# OPIOID CONVERSION GUIDE

These conversions are a guide only.

Patients may vary in their response to different opioids. After changing opioid, close assessment should follow and the dose altered as necessary.

### **Equianalgesic doses of oral opioids**

Oral opioid	Conversion factor (opioid dose x or ÷ by factor = morphine dose)	Practical equianalgesic dose
morphine		10 mg
hydromorphone	x 5	2 mg
oxycodone	x 1.5	5-7.5 mg*
codeine	÷ 8	75-90 mg*
tapentadol	÷ 3	50 mg*
tramadol	÷ 5	50 mg

<sup>\*</sup> dose guided by strength of medication available

**Methadone** conversions are complicated and prescribing should be restricted to medical specialists with experience of methadone prescribing for pain management.

#### Subcutaneous route conversions

Opioid	Oral dose	Equianalgesic subcutaneous dose	Conversion factor (oral dose ÷ by factor = subcut dose)
morphine	30 mg	10 mg	÷ 3
hydromorphone	6 mg	2 mg	÷ 3

# **Transdermal preparation conversions**

Opioid	Patch strength	Equianalgesic oral morphine dose
buprenorphine	5 microgram/hr	12 mg/24 hrs
fentanyl	12 microgram/hr	30-45 mg/24 hrs

# **Sublingual preparation conversions**

Opioid	Dose	Equianalgesic oral morphine dose for pain
buprenorphine tablet	200 microgram	8-16 mg
		no direct conversion
fentanyl lozenge	200 microgram	initiate 200 microgram lozenge
		and titrate to effect