

## **Transdermal fentanyl suggested tapering regime**

This document is to be used in conjunction with the following guidance document:

### **Analgesic Tapering Guidelines For adult patients with persistent pain patients taking strong opioids and/or gabapentinoids.**

As with all opioids, the dose used should be the lowest possible for benefit, for the shortest possible time.

Long term use of opioids in non-malignant pain (longer than 3 months) carries an increased risk of dependence and addiction, so at the end of treatment the dosage should be tapered slowly to reduce the risk of withdrawal effects; tapering from a high dose may take weeks or months.

A fentanyl 12micrograms/hour patch is approximately equivalent to 30mg of oral morphine per day.<sup>1</sup>

Dose changes should be individualised to the person and not made more frequently than **every 12 days**. A suggested regime for a patient who is already using a fentanyl 100 micrograms per hour patch (changed every 3 days) is included below. If the patient is taking a lower dose than this then start the process further down the table and follow the suggested tapering guidance.

#### **Before starting:**

- Where possible, ensure any reduction is discussed and agreed with the patient.
- Agree the speed of dose reduction with the patient.
- Some patients will need space to acclimatise to the new dose so the dose changes may be delayed. Inform the patient that reduction can be slowed but not reversed.
- Patches are available in the following strengths: 12micrograms per hour, 25micrograms per hour, 37.5 micrograms per hour, 50micrograms per hour and 100micrograms per hour. Patches provide 3 days of analgesia.

<b>Agreed dose change interval e.g every 12, 18 or 30 days (Patches provide 3 days of analgesia)</b>		
<b>Change</b>	<b>Transdermal fentanyl dose</b>	<b>Patch combination to achieve this dose</b>
1	100 micrograms/hour	100mcg/hr
2	87 micrograms/hour	75mcg/hr + 12mcg/hr
3	75 micrograms/hour	75mcg/hr
4	62 micrograms/hour	50mcg/hr + 12mcg/hr
5	50 micrograms/hour	50mcg/hr
6	37 micrograms/hour	25mcg/hr + 12mcg/hr
7	25 micrograms/hour	25mcg/hr
8	12 micrograms/hour	12mcg/hr
9	Fentanyl 12mcg patches are approximately equivalent to 30mg of oral morphine per day. <sup>1</sup> Consider conversion to a lower strength opioid <sup>1,2</sup> for more gradual tapering until able to STOP all opioids.	

### Notes

- The Faculty of Pain Medicine recommends reducing opioids by no more than 10% every 1-2 weeks<sup>3</sup>.
- In the UK there are no readily available preparations to allow this approach throughout the reducing regime.
- This leads to a larger reduction as the regime progresses.  
This may mean that some patients want to slow the speed of the reduction as the regime progresses
- At doses of 25 micrograms/hour and below it may be easier, where appropriate, to convert to the oral morphine equivalent dose for more gradual tapering.  
If converting, consider using the “Consolidating Opioids” document to aid the conversion.

### References

1. [Dose equivalents and changing opioids | Faculty of Pain Medicine \(fpm.ac.uk\)](#) accessed 19/3/21
2. [Tapering and stopping | Faculty of Pain Medicine \(fpm.ac.uk\)](#) accessed 19/3/21