diclofenac, indomethacin, and meloxicam are now available in low-dose formulas. Regular use may increase cardiovascular risk May increase risk of bleeding in patients on anticoagulation therapy
Ibuprofen (Advil, Motrin, others)		
Indomethacin (Tivorbex)		
Meloxicam (Mobic, Vivlodex, others)		
Naproxen (Aleve, Naprosyn, others)		
Celecoxib (Celebrex, others)		
Adjuvant Agents		
Tricyclic Antidepressants		
Amitriptyline (Elavil, others)^a	Diabetic neuropathy, fibromyalgia, low back pain with radiculopathy, migraines, neuropathic pain, post-herpetic neuralgia, and sympathetic dystrophy	<ul style="list-style-type: none"> May cause sedation, constipation, urinary retention, blurry vision, dry mouth, and weight gain Use with caution in elderly patients due to increased risk of falls Use with caution in patients with a history of cardiac disease Monitor for changes in mood and increased signs of suicidality
Desipramine (Norpramin, others)		
Nortriptyline (Pamelor, others)		
Serotonin-Norepinephrine Reuptake Inhibitors		
Duloxetine (Cymbalta, Irenka, others)	Chronic musculoskeletal pain (duloxetine only), diabetic neuropathy (duloxetine and venlafaxine), fibromyalgia (duloxetine and milnacipran), migraines (venlafaxine), and neuropathic pain	<ul style="list-style-type: none"> Duloxetine is contraindicated when creatinine clearance is <30 mL/min or in patients with severe liver impairment Use venlafaxine with caution in patients with a history of cardiac disease and monitor blood pressure with use Monitor for changes in mood and increased signs of suicidality
Milnacipran (Savella)		
Venlafaxine (Effexor, others)^a		
Anticonvulsants		
Gabapentin (Gralise, Horizant, Neurontin, others)	Diabetic neuropathy, fibromyalgia, neuropathic pain, and post-herpetic neuralgia	<ul style="list-style-type: none"> May cause sedation, dizziness, dry mouth, weight gain, and swelling Pregabalin is a schedule V medication with risk of misuse and dependence Dose must be adjusted for renal impairment
Pregabalin (Lyrica)		
Carbamazepine (Carbetrol, Tegretol, others)	Trigeminal neuralgia	<ul style="list-style-type: none"> Monitor for anemias, electrolyte disturbances, eye, liver, renal, thyroid toxicities and skin reactions Associated with significant drug-drug interactions

Table of Selected Medications Used in Pain Management

Generic (Brand) Name	Use	Considerations
Anticonvulsants		
Valproic acid (Depakene, Stavzor, others)	Headache and neuropathic pain	<ul style="list-style-type: none"> • Monitor for effects on platelets and liver
Topical Analgesics		
Capsaicin cream (Capzasin, Zostrix, others)	Neuropathic pain, osteoarthritis, and rheumatoid arthritis	<ul style="list-style-type: none"> • Available OTC in various forms • Can cause burning and irritation • Patients should use gloves with each application
Capsaicin 8% patch (Qutenza)	Post-herpetic neuralgia	<ul style="list-style-type: none"> • Must be administered in a physician's office for monitoring
Diclofenac Topical Gel (Solaraze, Voltaren, others)	Osteoarthritis	<ul style="list-style-type: none"> • May carry less risk of AEs than oral NSAIDs, but cautions still apply
Lidocaine 5% patches (Lidoderm)	Allodynia and post-herpetic neuralgia	<ul style="list-style-type: none"> • Patients can cut patches to fit
Menthol/Salicylate (BenGay, Icy Hot, Salonpas, Thera-Gesic)	Arthritis, back pain, sprains, and strains	<ul style="list-style-type: none"> • Available OTC in various forms • Patients should apply to affected area several times a day avoiding wounds, damaged skin, and sensitive areas • Counsel patients to wash hands after application
Muscle Relaxants		
Carisoprodol (Soma, others)	Acute (<2 weeks) low back pain and fibromyalgia (cyclobenzaprine)	<ul style="list-style-type: none"> • Can cause dizziness and sedation • Use caution when driving or operating machinery • Carisoprodol is a schedule IV drug with risk for misuse and dependence
Cyclobenzaprine (Amrix, Fexmid, others)		
Metaxalone (Skelaxin, others)		
Methocarbamol (Robaxin, others)		
Tizanidine (Zanaflex, others)		
Opioids		
Tramadol (ConZip, Ultram, others)	Fibromyalgia, moderate to severe acute or chronic low back pain, neuropathic pain, and osteoarthritis	<ul style="list-style-type: none"> • Can lower the seizure threshold: use with caution in patients with seizure disorder • Use with caution in patients with renal or hepatic impairment • Monitor for drug-drug interactions especially with antidepressants

Table of Selected Medications Used in Pain Management (continued)

Generic (Brand) Name	Use	Considerations
Short-Acting Opioids		
Codeine/acetaminophen	Moderate to severe acute or chronic low back pain, osteoarthritis, and neuropathic pain after exhaustion of non-opioid and non-pharmacological therapies Evidence for efficacy in some types of chronic low back pain, daily headache, and fibromyalgia is limited	<ul style="list-style-type: none"> • AEs include sedation, cognitive impairment, respiratory depression, constipation, nausea, and vomiting
Hydrocodone/acetaminophen (Lorcet, Vicodin, others)		<ul style="list-style-type: none"> • Long-term AEs include hormonal changes, immunosuppression, falls and fracture, QT prolongation (with use of methadone), worsening or development of sleep apnea, and opioid-induced hyperalgesia, and addiction
Hydrocodone/ibuprofen (Vicoprofen, Xylon, others)		<ul style="list-style-type: none"> • Prescribe a bowel regimen containing a stimulant laxative with or without a stool softener to minimize constipation and prevent obstruction
Oxycodone/acetaminophen (Percocet, Roxicet)		<ul style="list-style-type: none"> • Obtain an informed consent (pain management agreement) and periodic urine drug screens while prescribing chronic opioid therapy
Hydromorphone (Dilaudid, others)		<ul style="list-style-type: none"> • Regularly monitor for 4 As—analgesia, activity, AEs, and aberrant behaviors—during opioid therapy
Morphine (Duramorph, others)		
Oxycodone (Roxicodone, others)		
Long-Acting Opioids		
Fentanyl (Duragesic, lonsys, others)	Moderate to severe acute or chronic low back pain, osteoarthritis, and neuropathic pain after exhaustion of non-opioid and non-pharmacological therapies Evidence for efficacy in some types of chronic low back pain, daily headache, and fibromyalgia is limited	<ul style="list-style-type: none"> • AEs include sedation, cognitive impairment, respiratory depression, constipation, nausea, and vomiting
Hydrocodone (Hysingla, Zohydro)		<ul style="list-style-type: none"> • Long-term AEs include hormonal changes, immunosuppression, falls and fracture, QT prolongation (with use of methadone), worsening or development of sleep apnea, and opioid-induced hyperalgesia, and addiction
Hydromorphone (Exalgo)		<ul style="list-style-type: none"> • Prescribe a bowel regimen containing a stimulant laxative with or without a stool softener to minimize constipation and prevent obstruction
Methadone (Dolophine, Methadose, others)		<ul style="list-style-type: none"> • Obtain an informed consent (pain management agreement) and periodic urine drug screens while prescribing chronic opioid therapy
Morphine (Kadian, MS Contin, others)		<ul style="list-style-type: none"> • Regularly monitor for 4 As—analgesia, activity, AEs, and aberrant behaviors—during opioid therapy
Oxycodone (OxyContin, others)		
Oxymorphone (Opana)		
Tapentadol (Nucynta)		

AEs, adverse events; COX, cyclooxygenase; NSAID, non-steroidal anti-inflammatory drug; OTC, over the counter

^a Brand name is no longer available in the United States.

Table of Selected Medications Used in Pain Management

Generic (Brand) Name	Use	Considerations
Acetaminophen (Tylenol, others)	Backache, headache, joint pain (arthritis), and muscle ache	<ul style="list-style-type: none"> • Available OTC • Do not exceed 3,000-4,000 mg/day or use with alcohol due to risk of liver toxicity
Aspirin (Bayer, Bufferin, others)	Headache, joint pain and inflammation, muscle ache, and menstrual cramps	<ul style="list-style-type: none"> • Available OTC • May cause gastrointestinal effects, including ulcers and bleeding
NSAIDs		
Diclofenac (Cambia, Zipsor, Zorvolex, others)	Backache, headache, joint pain and inflammation, including arthritis pain, menstrual cramps, muscle ache, and strains	<ul style="list-style-type: none"> • Ibuprofen and naproxen available OTC • May be harmful to people with kidney or liver disease and those who drink alcohol heavily • May cause gastrointestinal effects including ulcers, but these are less likely with meloxicam or COX-2 inhibitor • Prescription formulations of diclofenac, indomethacin, and meloxicam are now available in low-dose formulas. • Regular use may increase cardiovascular risk • May increase risk of bleeding in patients on anticoagulation therapy
Ibuprofen (Advil, Motrin, others)		
Indomethacin (Tivorbex)		
Meloxicam (Mobic, Virlodex, others)		
Naproxen (Aleve, Naprosyn, others)		
Celecoxib (Celebrex, others)		
Adjuvant Agents		
Tricyclic Antidepressants		
Amitriptyline (Elavil, others)^a	Diabetic neuropathy, fibromyalgia, low back pain with radiculopathy, migraines, neuropathic pain, post-herpetic neuralgia, and sympathetic dystrophy	<ul style="list-style-type: none"> • May cause sedation, constipation, urinary retention, blurry vision, dry mouth, and weight gain • Use with caution in elderly patients due to increased risk of falls • Use with caution in patients with a history of cardiac disease • Monitor for changes in mood and increased signs of suicidality
Desipramine (Norpramin, others)		
Nortriptyline (Pamelor, others)		
Serotonin-Norepinephrine Reuptake Inhibitors		
Duloxetine (Cymbalta, Irenka, others)	Chronic musculoskeletal pain (duloxetine only), diabetic neuropathy (duloxetine and venlafaxine), fibromyalgia (duloxetine and milnacipran), migraines (venlafaxine), and neuropathic pain	<ul style="list-style-type: none"> • Duloxetine is contraindicated when creatinine clearance is <30 mL/min or in patients with severe liver impairment • Use venlafaxine with caution in patients with a history of cardiac disease and monitor blood pressure with use • Monitor for changes in mood and increased signs of suicidality
Milnacipran (Savella)		
Venlafaxine (Effexor, others)^a		
Anticonvulsants		
Gabapentin (Gralise, Horizant, Neurontin, others)	Diabetic neuropathy, fibromyalgia, neuropathic pain, and post-herpetic neuralgia	<ul style="list-style-type: none"> • May cause sedation, dizziness, dry mouth, weight gain, and swelling • Pregabalin is a schedule V medication with risk of misuse and dependence • Dose must be adjusted for renal impairment
Pregabalin (Lyrica)		
Carbamazepine (Carbetrol, Tegretol, others)	Trigeminal neuralgia	<ul style="list-style-type: none"> • Monitor for anemias, electrolyte disturbances, eye, liver, renal, thyroid toxicities and skin reactions • Associated with significant drug-drug interactions