

## Compensation Practice & Quality Department

Replaced by PD#C10-1 February 18, 2011

### PRACTICE DIRECTIVE #C10-1

**TOPIC:** Claims with Opioids Prescribed

**ISSUE DATE:** October 9, 2008

### Objective

The purpose of this Practice Directive is to provide guidance to WorkSafeBC Officers and Medical Advisors on the application of Policy item #77.30, *The Prescription of Narcotics and Other Drugs of Addiction*, in the *Rehabilitation Services & Claims Manual* ("RSCM").

In particular, it provides direction regarding appropriate management of claims where injured workers are prescribed opioids<sup>1</sup> to treat non-cancer pain.

### Law & Policy

Section 21 of the *Workers Compensation Act* authorizes WorkSafeBC to provide injured workers with health care benefits including medications, which it considers reasonably necessary to cure or alleviate the effects of the injury.

RSCM Policy item #77.30 provides guidance on when WorkSafeBC will cover the cost of opioids and other drugs of addiction for injured workers. WorkSafeBC's responsibility for payment of prescribed opioids is generally limited to an eight-week period post-injury or post-surgery but in certain circumstances WorkSafeBC may pay for opioids beyond this acute period. To extend approval beyond the eight-week period, the policy requires the Case Manager to seek input from a WorkSafeBC Medical Advisor ("MA") who in turn discusses the worker's entitlement to opioid treatment with the worker's prescribing physician.

### Adjudicative Guidelines

#### (A) *Adjudicating Entitlement to Opioids*

WorkSafeBC's provision of health care benefits is focused on improving the medical condition of injured workers and helping them return to work safely. The purpose of opioid medication is to effect sustained improvement in a worker's level of pain and thereby improve the worker's functional ability. However, clinical evidence suggests that long-term use of high-dose opioids may be associated with certain risks including developing tolerance, dependence, and potential addiction, as well as accidental death<sup>2</sup> and abnormal (heightened) pain

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sensitivity. In addition, long-term use of opioids may not improve the physical function or pain management of patients.<sup>3</sup> As such, claims where a worker is prescribed opioids beyond the acute period require careful management. Policy indicates that a team approach should be used with the SDL<sup>4</sup> Case Manager seeking input from the SDL MA and the worker's prescribing physician in order to determine what treatment will be authorized by WorkSafeBC.

### ***(B) Review of Opioid Use at Eight Weeks***

Policy indicates that WorkSafeBC will generally only pay for opioids during the first eight weeks post-injury or post-surgery. An exception can be made where there are "special or extenuating circumstances" that confirm that the use of opioids beyond this acute period is reasonably necessary treatment.

SDL Case Managers need to identify all claims where a worker continues to be prescribed opioids beyond the eight-week period so that they can make a decision as to whether or not special or extenuating circumstances exist.

Where opioids continue to be prescribed after the eight-week period, the SDL Case Manager (or Team Assistant) will send the worker the *Worker Opioid/Narcotic Agreement* (68D81) and the accompanying template letter.<sup>5</sup> At the same time, the SDL Case Manager will message the MA to let them know that the opioid template letter will be sent to the prescribing physician on the claim. The Case Manager will arrange for the Team Assistant to send the *Physician Request for Opioid/Narcotic Funding Extension* form (68D80) and template letter<sup>6</sup> to the prescribing physician on behalf of the SDL MA.

The SDL Case Manager will approve payment of opioid medication for a further four weeks to allow time for the worker to send back a signed copy of the *Worker Opioid/Narcotic Agreement* and for the prescribing physician to provide a completed *Physician Request for Opioid/Narcotic Funding Extension* form.

Where the *Physician Request for Opioid/Narcotic Funding Extension* form is completed by the prescribing physician, the SDL Case Manager will refer the claim to the SDL MA. In the referral, the Case Manager should identify relevant information for the MA, including the content of recent conversations with the worker, any return to work arrangements, and any indications that the worker may not be a suitable candidate for opioids.

Possible concerns that the worker may not be a suitable candidate for opioids include the following:

- the worker has a history of significant psychological conditions,
- the worker has a history of alcohol or other substance abuse,

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- the worker is using benzodiazepines concurrently,
- the worker is focused on opioid medication for controlling pain, and
- the worker displays behaviour which could be interpreted as drug-seeking, such as early refill of prescriptions, prescriptions from multiple physicians or use of multiple pharmacies (i.e. “addiction behaviour”).

The SDL MA reviews the claim to determine the reason for the prescription of opioids beyond the eight-week period and provides the Case Manager with an opinion as to whether special or extenuating circumstances exist to support WorkSafeBC’s ongoing payment of the medication.

As part of the claim review, and in particular when the SDL MA feels the continued use of opioids does not constitute reasonably necessary treatment, the SDL MA will call the worker’s prescribing physician to discuss WorkSafeBC’s policy on the prescription of opioids. The SDL MA may also wish to discuss the specifics of the worker’s medical condition and treatment, the possible use of therapeutic alternatives, and any indications that the worker may not be a good candidate for continuing use of opioids.

WorkSafeBC’s position is that limiting opioid use to the first eight weeks post-injury or post-surgery is appropriate in the majority of cases, and as a result, payment for opioids beyond the acute period is generally not approved.

### ***(C) Eight Weeks to Six Months***

Based on the information received from the prescribing physician and the findings of the eight week review, the SDL MA and SDL Case Manager will develop an action plan that provides a framework for adjudicating opioid entitlement in the following months. The action plan may include:

- funding an arrangement to wean the worker off opioids with a follow-up review by the SDL MA at a specified time,
- making a decision that the prescribed opioids will no longer be paid for by WorkSafeBC,
- continuing to pay for the prescribed opioids with the SDL MA conducting a follow-up review at a specified time in the future,
- working with the worker’s prescribing physician to transition the worker from short-acting opioids to long-acting opioids,
- funding different treatment or providing a referral (for example, occupational rehabilitation program, psychology consultation, pain management consultation).

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The SDL Case Manager sends a letter to the worker communicating whether or not opioids will continue to be paid on the claim and the details of the action plan. The letter will reference RSCM Policy item #77.30 and explain that WorkSafeBC limits payment for opioids to the first eight weeks post-injury or post-surgery unless it feels there are special or extenuating circumstances to justify extending that timeframe.<sup>7</sup>

It is important for the SDL Case Manager and SDL MA to thoroughly monitor incoming medical reports and discuss any complications that arise with the action plan.

### ***(D) Six Month Review of Opioid Use***

Where a worker continues to be prescribed opioids six months post-injury or post-surgery, the SDL Case Manager will arrange for a drug review to be completed on the claim. The drug review summarizes the medications prescribed to the worker. When the drug review is on file, the SDL Case Manager arranges for the amount of opioids prescribed to the worker to be converted into a morphine equivalent. The morphine equivalent amount provides an administrative threshold for determining who adjudicates further entitlement to opioids.

#### ***Claim Below the 120 mg/day Threshold***

Where the worker's morphine equivalent is less than 120 mg/day, adjudication of further opioid entitlement remains with the SDL Case Manager and SDL MA. The SDL Case Manager will make and communicate any decisions regarding coverage of opioid medications under the worker's claim. The Opioid Team<sup>1</sup> is available to the SDL Case Manager and SDL MA in an advisory capacity. In order to receive such assistance, the SDL Case Manager or SDL MA refers the claim to the Opioid Team.

#### ***Claims Above the 120 mg/day Threshold***

Where the worker's morphine equivalent is 120 mg/day or more, the SDL Case Manager will refer the claim to the Opioid Team. The Opioid Team then both develops and implements an action plan for adjudicating further entitlement to opioids. Management of claims issues unrelated to the worker's entitlement to opioids remains with the SDL Case Manager.

As part of the six month review for claims above the threshold, the Opioid Case Manager will identify any claims information relevant to the ongoing prescription of opioids. This information may come from various sources including:

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<sup>1</sup> The Opioid Team is comprised of a Case Manager, MA, and Pharmacy Advisor. A Client Services Manager may also attend the Opioid Team's six month review team meeting.

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- a review of prior claims of the worker (particularly those for which the worker has received a permanent disability award) including drug reviews completed on those claims,
- consultation reports on the current claim and relevant prior claims, and
- conversations with the worker.

The Opioid MA will call the prescribing physician to discuss WorkSafeBC's policy on the prescription of opioids, the possible use of alternative medication, and available treatment programs. The Opioid MA may also arrange for an assessment of the worker by a pain or addiction specialist.

The Opioid Case Manager will make and communicate to the worker any decisions regarding the worker's entitlement to opioids following the six month review and the details of the action plan.

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**CROSS REFERENCES:**

N/A

**HISTORY:**

This Practice Directive was developed to provide guidance on RSCM policy item #77.30, *The Prescription of Narcotics and Other Drugs of Addiction*. It was amended February 13, 2009 to reflect new guidelines for dose conversion for Fentanyl patches.

**APPLICATION:**

The adjudicative guidelines are relevant to all decisions made on and after October 9, 2008.

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<sup>1</sup> See Appendix "A" for a list of commonly prescribed opioids to which this Practice Directive applies.

<sup>2</sup> Franklin GM, Mai J, Wickizer T, Turner JA, Fulton-Kehoe D, Grant L. Opioid dosing trends and mortality in Washington State workers' compensation 1996 – 2002. *American Journal of Industrial Medicine*. 2005;48:91-99.

US Centre for Disease Control and Prevention. Increase in poisoning deaths caused by non-illicit drugs. Utah 1991-2003. *MMWR*. 2005;54:33-36. Paulozzi LJ, Budnitz DS, Xi Y. Increasing deaths from opioid analgesics in the United States. *Pharmacoepidemiology and Drug Safety*. 2006 Sep;15(9):618-27.

<sup>3</sup> White JM. Pleasure into pain: the consequences of long-term opioid use. *Addictive Behaviors*. 2004;29:1311-1324. Mao J. Opioid-induced abnormal pain sensitivity: implications in clinical opioid therapy. *Pain*. 2002;10:213-17. Ossipov MH, Lai J, King T, Vanderah TW, Porreca F. Underlying mechanism of pronociceptive consequences of prolonged morphine exposure. *Biopolymers* 2005;80(2-3):319-24. King T, Ossipov MH, Vanderah TW, Porr F. Is paradoxical pain induced by sustained opioid exposure an underlying mechanism of opioid antinociceptive tolerance? *Neurosignals* 2005;14(4):194-205.

<sup>4</sup> Service Delivery Location

<sup>5</sup> *Worker Opioid Letter 8 Weeks (D0752)*

<sup>6</sup> *Physician Opioid Letter 8 Weeks (D0751)*

<sup>7</sup> Template decision letters are available (D0753, D0754).

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### Appendix "A"

## OPIOID ANALGESICS

Drug Names	DIN	Oral Morphine Equivalent Dose
<b>CODEINE MONOHYDRATE-CODEINE SULFATE TRIHYDRATE</b>		
	<b>DIN</b>	
CODEINE CONTIN 100MG CONTROLLED RELEASE TAB	02163748	15mg
CODEINE CONTIN 150MG CONTROLLED RELEASE TAB	02163780	22.5mg
CODEINE CONTIN 200MG CONTROLLED RELEASE TAB	02163799	30mg
<b>CODEINE PHOSPHATE</b>		
	<b>DIN</b>	
<b>CODEINE PHOSPHATE 15mg +Butalbital +ASA +Caffeine</b>		<b>2.25mg</b>
FIORINAL C1/4 CAP 50MG	00176192	
RATIO-TECNAL C1/4 50MG (CAP)	00608203	
TRIANAL - C 1/4	01971395	
<b>Codeine Phosphate 30mg +Butalbital +ASA +Caffeine</b>		<b>4.5mg</b>
FIORINAL C1/2 CAP 50MG	00176206	
RATIO-TECNAL C1/2 50MG (CAP)	00608181	
TRIANAL-C 1/2 CAPSULE 50MG	01971387	
<b>CODEINE PHOSPHATE 60mg +Acetamenophene</b>		<b>9mg</b>
ACET CODEINE 60 TAB 60MG	01999656	
PHL-ACET-CODEINE 60 (TAB) 60MG	02254263	
RATIO-LENOLTEC NO 4 60MG (TAB)	00621463	
TYLENOL WITH CODEINE NO 4 TAB 60MG	02163918	
<b>CODEINE PHOSPHATE INJECTION 30MG/ML</b>		<b>7.5mg/mL</b>
CODEINE PHOSPHATE INJ 30MG/ML (SOL/IM/SC)	00497282	
CODEINE PHOSPHATE INJECTION USP 30MG/ML (LIQ/IM/SC)	00544884	
<b>CODEINE PHOSPHATE INJECTION 60mg/ml IM/SC</b>		<b>15mg/mL</b>
CODEINE PHOSPHATE INJ 60MG/ML (SOL/IM/SC)	00497290	
<b>BUPRENORPHINE HYDROCHLORIDE + NALOXONE HYDROCHLORIDE DIHYDRATE</b>		
	<b>DIN</b>	<b>Not available</b>
<b>BUPRENORPHINE HYDROCHLORIDE 2 MG + NALOXONE 0.5 MG</b>		
SUBOXONE 2MG	02295695	
<b>BUPRENORPHINE HYDROCHLORIDE 8 MG + NALOXONE 2 MG</b>		
SUBOXONE 8MG	02295709	
<b>BUTORPHANOL</b>		
	<b>DIN</b>	
<b>BUTORPHANOL 10mg/ml INTRANASAL SPRAY</b>		<b>Not available</b>
APO-BUTORPHANOL 10MG/ML (LIQ/INTRANASAL)	02242504	

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PMS-BUTORPHANOL 10MG/ML (SPRAY/INTRANASAL) 02244508

DEXTROPROPOXYPHENE	DIN	
<b>DEXTROPROPOXYPHENE HYDROCHLORIDE 65mg</b>		<b>19.5mg</b>
642 TAB 65MG	00010081	
692 TABLET 65MG	02234509	
<b>DEXTROPROPOXYPHENE NAPSYLATE 100mg</b>		<b>19.5mg</b>
DARVON N 100MG (CAP)	00261432	
FENTANYL/SUFENTANIL/ALFENTANIL	DIN	
<b>ALFENTANIL INJECTION 500mcg/ml</b>		<b>30mg/mL</b>
ALFENTA INJ 500µG/ML (SOL/IV)	00755818	
ALFENTANIL INJ USP 500µG/ML (SOL/IV)	02248181	
<b>FENTANYL INJECTION 50 mcg/ml</b>		<b>10mg/mL</b>
FENTANYL CITRATE INJ USP LIQ IV IM EPD 50µG/ML (SOL/EPD/IM/IV)	02126648	
FENTANYL CITRATE INJECTION USP 50µG/ML (LIQ/EPD/IM/IV)	02240434	
FENTANYL CITRATE INJECTION 50µG/ML (SOL/EPD/IM/IV)	00888346	
SUBLIMAZE INJ 50µG/ML (LIQ/EPD/IM/IV)	00751251	
<b>FENTANYL INJECTION 50 mcg/ml +DROPERIDOL</b>		<b>10mg/mL</b>
INNOVAR INJ 0.05MG/ML (LIQ/IM/IV)	00554243	
<b>SUFENTANIL 50 mcg/ml</b>		<b>60mg/mL</b>
SUFENTA INJ 50µG/ML (LIQ/EPD/IV)	01951319	
SUFENTANIL CITRATE INJECTION USP 50µG/ML (SOL/EPD/IV)	02244147	
<b>FENTANYL PATCHES</b>		<b>50mg per day</b>
DURAGESIC 12 1.25MG	02280345	
<b>FENTANYL PATCHES</b>		<b>100mg per day</b>
DURAGESIC 25 2.5MG/SRD	01937383	
RAN-FENTANYL TRANSDERMAL SYSTEM 2.5MG (25µG/hour)	02249391	
RATIO-FENTANYL 25 µG (25µG/hour)	02282941	
<b>FENTANYL PATCHES</b>		<b>200mg per day</b>
DURAGESIC 50 5MG/SRD	01937391	
RAN-FENTANYL TRANSDERMAL SYSTEM 5MG (50µG/hour)	02249413	
RATIO-FENTANYL 50 µG (50µG/hour)	02282968	
<b>FENTANYL PATCHES</b>		<b>300mg per day</b>
DURAGESIC 75 7.5MG/SRD	01937405	
RAN-FENTANYL TRANSDERMAL SYSTEM 7.5MG (75µG/hour)	02249421	
RATIO-FENTANYL 75 µG (75µG/hour)	02282976	

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<b>FENTANYL PATCHES</b>		<b>400mg per day</b>
DURAGESIC 100 10MG/SRD	01937413	
RAN-FENTANYL TRANSDERMAL SYSTEM 10MG (100µG/hour)	02249448	
RATIO-FENTANYL 100 µG (100µG/hour)	02282984	

HYDROMORPHONE	DIN	
<b>HYDROMORPHONE SYRUP 1mg/ml</b>		<b>4mg/mL</b>
DILAUDID PO LIQUID 1MG/ML	00786535	
PMS-HYDROMORPHONE 1MG/ML (SYRUP)	01916386	
<b>HYDROMORPHONE SUPPOSITORIE 3mg</b>		<b>45mg</b>
HYDROMORPHONE HYDROCHLORIDE SUP 3MG	01979914	
PMS-HYDROMORPHONE SUPPOSITORIE 3MG	01916394	
DILAUDID SUP 3MG	00125105	
<b>HYDROMORPHONE 1mg TAB (Me 3.2mg)</b>		<b>4mg</b>
DILAUDID TAB 1MG	00705438	
PHL-HYDROMORPHONE TAB 1MG	02192101	
PMS-HYDROMORPHONE TAB 1MG	00885444	
<b>HYDROMORPHONE 2 mg TAB (Me 6.4 mg)</b>		<b>8mg</b>
DILAUDID TAB 2MG	00125083	
HYDROMORPH IR 2MG	02245703	
PHL-HYDROMORPHONE TAB 2MG	02249928	
PMS-HYDROMORPHONE TAB 2MG	00885436	
<b>HYDROMORPHONE 4mg TAB</b>		<b>16mg</b>
DILAUDID TAB 4MG	00125121	
HYDROMORPH IR 4MG	02245704	
PHL-HYDROMORPHONE TAB 4MG	02249936	
PMS-HYDROMORPHONE TAB 4MG	00885401	
<b>HYDROMORPHONE 8mg TAB</b>		<b>32mg</b>
DILAUDID TAB 8MG	00786543	
HYDROMORPH IR 8MG	02245705	
PHL-HYDROMORPHONE TAB 8MG	02192144	
PMS-HYDROMORPHONE TAB 8MG	00885428	
<b>HYDROMORPHONE 3mg CONTROLLED RELEASE CAP</b>		<b>12mg</b>
HYDROMORPH CONTIN-CONTROLLED RELEASE CAP 3MG	02125323	
<b>HYDROMORPHONE 6mg CONTROLLED RELEASE CAP</b>		<b>24mg</b>
HYDROMORPH CONTIN-CONTOLLRED RELEASE CAP 6MG	02125331	
<b>HYDROMORPHONE 12mg CONTROLLED RELEASE CAP</b>		<b>48mg</b>
HYDROMORPH CONTIN-CONTOLLRED RELEASE CAP 12MG	02125366	
<b>HYDROMORPHONE 18mg CONTROLLED RELEASE CAP</b>		<b>72mg</b>

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HYDROMORPH CONTIN-CONTOLLRED RELEASE CAP 18MG	02243562	
<b>HYDROMORPHONE 24mg CONTROLLED RELEASE CAP</b>		<b>96mg</b>
HYDROMORPH CONTIN-CONTOLLRED RELEASE CAP 24MG	02125382	
<b>HYDROMORPHONE 30mg CONTROLLED RELEASE CAP</b>		<b>120mg</b>
HYDROMORPH CONTIN-CONTOLLRED RELEASE CAP 30MG	02125390	
<b>HYDROMORPHONE 2mg/ml IM/IV/SC</b>		<b>30mg/mL</b>
DILUADID INJ 2MG/ML (IM/IV/SC)	00627100	
HYDROMORPHONE HYDROCHLORIDE INJECTION USP 2MG/ML (SOL/IM/IV/SC)	02145901	
<b>HYDROMORPHONE 10mg/ml IM/IV/SC</b>		<b>150mg/mL</b>
DILAUDID HP INJ 10MG/ML (LIQ/IM/SC)	00622133	
HYDROMORPHONE HP 10MG/ML (SOL/IM/IV/SC)	02145928	
<b>HYDROMORPHONE 20mg/ml IM/IV/SC</b>		<b>300mg/mL</b>
DILAUDID-HP-PLUS-LIQ IM IV SC 20MG/ML	02146118	
HYDROMORPHONE HP 20MG/ML (SOL/IM/IV/SC)	02145936	
<b>HYDROMORPHONE 50mg/ml IM/IV/SC</b>		<b>750mg/mL</b>
DILAUDID-XP-LIQ IM IV SC 50MG/ML	02145863	
HYDROMORPHONE HP 50MG/ML (SOL/IM/IV/SC)	02146126	
<b>HYDROMORPHONE 100mg/ml IM/IV/SC</b>		<b>1500mg/mL</b>
HYDROMORPHONE HP FORTE INJECTION 100MG/ML (SOL/IM/IV/SC)	02244797	
<b>HYDROMORPHONE 100mg/ml IM/IV/SC</b>		<b>1500mg/mL</b>
DILAUDID STERILE POWDER IM IV SC 250MG/VIAL	02085895	
<b>MEPERIDINE-PETHIDINE</b>	<b>DIN</b>	
<b>MEPERIDINE 50 mg TABS</b>		<b>5mg</b>
DEMEROL 50MG (TAB)	02138018	
<b>MEPERIDINE 10mg/ml IM/IV/SC</b>		<b>4mg/mL</b>
MEPERIDINE HCL INJECTION 10MG/ML (SOL/IM/IV/SC)	00497436	
MEPERIDINE HYDROCHLORIDE INJECTION USP 10MG/ML (SOL/IV)	00640409	
PETHIDINE INJECTION B.P. 10MG/ML (LIQ/IV)	02208148	
<b>MEPERIDINE 25mg/ml IM/IV/SC</b>		<b>10mg/mL</b>
MEPERIDINE HCL INJECTION 25MG/ML (SOL/IM/IV/SC)	00497444	
<b>MEPERIDINE 50mg/ml IM/IV/SC</b>		<b>20mg/mL</b>
DEMEROL 50MG/ML (SOL/IM/IV/SC)	02242002	
DEMEROL 50MG/ML (SOL/IM/SC)	02242003	
MEPERIDINE HCL INJECTION 50MG/ML (SOL/IM/IV/SC)	00497452	

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MEPERIDINE HYDROCHLORIDE INJECTION USP 50MG/ML (SOL/IM/IV/SC)	00725765	
<b>MEPERIDINE 75mg/ml IM/IV/SC</b>		<b>30mg/mL</b>
DEMEROL 75MG/ML (SOL/IM/IV/SC)	02242004	
MEPERIDINE HCL INJECTION 75MG/ML (SOL/IM/IV/SC)	00497460	
MEPERIDINE HYDROCHLORIDE INJECTION USP 75MG/ML (SOL/IM/IV/SC)	00725757	
<b>MEPERIDINE 100mg/ml IM/IV/SC</b>		<b>40mg/mL</b>
DEMEROL 100MG/ML (SOL/IM/IV/SC)	02242005	
DEMEROL 100MG/ML (SOL/IM/SC)	02242006	
MEPERIDINE HCL INJECTION 100MG/ML (SOL/IM/IV/SC)	00497479	
MEPERIDINE HYDROCHLORIDE INJECTION USP 100MG/ML (SOL/IM/IV/SC)	00725749	

<b>METHADONE</b>	<b>DIN</b>	<b>MED varies with preps/doses</b>
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<b>METHADONE Compounded Preparations</b>		
(BC) METHADONE PAIN 25MG/ML	66124071	
(BC) METHADONE PAIN 20MG/ML	66124070	
(BC) METHADONE PAIN 10MG/ML	66124069	
(BC) METHADONE PAIN 5MG/ML	66124068	
(BC) METHADONE PAIN 2MG/ML	66124067	
(BC) METHADONE PAIN 1MG/ML	66124066	
(BC) METHADONE PAIN SUPPOSITORIES	66124065	
<b>METADOL 1mg</b>		
METADOL 1MG (TAB)	02247698	
<b>METADOL 5MG</b>		
METADOL 5MG (TAB)	02247699	
<b>METADOL 10mg</b>		
METADOL 10MG (TAB)	02247700	
<b>METADOL 25mg</b>		
METADOL 25MG (TAB)	02247701	
<b>METADOL 1mg/ml</b>		
METADOL 1MG/ML (SOL/PO)	02247694	
<b>METADOL 10mg/ml</b>		
METADOL 10MG/ML (LIQ/PO)	02241377	
<b>METADOL 10mg/ml</b>		
METADOL-D 10MG/ML (LIQ/PO)	02244290	

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MORPHINE HCL	DIN	
<b>MORPHINE HCL 1mg/ml SYRUP</b>		<b>1mg/mL</b>
DOLPO 1MG/ML (SYRUP)	00614491	
MOS SYRUP 1MG/ML	00486582	
RATIO-MORPHINE 1MG/ML (SYRUP)	00607762	
DOLORAL 1 1MG/ML (SYRUP)	00614491	
<b>MORPHINE HCL 5mg/ml SYRUP</b>		<b>5mg/mL</b>
DOLPO 5 SIROP 5MG/ML (SYRUP)	00614505	
MOS SYRUP 5MG/ML	00514217	
RATIO-MORPHINE 5MG/ML (SYRUP)	00607770	
DOLORAL 5 5MG/ML (SYRUP)	00614505	
<b>MORPHINE HCL 10mg/ml SYRUP</b>		<b>10mg/mL</b>
MOS 10 SYRUP 10MG/ML	00632503	
RATIO-MORPHINE 10MG/ML (SYRUP)	00690783	
<b>MORPHINE HCL 20mg/ml SYRUP</b>		<b>20mg/mL</b>
MOS 20 CONCENTRATE 20MG/ML (SYRUP)	00632481	
RATIO-MORPHINE 20MG/ML (SYRUP)	00690791	
<b>MORPHINE HCL 50mg/ml SYRUP</b>		<b>50mg/mL</b>
MOS 50 CONCENTRATE LIQ 50MG/ML (SYRUP)	00690236	
<b>MORPHINE HCL 10mg</b>		<b>10mg</b>
MOS 10 TAB 10MG	00690198	
<b>MORPHINE HCL 20mg</b>		<b>20mg</b>
MOS 20 TAB 20MG	00690201	
<b>MORPHINE HCL 40mg</b>		<b>40mg</b>
MOS 40 TAB 40MG	00690228	
<b>MORPHINE HCL 60mg</b>		<b>60mg</b>
MOS 60 TAB 60MG	00690244	
<b>MORPHINE HCL 10mg SUPPOSITORIES</b>		<b>30mg</b>
MOS 10 10MG (SUP)	00624268	
<b>MORPHINE HCL 20mg SUPPOSITORIES</b>		<b>60mg</b>
MOS 20 20MG (SUP)	00624276	
<b>MORPHINE HCL 30mg SUPPOSITORIES</b>		<b>90mg</b>
MOS 30 30MG (SUP)	00636681	
<b>MORPHINE HCL 30mg SUSTAINED RELEASE TABS</b>		<b>30mg</b>
MOS SR TABLETS 30MG	00776181	

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<b>MORPHINE HCL 60mg SUSTAINED RELEASE TABS</b>		<b>60mg</b>
MOS SR TABLETS 60MG	00776203	

<b>MORPHINE SULFATE</b>	<b>DIN</b>	
<b>MORPHINE SULFATE 5mg TABS</b>		<b>5mg</b>
MOS SULPHATE TAB 5MG	02009773	
MS IR TAB 5MG	02014203	
STATEX TAB 5MG	00594652	
<b>MORPHINE SULFATE 10mg TABS</b>		<b>10mg</b>
MOS SULPHATE TAB 10MG	02009765	
MS IR TAB 10MG	02014211	
STATEX TAB 10MG	00594644	
<b>MORPHINE SULFATE 20mg TABS</b>		<b>20mg</b>
MS IR TAB 20MG	02014238	
<b>MORPHINE SULFATE 25mg TABS</b>		<b>25mg</b>
MOS SULPHATE TAB 25MG	02009749	
STATEX TAB 25MG	00594636	
<b>MORPHINE SULFATE 30mg TABS</b>		<b>30mg</b>
MS IR TAB 30MG	02014254	
<b>MORPHINE SULFATE 50mg TABS</b>		<b>50mg</b>
MOS SULPHATE TAB 50MG	02009706	
STATEX TAB 50MG	00675962	
<b>MORPHINE 20 mg/ml SULFATE DROPS</b>		<b>20mg/mL</b>
STATEX DROPS 20MG/ML (PO)	00621935	
<b>MORPHINE 50 mg/ml SULFATE DROPS</b>		<b>50mg/mL</b>
STATEX DROPS 50MG/ML (PO)	00705799	
<b>MORPHINE SULFATE 1mg/ml SYRUP</b>		<b>1mg/mL</b>
STATEX SYRUP 1MG/ML	00591467	
<b>MORPHINE SULFATE 5mg/ml SYRUP</b>		<b>5mg/mL</b>
STATEX SYRUP 5MG/ML	00591475	
<b>MORPHINE SULFATE 10mg/ml SYRUP</b>		<b>10mg/mL</b>
STATEX SYRUP 10MG/ML	00647217	
<b>MORPHINE SULFATE 5mg SUPPOSITORIES</b>		<b>15mg</b>
STATEX SUPPOSITORIES 5MG	00632228	
<b>MORPHINE SULFATE 10mg SUPPOSITORIES</b>		<b>30mg</b>
STATEX SUPPOSITORIES 10MG	00632201	

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<b>MORPHINE SULFATE 20mg SUPPOSITORIES</b>		<b>60mg</b>
STATEX SUPPOSITORIES 20MG	00596965	
<b>MORPHINE SULFATE 30mg SUPPOSITORIES</b>		<b>90mg</b>
STATEX SUPPOSITORIES 30MG	00639389	
<b>MORPHINE SULFATE 10mg SUSTAINED RELEASE</b>		<b>10mg</b>
KADIAN-SRC 10MG	02242163	
M-ESLON 10 10MG (SRC)	02019930	
<b>MORPHINE SULFATE 15mg SUSTAINED RELEASE</b>		<b>15mg</b>
M-ESLON 15 15MG (SRC)	02177749	
MS CONTIN SRT 15MG	02015439	
PMS-MORPHINE SULFATE SR 15MG (TAB)	02245284	
RATIO-MORPHINE SR 15MG (TAB)	02244790	
<b>MORPHINE SULFATE 20mg SUSTAINED RELEASE</b>		<b>20mg</b>
KADIAN-SRC 20MG	02184435	
<b>MORPHINE SULFATE 30mg SUSTAINED RELEASE</b>		<b>30mg</b>
M-ESLON 30 30MG (SRC)	02019949	
MS CONTIN SRT 30MG	02014297	
PMS-MORPHINE SULFATE SR 30MG (TAB)	00245285	
RATIO-MORPHINE SR 30MG (TAB)	02244791	
<b>MORPHINE SULFATE 50mg SUSTAINED RELEASE</b>		<b>50mg</b>
KADIAN-SRC 50MG	02184443	
<b>MORPHINE SULFATE 60mg SUSTAINED RELEASE</b>		<b>60mg</b>
M-ESLON 60 60MG (SRC)	02019957	
MS CONTIN SRT 60MG	02014300	
NOVO-MORPHINE SR 60MG	02302780	
PMS-MORPHINE SULFATE SR 60MG (TAB)	02245286	
RATIO-MORPHINE SR 60MG (TAB)	02244792	
<b>MORPHINE SULFATE 100mg SUSTAINED RELEASE</b>		<b>100mg</b>
KADIAN-SRC 100MG	02184451	
M-ESLON 100 100MG (SRC)	02019965	
MS CONTIN SRT 100MG	02014319	
NOVO-MORPHINE SR 100MG	02302799	
PMS-MORPHINE SULFATE SR 100 MG	02245287	
<b>MORPHINE SULFATE 200mg SUSTAINED RELEASE</b>		<b>200mg</b>
M-ESLON 200 200MG (SRC)	02177757	
MS CONTIN SRT 200MG	02014327	
NOVO-MORPHINE SR 200MG	02302802	
PMS-MORPHINE SULFATE SR 200 MG	02245288	

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<b>MORPHINE SULFATE INJECTION 0.5mg</b>		<b>1.5mg/mL</b>
MORPHINE EPD INJECTION USP 0.5MG/ML	01949047	
MORPHINE LP EPIDURAL 0.5MG/ML (SOL/EPD/IV/SC)	02021056	
<b>MORPHINE SULFATE INJECTION 1mg</b>		<b>3mg/mL</b>
MORPHINE EPD INJECTION USP 1MG/ML	01949055	
MORPHINE LP EPIDURAL 1MG/ML (SOL/EPD/IV/SC)	02021048	
MORPHINE SULFATE INJ USP 1MG/ML (SOL/IV/SC)	01980696	
MORPHINE SULFATE INJECTION 1MG/ML (LIQ/IV/SC)	02137232	
MORPHINE SULFATE INJECTION 1MG/ML (SOL/IV)	00636908	
<b>MORPHINE SULFATE INJECTION 2mg</b>		<b>6mg/mL</b>
MORPHINE SULFATE INJECTION USP 2MG/ML (LIQ/IM/IV/SC)	02242484	
MORPHINE SULFATE INJ USP 2MG/ML (SOL/IV/SC)	01964437	
MORPHINE SULFATE INJECTION USP 2MG/ML (SOL/IM/IV/SC)	00850314	
MORPHINE SULFATE INJECTION 2MG/ML (LIQ/IV/SC)	02137240	
<b>MORPHINE SULFATE INJECTION 5mg</b>		<b>15mg/mL</b>
MORPHINE SULFATE INJECTION USP 5MG/ML (SOL/IV/PARENTERAL)	00649619	
MORPHINE SULFATE INJ USP 5MG/ML (SOL/IV/SC)	01964429	
<b>MORPHINE SULFATE INJECTION 10mg</b>		<b>30mg/mL</b>
MORPHINE SULFATE INJ USP 10MG/ML (LIQ/IM/IV/SC)	00392588	
MORPHINE SULFATE INJECTION USP 10MG/ML (SOL/IM/IV/SC)	00850322	
<b>MORPHINE SULFATE INJECTION 15mg</b>		<b>45mg/mL</b>
MORPHINE SULFATE INJ USP 15MG/ML (LIQ/IM/IV/SC)	00392561	
MORPHINE SULFATE INJECTION USP 15MG/ML (SOL/IM/IV/SC)	00850330	
<b>MORPHINE SULFATE INJECTION 25mg</b>		<b>75mg/mL</b>
MORPHINE FORTE INJECTION USP 25MG/ML (SOL/IM/IV/SC)	00869317	
MORPHINE HP 25 25MG/ML (SOL/IM/IV/SC)	00676411	
<b>MORPHINE SULFATE INJECTION 50mg</b>		<b>150mg/mL</b>
MORPHINE EXTRA FORTE INJECTION USP 50MG/ML (SOL/IM/IV/SC)	00869325	
MORPHINE HP 50 USP 50MG/ML (SOL/IM/IV/SC)	00617288	
MORPHINE SULPHATE INJECTION 50MG/ML (LIQ/IM/IV/SC)	02137267	
<b>NALBUPHINE</b>	<b>DIN</b>	
<b>NALBUPHINE 10mg/ml</b>		<b>30mg/mL</b>
NUBAIN INJECTION 10MG/ML (LIQ/IM/IV/SC)	01913980	
<b>NALBUPHINE 20mg/ml</b>		<b>60mg/mL</b>
NUBAIN INJECTION 20MG/ML (LIQ/IM/IV/SC)	01913972	

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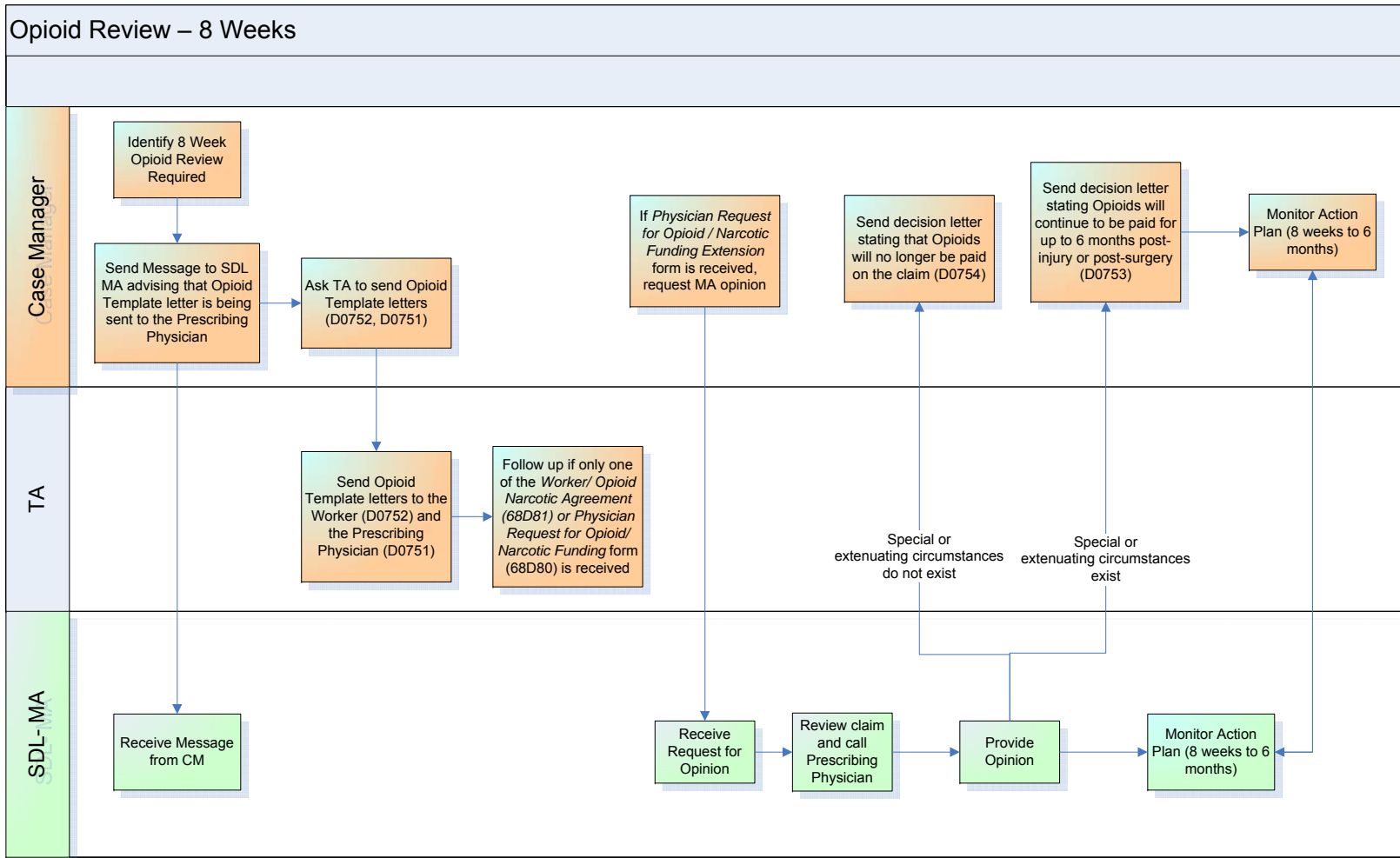
<b>OXYCODONE</b>	<b>DIN</b>	
<b>OXYCODONE 2.5mg TAB</b>		<b>3.75mg</b>
PERCOCET DEMI 2.5MG (TAB)	01916491	
<b>OXYCODONE 5mg TAB</b>		<b>7.5mg</b>
ENDOCET 5MG (TAB)	01916548	
ENDODAN 5MG (TAB)	01916483	
NOVO-OXYCODONE 5MG	02307898	
OXY IR 5MG (TAB)	02231934	
PERCOCET 5MG (TAB)	01916475	
PERCODAN 5MG (TAB)	01916572	
PMS-OXYCODONE-ACETAMINOPHEN 5MG (TAB)	02245758	
RATIO-OXYCOCET 5MG (TAB)	00608165	
RATIO-OXYCODAN 5MG (TAB)	00608157	
RIVACOCET 5MG (TAB)	02242468	
SUPEUDOL 5MG (TAB)	00789739	
<b>OXYCODONE 10mg TAB</b>		<b>15mg</b>
OXY IR 10MG (TAB)	02240131	
SUPEUDOL 10MG (TAB)	00443948	
<b>OXYCODONE 20mg TAB</b>		<b>30mg</b>
OXY IR 20MG (TAB)	02240132	
SUPEUDOL 20MG (TAB)	02262983	
<b>OXYCODONE 10mg SUPPOSITORIES</b>		<b>20mg</b>
SUPEUDOL SUP 10MG	00392480	
<b>OXYCODONE 20mg SUPPOSITORIES</b>		<b>40mg</b>
SUPEUDOL SUP 20MG	00392472	
<b>OXYCODONE 5mg SUSTAINED RELEASE TABS</b>		<b>7.5mg</b>
OXYCONTIN 5MG (SRT)	02258129	
<b>OXYCODONE 10mg SUSTAINED RELEASE TABS</b>		<b>15mg</b>
OXYCONTIN 10MG (SRT)	02202441	
<b>OXYCODONE 20mg SUSTAINED RELEASE TABS</b>		<b>30mg</b>
OXYCONTIN 20MG (SRT)	02202468	
<b>OXYCODONE 40mg SUSTAINED RELEASE TABS</b>		<b>60mg</b>
OXYCONTIN 40MG (SRT)	02202476	
<b>OXYCODONE 80mg SUSTAINED RELEASE TABS</b>		<b>120mg</b>
OXYCONTIN 80MG (SRT)	02202484	
<b>PENTAZOCINE</b>	<b>DIN</b>	
<b>PENTAZOCINE 50mg TAB</b>		<b>8.3mg</b>

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TALWIN 50MG (TAB)	02137984	
<b>PENTAZOCINE 30mg (SOL/IM/IV/SC)</b>		<b>15mg</b>
TALWIN 30MG/ML (SOL/IM/IV/SC)	02241976	
<b>TRAMADOL</b>	<b>DIN</b>	<b>Precise MED not established</b>
TRAMACET - TRAMADOL HYDROCHLORIDE 37.5 MG and ACETAMINOPHEN 325 MG	02264846	<b>11.25mg</b>
<b>TRAMADOL 100 MG (Me 10MG)</b>		<b>30mg</b>
RALIVIA 100MG	02299194	
TRIDURAL 100MG	02296381	
<b>TRAMADOL 150 MG (Me 15MG)</b>		<b>45mg</b>
ZYTRAM XL 150MG	02286424	
<b>TRAMADOL 200 MG (Me 20MG)</b>		<b>60mg</b>
RALIVIA 200MG	02299208	
TRIDURAL 200MG	02296403	
ZYTRAM XL 200MG	02286432	
<b>TRAMADOL 300 MG (Me 30MG)</b>		<b>90mg</b>
RALIVIA 300MG	02299216	
TRIDURAL 300MG	02296411	
ZYTRAM XL 300MG	02286440	
<b>TRAMADOL 400 MG (Me 40MG)</b>		<b>120mg</b>
ZYTRAM XL 400MG	02286459	

**This table should not be used to determine doses when converting a patient from one opioid to another.  
 Morphine equivalent doses are only approximations.  
 Morphine equivalent doses do not account for genetic factors, incomplete cross-tolerance, pharmacokinetics.**

## Compensation Practice & Quality Department Appendix “B”



RSMC Policy Item #77.30, *The Prescription of Narcotics and Other Drugs of Addiction*, indicates that WorkSafeBC will generally only pay for opioids during the first eight weeks post-injury or post-surgery. An exception can be made where there are “special or extenuating circumstances” that confirm that the use of opioids beyond this acute period is reasonably necessary treatment.

## Compensation Practice & Quality Department Appendix "B"

