

# Equianalgesic Dosing Chart

*N.B. All equivalencies are approximate; use this chart as a guideline only.*

Oral Routes:	Ratio
Morphine 10 mg = OxyCODONE 5 mg	2:1
Morphine 10 mg = Codeine 100 mg	1:10
Morphine 10 mg = HYDROmorphone 2 mg	5:1

*Note: Both Percocet and Tylenol #3 contain Acetaminophen*

Oral to Subcutaneous Routes:	
Morphine 10 mg PO = Morphine 5 mg SUBQ	2 (oral):1 (SUBQ)
HYDROmorphone 10 mg PO = HYDROmorphone 5 mg SUBQ	2 (oral):1 (SUBQ)

Subcutaneous Equianalgesia:	
Morphine 10 mg SUBQ = HYDROmorphone 2 mg SUBQ	5:1

## Transdermal Equianalgesia:

*Note: The ranges of Morphine are very broad. Clinical judgment prevails.*

i.e., CPS Recommended Conversion:

Morphine 60 mg to 134 mg PO in 24 hours = FentaNYL TD 25 mcg patch q72h (CPS, 2004)

See page 2 for complete Dose Conversion Guidelines.

The Dose Conversion Guidelines are to be used to convert adult patients from their current oral or parenteral opioid analgesic only to the fentanyl transdermal patch. The Dose Conversion Guidelines are **unidirectional for use in chronic pain only**. They should **not be used to convert patients from FTS to other opioids**, as this may result in overdose and toxicity.

### Dosage Conversion Guidelines for Fentanyl Transdermal Systems

**Table 1.1<sup>1</sup>: Dose Conversion Guidelines  
To be used to convert from current opioid analgesic to the Fentanyl Transdermal Systems (FTS)**

Current Analgesic	Daily Dosage (mg/d)						
Oral morphine	60-134	135-179	180-224	225-269	270-314	315-359	360-404
<b>IM/IV morphine (based on a 1:3 IM/IV:PO ratio)</b>	<b>20-44</b>	<b>45-60</b>	<b>61-75</b>	<b>76-90</b>	<b>NA<sup>2</sup></b>	<b>NA<sup>2</sup></b>	<b>NA<sup>2</sup></b>
Oral Oxycodone	30-66	67-90	91-112	113-134	135-157	158-179	180-202
Oral Codeine	150-447	448-597	598-747	748-897	898-1047	1048-1197	1198-1347
Oral hydromorphone	8-16	17-22	23-28	29-33	34-39	40-45	46-51
IV Hydromorphone <sup>3</sup>	4.0-8.4	8.5-11.4	11.5-14.4	14.5-16.5	16.6-19.5	19.6-22.5	22.6-25.5
	↓	↓	↓	↓	↓	↓	↓
<b>Recommended Fentanyl Transdermal System (FTS) Dose</b>	<b>25 mcg/h</b>	<b>37 mcg/h</b>	<b>50 mcg/h</b>	<b>62 mcg/h</b>	<b>75 mcg/h</b>	<b>87 mcg/h</b>	<b>100 mcg/h</b>

<sup>1</sup> Table 1.1 should not be used to convert from DURAGESIC and other FTS to other therapies because this conversion to DURAGESIC and other FTS is conservative. Use of Table 1.1 for conversion to other analgesic therapies can overestimate the dose of the new agent. Overdosage of the new analgesic agent is possible (see DOSAGE AND ADMINISTRATION, *Safe Use of Tables 1.1, and 1.2*).

<sup>2</sup> NA (not applicable) reflects insufficient data available for guidance. If needed, prescribers should make these conversions very carefully and conservatively.

<sup>3</sup> The conversion ratio of parenteral hydromorphone to oral hydromorphone of 1:2 is based on clinical experience in patients with chronic pain. Reference: *Parenteral Drug Therapy Manual*, Vancouver General Hospital, Pharmaceutical Sciences Clinical Services. 2006.

Janssen Duragesic Product Monograph (2017). Available at

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