

Table 1: Equianalgesic Opioid Doses

Drug	Equianalgesic (mg) Doses^a	Half-life (hr)	Duration (hr)	Comments
Morphine	10 IM/IV/SQ 20-30 PO ^b	2-3 2-3	3-4 3-6	Standard for comparison for opioids; multiple routes available generic available
Controlled- release morphine	20-30 PO ^b	2-3	8-12	
Sustained- release morphine	20-30 PO ^b	2-3	12-24	
Hydromorphone	1.5 IM/IV/SQ 7.5 PO	2-3 2-3	3-4 3-6	Potency and high solubility may be beneficial for patients requiring high opioid doses and for subcutaneous administration.
Oxycodone	20-30 PO	2-3	3-6	Available as a single entity or combined with aspirin or acetaminophen
Controlled-release oxycodone	20-30 PO	NA	8-12	
Oxymorphone	1 IM/IV/SQ 10 PR 15 PO	— —	3-6 4-6	Oral immediate releases and extended release formulations under FDA review.
Levorphanol	2 IM/IV/SQ 4 PO	12-15 12-15	3-6 3-6	With long half-life, accumulation possible after beginning or increasing dose
Methadone	Variable	12-150	6-8	Highly variable half-life and potential for accumulation require greater vigilance for development of opioid toxicity; can prolong the QT _c interval.
Hydrocodone	30 PO	2-4	3-6	Only available combined with acetaminophen or aspirin
Fentanyl	50 – 100 µg IV/SQ	7-12	1-2	Can be administered as a continuous IV or SQ infusion
Fentanyl transdermal system	—	NA	48-72 per patch	Refer to package insert for oral and parenteral medication equianalgesic dosing guidelines. Not usually recommended for opioid naïve patients in currently available doses. Not recommended for acute pain.
Oral transmucosal fentanyl citrate	—	7-12	1-2	Not recommended for opioid naïve patients. Recommended starting dose for breakthrough pain, 200 – 400 µg, even with high “base-line” opioid doses

^aDose that provides analgesia equivalent to 10 mg IM morphine in controlled, single-dose studies.

^bExtensive survey data suggest that the relative potency of IM:PO morphine, which has been shown to be 1:6 in an acute dosing study, is 1:2-3 with chronic dosing.