



Fentanyl 50 mcg Transdermal Taper

How to Taper Your Fentanyl 50 mcg Transdermal +/- Short-Acting Opioid Agent

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

- + 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 taper off your fentanyl transdermal patch. You can be transitioned slowly off of your fentanyl, working with your provider to make sure your pain is controlled while avoiding significant withdrawal.

1. You will also 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. Talk to your provider about other nonopioid medications and nonpharmacologic treatments that can help augment pain and mitigate withdrawal.
3. Use a chart, calendar, and/or medication box to help keep you on track with the correct oral opioid dosage each week.
4. Plan out a reasonable **taper schedule**. The table below shows how to decrease the fentanyl transdermal, along with increased immediate-release (IR) oxycodone product, whenever the fentanyl dose drops. For representation purposes, the table will assume the patient is taking a concomitant IR oxycodone product at 10 mg (+/- APAP) per dose 4x daily.
 - + Whenever the fentanyl TD dose is dropped, it takes at least 24-48 hours for the body to eliminate the old dose and equilibrate to the new dose; that is why it's important to follow the IR oxycodone dosing instructions carefully:
 - + Increase the IR 10 mg oxycodone tab to 1.5 tab/dose (ie 15 mg) at the 18 hour mark and then continue per the table.
 - + Once you are off the fentanyl TD completely, your IR oxycodone can also be further tapered if desired or necessary.
 - + This schedule can be *slowed or accelerated* based on individual response and conversations with your doctor. The goal is to get you to the finish line safely, not how quickly you get there!



Compass Opioid Prescribing + Treatment Guidance Toolkit



Time Point	Fentanyl TD Taper Recommendation					MME
	Fentanyl TD Rec	IR Oxycodone Rec				180
Day 1 (Initial Appointment)	Decrease to Fentanyl 37 mcg/hr TD Q 72 hrs	10 mg	10 mg	15 mg	15 mg	180
Day 2	Continue	15 mg	15 mg	15 mg	15 mg	180
Day 7	Continue	15 mg	15 mg	10 mg	15 mg	172.5
Day 14	Continue	15 mg	10 mg	10 mg	15 mg	165
Day 21	Continue	10 mg	10 mg	10 mg	15 mg	157.5
Day 30 (Apt)	Decrease to Fentanyl 25 mcg/hr TD Q 72 hrs	10 mg	10 mg	15 mg	15 mg	150
Day 31	Continue	15 mg	15 mg	15 mg	15 mg	150
Day 37	Continue	15 mg	15 mg	10 mg	15 mg	142.5
Day 44	Continue	15 mg	10 mg	10 mg	15 mg	135
Day 51	Continue	10 mg	10 mg	10 mg	15 mg	127.5
Day 60 (Apt)	Decrease to Fentanyl 12 mcg/hr TD Q 72 hrs	10 mg	10 mg	15 mg	15 mg	120
Day 61	Continue	15 mg	15 mg	15 mg	15 mg	120
Day 75	Continue	15 mg	15 mg	10 mg	15 mg	112.5
Day 90 (Apt)	Continue	15 mg	10 mg	10 mg	15 mg	105
Day 105	Continue	10 mg	10 mg	10 mg	15 mg	97.5
Day 120 (Apt)	Fentanyl patch OFF	10 mg	10 mg	15 mg	15 mg	90
Day 121 +	Fentanyl patch OFF	15 mg	15 mg	15 mg	15 mg	90
		↓	↓	↓	↓	↓
		10 mg	10 mg	10 mg	10 mg	60*

*Length of time to taper to oxycodone IR 10 mg 4x daily (or lower) will vary by patient; target an additional 10% decrease of MME/day monthly until reach goal dose.

Dosing Help

15 mg dose = 1.5 x 10 mg tab

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Developed in collaboration with Stader Opioid Consultants.