Fentanyl 50 mcg TD + IR Opioid to Buprenorphine

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

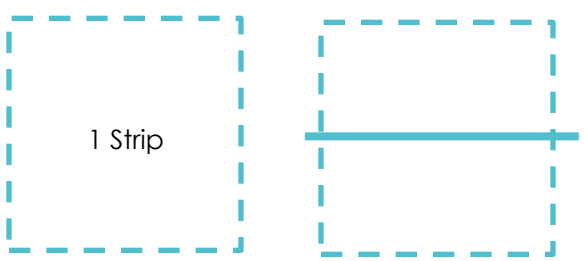
Are you taking Fentanyl 50 mcg transdermal every 72 hours plus one of the following opioid medications?

- 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

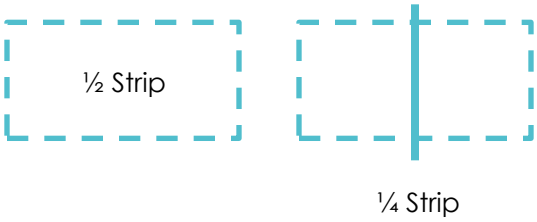
If you are using fentanyl patches and taking one of these medications, or something similar, you may be appropriate to switch to a safer, more effective pain management medication called **Suboxone**, or **buprenorphine** (+/- naloxone). You can be transitioned from your opioid to buprenorphine slowly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

1. 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.
2. 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



The first strip will be cut into 2 pieces



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

	AM	PM	Date (write in)
1	¼ film	-	
2	¼ film	¼ film	
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	Buprenorphine 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 response: up to 16mg-4mg to 24mg-6mg/day split 3-4x daily	Reduce to IR opioid 5 mg tab: 1 tab 3-4x daily
Days 12-13		Reduce to IR opioid 5 mg tab: 0.5 tab 3-4x daily
Day 14 (F/up apt)		STOP oral IR opioid or continue as needed dosing for additional pain relief
Days 15 – beyond		

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

This material was prepared by the Compass Healthcare Collaborative, the Opioid Prescriber Safety and Support contractor, under contract with the Centers for Medicare & Medicaid Services (CMS), an agency of the U.S. Department of Health and Human Services. Views expressed in this material do not necessarily reflect the official views or policy of CMS or HHS, and any reference to a specific product or entity herein does not constitute endorsement of that product or entity by CMS or HHS.

Developed in collaboration with Stader Opioid Consultants.