Pain Medication Chart

Analgesic reference by drug class, strength tier and controlled-substance status

Practice name: _____ Chart version: _____

Reviewed by: _____ Date reviewed: _____

Clinician review required. This chart is a general reference for licensed clinicians. It does not replace the prescribing information for any product, and it is not a dosing instruction. Dosing must be individualized to the patient under current FDA labeling. A licensed clinician should review and approve this chart before your practice uses it. Verify current DEA and state scheduling before you document any controlled prescription.

1. PAIN MEDICATION CLASSES AT A GLANCE

Drug class	Mechanism	Common examples	Primary use
Acetaminophen	Central analgesic action	Tylenol, paracetamol	Mild pain, fever
NSAIDs	COX enzyme inhibition	Ibuprofen, naproxen, aspirin	Musculoskeletal and inflammatory pain
Neuropathic agents	Modulate nerve signaling	Gabapentin, pregabalin, duloxetine	Nerve pain
Muscle relaxants	Central muscle tone reduction	Cyclobenzaprine, baclofen	Muscle spasm, back pain
Opioids	Mu-opioid receptor agonism	Short- and long-acting agents	Moderate to severe pain

2. STRENGTH TIERS (WHO ANALGESIC LADDER)

Potency ranking is a relative guide, not a dosing instruction. Move from the least to the most potent option in sequence.

Tier 1	**OTC non-opioids:** acetaminophen and NSAIDs, typically first-line for mild to moderate pain.
Tier 2	**Rx non-opioids and adjuvants:** neuropathic agents and muscle relaxants, selected by pain type.
Tier 3	**Opioids:** reserved for pain that has not responded to earlier steps, with scheduling and documentation requirements.

3. OVER-THE-COUNTER PAIN RELIEVERS

Medication	Typical dose per labeling	Key cautions
Acetaminophen	Per product labeling; adult maximum 4 g per day	Hepatotoxicity risk, especially with alcohol or other acetaminophen-containing products
Ibuprofen	Per product labeling	GI bleeding, renal effects, cardiovascular risk
Naproxen	Per product labeling	GI bleeding, renal effects, cardiovascular risk
Aspirin	Per product labeling	GI bleeding, bleeding risk with anticoagulants

4. NERVE PAIN MEDICATIONS (NEUROPATHIC AGENTS)

Agent	Typical use	Watch for	Controlled-substance status
Gabapentin	Neuropathic pain	Sedation, dizziness	Not federally scheduled; controlled in several US states
Pregabalin	Neuropathic pain	Sedation, edema	Federal Schedule V
Duloxetine	Chronic pain conditions	Nausea, serotonergic interactions	Check current status

Dosing should follow the prescribing information for each agent. Check jurisdiction-specific status before prescribing.

5. MUSCLE RELAXANTS AND ANTISPASMODICS

- **Cyclobenzaprine:** short-course use for acute muscle spasm; sedation is common.
- **Baclofen:** used for spasticity; abrupt withdrawal can cause serious effects.
- **Tizanidine:** used for spasticity; monitor blood pressure and liver function.

Combining these agents with other sedating drugs increases the risk of sedation.

6. OPIOIDS: SCHEDULING AND CAUTIONS

- Opioids sit at the top of the strength chart and carry the most stringent controls.
- DEA scheduling depends on the specific product. Some agents, including tramadol, have moved between schedules over time, so verify the current classification.
- Long-acting opioids carry higher overdose risk than immediate-release formulations. Since its 2018 expansion, the FDA Opioid Analgesic REMS covers both immediate-release and extended-release or long-acting opioids for outpatient use.
- Equianalgesic conversions between opioids are high risk. Make them only with current labeling and clinical judgment.
- The CDC 2022 guideline recommends the lowest effective dose for the shortest duration.

7. CLINICAL DECISION CHECKLIST

- [ ] **1** Confirm the pain type: nociceptive, neuropathic, or mixed.
- [ ] **2** Screen comorbidities: liver, kidney, GI, cardiovascular, and bleeding risk.
- [ ] **3** Start with a non-opioid or adjuvant matched to the pain type.
- [ ] **4** Reassess at a defined interval and escalate stepwise if needed.
- [ ] **5** Check DEA scheduling and state rules before any controlled prescription.

8. SAFETY CONSIDERATIONS

- **Acetaminophen:** hepatotoxicity risk, particularly at high doses or with alcohol use.
- **NSAIDs:** GI, renal, and cardiovascular warnings, reflected in FDA boxed labeling.
- **Medication overuse headache:** a recognized concern with frequent analgesic use for headache. Assess pattern and duration before attributing symptoms to overuse, and document the screening.

9. PRACTICE FORMULARY WORKSHEET

Record each product your practice stocks or prescribes. Complete strength, onset, duration, and schedule from the current FDA labeling and DEA schedule, not from memory.

Medication	Drug class	Strength	Onset	Duration	DEA schedule

NOTES

CLINICIAN SIGN-OFF

Reviewed by: _____ Designation: _____

Date reviewed: _____ Next review date: _____

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Signature Date