Appendix 3: Pre-Opioid Use Protocol

Author(s) Study Design	*Pre-opioid Use Protocol*
Banerjee (2012)	NR
Buynak (2010)	Participants taking opioids prior to the study had to be on daily doses equivalent to <160 mg of oral morphine
Chu (2012)	Participants were not currently taking opioid pain medication in excess of 30 mg oral morphine equivalents per day, which we defined as low-dose opioid therapy. Patients currently on low-dose opioid therapy were allowed to continue with their normal drug routine; however, they were instructed to refrain from taking their daily pain medication at least 10 hours before any pain testing sessions.
Hale (2005)	Inclusion criteria of previous opioid use: patients had to be treated with a stable dose of opioids for at least 3 consecutive days before screening
Hale (2007)	All opioid-experienced patients enrolled in the study were converted to an approximately equi-analgesic dose of OPANA ER and then entered an open-label titration period, during which they were stabilized on a dose of OPANA ER twice daily that provided adequate pain relief and tolerability (on the basis of AEs)
Hale (2010)	Inclusion criteria of previous opioid use: all patients were required to be on daily opioid treatment with 60 mg oral morphine equivalent (12 mg hydromorphone), but 320 mg morphine (64 mg hydromorphone) per day within 2 months prior to the screening visits
Katz (2007)	Exclusion Criteria (N/A)
Li (2008)	Exclusion Criteria (N/A)
O'Donnell (2009)	NR
Rauck (2014)	Inclusion criteria of previous opioid use: subjects were converted from their current opioid to HC-ER using standard conversion ratios (≤6 weeks). For pain that was inadequately controlled after conversion, the dose of HC-ER was titrated in increments of 10 mg twice daily (q12h) every 3 or more days in an open-label fashion to the optimum dose of HC-ER
Schnitzer (2000)	If eligible, patients entered a washout period lasting up to 3 weeks, during which time all pain medications were discontinued
Uberall (2012)	Eligible sub- jects then entered a wash-out phase of 4–7 days, during which all analgesic pre-study medication was withdrawn, and were suitable for randomization only, if they reported a significant worsening of the average LBP intensity (LBPI; defined as a deterioration of at least 1 point, both on the NRS11 and on the VRS5) at baseline.
Vorsanger (2008)	Eligible patients entered a two to seven day washout period during which analgesics were not allowed (except aspirin ≤ 325 mg/day for cardiovascular prophylaxis or acetaminophen 2000 mg/day for reasons other than chronic pain for no more than three consecutive days).
Wen (2015)	Opioid-experienced patients were converted to a reduced dose (~25-50% reduction in total daily oxycodone equivalent)