

## **Non-Opioid Pain Management Reference (August 2025)**

**Purpose:** To provide a current, concise reference of commonly used non-opioid options for VNA & Home Hospice clinicians. This list is informational, not exhaustive, and does not guarantee coverage.

**Safety Note:** Only licensed staff can prescribe medications. When discussing any item from this list with a patient's provider or prescribing clinician, be mindful that some over-the-counter medications and supplements may have contraindications, drug interactions, or condition-specific risks. If there is uncertainty about safety, especially with comorbidities, polypharmacy, or renal/hepatic impairment, consult the patient's provider before recommending or confirming use.

### **Key 2025 Updates Since 2018**

- CGRP pathway drugs expanded: erenumab, fremanezumab, galcanezumab (preventive mAbs); oral/IN gepants (ubrogepant, rimegepant—acute & preventive; atogepant—preventive incl. chronic; zavegepant—acute nasal spray).
- Capsaicin 8% (Qutenza) now FDA-approved for diabetic peripheral neuropathy (DPN) of the feet as well as PHN.
- Diclofenac 1% gel (Voltaren Arthritis Pain) switched to OTC in 2020; several Rx brands discontinued (e.g., Dyloject brand injection).

***Emphasis on multimodal analgesia and non-pharmacologic care (exercise, CBT, heat/cold, TENS, etc.)***

### How to Use This Table:

- *This table lists the therapeutic class with common generics (select brands).*
- *Includes FDA-labeled pain indications and common, guideline-supported off-label uses.*
- *The 'CAH notes' column highlights home-care considerations (renal risk, falls, documentation).*

Class	Generic (Select Brands)	FDA-labeled pain indication	Common off-label/notes	CAH notes
Analgesic Antipyretic	Acetaminophen (Tylenol)	Mild–moderate pain; adjunct in moderate–severe pain	Osteoarthritis, back pain (as part of multimodal)	Max daily dose per liver risk ( $\leq 3$ –4 g/day adults). Check combo products.
NSAIDs (systemic)	Ibuprofen, Naproxen, Celecoxib	Acute and chronic musculoskeletal pain, OA/RA, dysmenorrhea	Renal colic, gout flares (per guideline)	GI/renal/CV risk; avoid in late pregnancy; co-prescribe GI protection when indicated.
NSAIDs (topical)	Diclofenac gel 1% (Voltaren Arthritis Pain – OTC)	OA pain of joints amenable to topical therapy	Localized soft-tissue pain	Lower systemic risk vs oral; useful in older adults; apply per label; document location.
Anticonvulsant	Gabapentin; Pregabalin (Lyrica)	PHN (gabapentin, pregabalin); DPN & fibromyalgia (pregabalin)	Radicular neuropathic pain	Sedation/falls & misuse potential; renal dose adjust; titrate & reassess function.
SNRI	Duloxetine (Cymbalta)	Chronic musculoskeletal pain; DPN; fibromyalgia	Chronic low back pain, OA knee	Monitor BP, GI upset; benefit for pain + mood; hepatic/renal cautions.
TCA	Amitriptyline; Nortriptyline	N/A	Neuropathic pain, migraine prevention, fibromyalgia	Start low at bedtime; anticholinergic effects & orthostasis—use caution in elders.
Topical anesthetic	Lidocaine 5% patch (Lidoderm), 4% OTC	PHN (5% Rx)	Focal neuropathic pain	Apply to intact skin up to 12h/24h; limited systemic effects.
Topical capsaicin	Capsaicin 8% patch (Qutenza)	PHN: DPN of feet (FDA-approved)	N/A	Applied in clinic with local anesthesia; long-lasting effect; document response.
Muscle relaxant	Cyclobenzaprine; Methocarbamol; Tizanidine	Acute musculoskeletal spasm	N/A	Short-term use; sedation/falls; avoid chronic use in elders (Beers).

Migraine – triptans	Sumatriptan, Rizatriptan, Zolmitriptan, etc.	Acute migraine; some for cluster	<b>N/A</b>	Contraindicated in vascular disease; check drug–disease interactions.
Migraine – CGRP mAbs	Erenumab (Aimovig), Fremanezumab (Ajovy), Galcanezumab (Emgality)	Preventive treatment of migraine (adults)	<b>N/A</b>	Monthly/quarterly injections; monitor constipation (erenumab) and injection reactions.
Migraine – gepants (oral/IN)	Ubrogepant (Ubrelvy), Rimegepant (Nurtec ODT), Atogepant (Qulipta), Zavegepant (Zavzpret nasal)	Ubrogepant & rimegepant: acute; Rimegepant (q48h) & Atogepant: preventive; Atogepant also for chronic migraine; Zavegepant: acute nasal	<b>N/A</b>	CYP3A4 interactions; hepatic considerations; non-vasoconstrictive option vs triptans.
Neuromuscular toxin	OnabotulinumtoxinA (Botox)	Prevention of chronic migraine; spasticity indications	<b>N/A</b>	Specialist-administered; not a home visit procedure; coordinate with neurology.
Steroids (short course)	Prednisone, Methylprednisolone	Inflammatory flares (adjunct)	Radicular back pain (limited evidence)	Glycemia, mood, infection risk; reserve for clear inflammatory indications.

### Non-Pharmacologic Options (Pair with Medications)

- Heat/cold
- Positioning
- Graded activity (PT/OT)
- Mindfulness/relaxation
- CBT-based skills
- Sleep hygiene
- TENS
- Massage

### Documentation Reminders

- Document baseline pain (location, quality/type, intensity), functional impact, and goals.
- Record therapy chosen, dose, and patient education; include contraindications and risk counseling.
- Reassess pain and function after interventions, document response and side effects.

### Select References (accessed 2023–2025)

- Qutenza (capsaicin 8%) label: FDA – PHN + DPN indications (2020).
- Voltaren Gel (diclofenac 1%) Rx-to-OTC switch (2020).
- Ubrogepant FDA approval (2019, acute). Rimegepant acute (2020) + preventive (2021).
- Atogepant preventive (2021); expanded to chronic migraine (2023).
- Zavegepant nasal spray acute (2023).