



Fentanyl 50 mcg TD + IR Opioid to Buprenorphine

How to Cross Taper from Your Fentanyl 50 mcg Transdermal Patch +/- Short-Acting Opioid to **Buprenorphine**

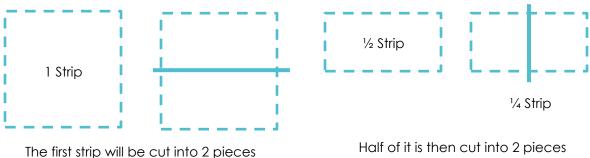
Are you taking Fentanyl 50 mcg transdermal every 72 hours plus one of the following opioid medications?

- + Norco (hydrocodone/acetaminophen) 10/325 mg tabs: 1 tab by mouth 3-4x daily
- Percocet (oxycodone/acetaminophen) 10/325 mg tabs: 1 tab by mouth 3-4x daily
- Oxycodone IR 10 mg tabs: 1 tab by mouth 3-4x daily

If you are using fentanyl patches and taking one of these medications, or something similar, you may be appropriate to switch to a safer, more effective pain management medication called **Suboxone**, or **buprenorphine** (+/- naloxone). You can be transitioned from your opioid to buprenorphine slowly over two weeks, working with your provider to make sure your pain is controlled while avoiding significant withdrawal.

- You will be prescribed NALOXONE. You and your support member/s will be counseled on appropriate use of the naloxone prior to beginning the taper. Naloxone is a medication that reduces the risk of death from taking too many opioids. This is a key safety measure.
- Learn how to use the Suboxone medication. The table below shows a visual of how to use the suboxone 2 mg – 0.5 mg SL films each day during week 1 of the cross taper:

2 – 0.5mg Suboxone Film



Half of it is then cut into 2 pieces (1/4 of a strip).





		AM		PM	Date (write in)
1	⅓ film	61	-		
2	⅓ film	<u> </u>	⅓ film	<u>[i]</u>	
3	½ film		½ film		
4	1 film		1 film		
5	1 ½ film		1 ½ film		
6	2 films		2 films		
7	2 – 3 films		2 -3	films	

3. Plan out a reasonable **cross taper schedule**. The table below shows how to increase Suboxone and decrease the fentanyl transdermal over the first week, followed by decreasing the short-acting oral opioid over the second week. For representation purposes, the table will assume the patient is taking a concomitant oral opioid at 10 mg (+/- APAP) per dose 3-4x daily. The titration of the Suboxone during the second week and beyond will be very patient-dependent, and your provider will work closely with you to find the best regimen.

Time Point Bupre		norphine Microinduction Recommendation	
	Suboxone Rec	Fentanyl TD + Oral IR Opioid Rec	
Day 1 (Initial Ap)	(1/4 film) SL daily	Place new fentanyl 50 mcg patch;	
		Continue oral IR opioid 10 mg tab: 1 tab 3-4x daily	
Day 2	(1/4 film) SL 2x daily	Continue	
Day 3	(1/2 film) SL 2x daily	Continue	
Day 4	1 film SL 2x daily	Remove fentanyl 50 mcg patch – place new fentanyl 25	
		mcg patch;	
		Continue oral IR opioid 10 mg tab: 1 tab 3-4x daily	
Day 5	1.5 film SL 2x daily	Continue	
Day 6	2 films* SL 2x daily	Continue	
Day 7 (F/up apt)	2-3 films* SL 2x daily	Remove fentanyl 25 mcg patch – stop use;	
		Continue oral IR opioid 10 mg: 1 tab 3-4x daily	
Day 8	2-4 films* SL 2-3x daily	Reduce to IR opioid 5 mg tab**: 1.5 tabs 3-4x daily	
Days 9-11	Based on craving/pain	Reduce to IR opioid 5 mg tab: 1 tab 3-4x daily	
Days 12-13	response: up to 16mg-	Reduce to IR opioid 5 mg tab: 0.5 tab 3-4x daily	
Day 14 (F/up apt)	4mg to 24mg-6mg/day	STOP oral IR opioid or continue as needed dosing for	
Days 15 – beyond	split 3-4x daily	additional pain relief	

^{*}Based on pain response; may not need to increase Suboxone dose any higher than 2 films per dose at this point, vs. increasing frequency to 3 or 4x daily. For best pain relief, 3 or 4x daily dosing is recommended. Some patients on these opioid doses may need Suboxone doses of 3 or 4 films SL at a time, though your provider will likely change the Suboxone film strength if higher doses are needed.

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Developed in collaboration with Stader Opioid Consultants.

^{**}Take careful note of IR opioid tablet strength 10 mg vs 5 mg.