



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 \times or \div by factor = morphine dose)	Practical equianalgesic dose
Morphine	-	10 mg
Hydromorphone	$\times 5$	2 mg
Oxycodone	$\times 1.5$	5 – 7.5 mg*
Codeine	$\div 8$	75 – 90 mg*
Tapentadol	$\div 3$	50 mg*
Tramadol	$\div 5$	50 mg

* 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	Conversion factor (oral dose \div by factor = subcut dose)	Equianalgesic subcutaneous dose
Morphine	30 mg	$\div 3$	10 mg
Hydromorphone	6 mg	$\div 3$	2 mg

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
Fentanyl tablet	100 microgram	No direct conversion initiate lowest dose and titrate to effect
Fentanyl lozenge	200 microgram	