

PRACTICE DIRECTIVE #C10-1

TOPIC: **Claims with Opioids, Sedative-Hypnotics or Other Drugs of Addiction Prescribed**

ISSUE DATE: **October 9, 2008**
(Amended February 18, 2011, July 12, 2011 and May 16, 2012)

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 or sedative-hypnotic.¹

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, sedative-hypnotics and other drugs of addiction for injured workers. WorkSafeBC’s responsibility for payment of prescribed opioids and other drugs of addiction is generally limited to a period of up to eight weeks post-injury or post-surgery, but in certain exceptional circumstances WorkSafeBC pays for opioids or other drugs of addiction beyond this acute period. To extend approval beyond the eight-week period, the policy requires claims staff to seek input from a WorkSafeBC Medical Advisor who in turn discusses the worker’s entitlement to opioid treatment with the worker’s prescribing physician.

Adjudicative Guidelines

(A) *Adjudicating Entitlement to Opioids and Sedative-Hypnotics*

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 death² and abnormal (heightened) pain

sensitivity. In addition, long-term use of opioids may not improve the physical function or pain management of patients.³ 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 claims staff seeking input from WorkSafeBC clinical staff, as well as the worker's prescribing physician, in order to determine what treatment will be authorized by WorkSafeBC.

Sedative-hypnotics are generally prescribed for patients with sleep disturbances. There may be other circumstances where sedative-hypnotics are indicated so if a Claim Owner is unsure whether the prescription relates to conditions accepted on the claim, he or she should consult the SDL Medical Advisor. There is no evidence available on the efficacy or effectiveness of benzodiazepines in treating musculoskeletal chronic pain.⁴ In addition, no evidence-based clinical practice guidelines from national or international major pain organizations recommend the use of benzodiazepines to treat pain.⁵ Where an injured worker is having difficulty sleeping due to pain associated with his or her compensable injuries, sedative-hypnotic medication may be paid under the claim for a very short period of time (up to two weeks post-injury or post-surgery). However, WorkSafeBC does not pay for sedative-hypnotics to treat sleep disturbances on a longer-term basis. Instead WorkSafeBC funds health care treatments that focus on addressing the worker's underlying pain issues and compensable injuries.

(B) Review of Sedative-Hypnotics Use at Two Weeks

WorkSafeBC will pay for sedative-hypnotic prescriptions filled within two weeks of injury or surgery.

Beyond the two-week period, sedative-hypnotics will only be paid by WorkSafeBC if one of the following exceptions applies.

1. Compensable psychological condition under care of a psychiatrist

Sedative-hypnotics are sometimes prescribed for treatment of certain psychological conditions or mental disorders (eg. PTSD). Where the sedative-hypnotic medication is prescribed to treat a compensable psychological condition or mental disorder, and the worker is under the active care of a psychiatrist, the medication may be covered by WorkSafeBC beyond the two-week period.

Active treatment by a psychiatrist requires, at a minimum, an annual medication review by a psychiatrist.⁶

2. Pre-operative or pre-procedure

Workers who have anxiety related to an upcoming surgery or procedure (eg. MRI), may be prescribed a one or two day supply of sedative-hypnotic medication. Where the operation or procedure is compensable, WorkSafeBC will pay for the short-term supply of sedative-hypnotics.

3. Spinal cord injuries

Sedative-hypnotics prescribed to treat spasticity associated with significant compensable spinal cord injuries may be paid by WorkSafeBC.

(C) Management of Sedative-Hypnotics beyond Two-Week Period

Where sedative-hypnotics are prescribed beyond the two-week period, a Payment Officer refers the claim to the PBM Medical Advisor for review. The PBM Medical Advisor reviews the claim circumstances and speaks with the prescribing physician if necessary to determine if one of the exceptions noted above applies. If the PBM Medical Advisor determines the circumstances fall under one of the exceptions noted above, payment beyond the two-week period can be authorized and the PBM Medical Advisor develops an action plan for medical oversight of sedative-hypnotics. The action plan can extend for up to six months, at which time the SDL Medical Advisor will review the claim. Where one of the exceptions is met, the Payment Officer will update the service plan in accordance with the directions or action plan provided by the PBM Medical Advisor.

For example, if the sedative-hypnotics were prescribed for the day of the worker's surgery, the medication is payable under exception #2 and the Payment Officer adds it to the claim's service plan for that one-day only. If the PBM Medical Advisor recommends sedative-hypnotics be paid under the claim as treatment for ongoing PTSD, and the action plan is for the SDL Medical Advisor to review the issue again in six month's time, the medication is added to the service plan for a six-month period.

Management of Sedative-Hypnotics More than Six Months Post-Injury or Post-Surgery

Requests for payment of sedative-hypnotic medications first prescribed more than six months after the date of injury/date of surgery, are managed by the Claim Owner, in consultation with the SDL Medical Advisor. Where a prescription for sedative-hypnotics is initiated more than six months post-injury or post-surgery it is often an indication that the worker has a new medical condition, and the Claim Owner will need to adjudicate the compensability of that new condition, as well as whether or not the sedative-hypnotics will be paid under the claim.

Similarly, requests for coverage extensions of sedative-hypnotics more than six months post-injury or post-surgery are managed by the Claim Owner, with input from the SDL Medical Advisor.

(D) 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.

The Pharmacy Benefit Management (“PBM”) Team⁷ identifies claims where a worker continues to be prescribed opioids beyond the eight-week period through contact from either the worker or the pharmacy or by a task from the Claim Owner.

Where opioids continue to be prescribed after the eight-week period, the PBM Team will send the worker the *Worker Opioid/Narcotic Agreement* (68D81) and the accompanying template letter (D0752). The PBM Team also sends the *Physician Response on Opioid Funding Extension Request* form (68D80) and template letter (D0751) to the prescribing physician on behalf of the PBM Medical Advisor.

The PBM Team extends payment of opioid medication for a further four weeks to allow time for the worker to send back signed copies of the forms and for WorkSafeBC to complete its review.

If only the *Worker Opioid/Narcotic Agreement* is returned, the Case Manager calls the worker and explains payment of opioid treatment will not be extended because special or extenuating circumstances have not been established by the evidence. If only the *Physician Response on Opioid Funding Extension Request* form is returned (and it supports ongoing opioid treatment), the Case Manager calls the worker and explains that payment of opioid treatment will not be extended unless the worker sends in a signed copy of the *Worker Opioid/Narcotic Agreement*.

Where the *Physician Response on Opioid Funding Extension Request* form is completed by the prescribing physician (recommending continued opioid treatment) and the worker has returned a signed copy of the *Worker Opioid/Narcotic Agreement*, the claim is referred to the PBM Team Medical Advisor by one of the Payment Officers in the PBM Team.⁸ The PBM Medical Advisor reviews relevant claims information (eg. recent conversations with the worker, return to work arrangements, any indications the worker may not be a suitable candidate for opioids) and contacts the Claim Owner to discuss where necessary.

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 or mental disorders,
- the worker has a history of alcohol or other substance abuse,
- the worker is using sedative-hypnotics 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 PBM Medical Advisor reviews the claim to determine the reason for the prescription of opioids beyond the eight-week period and provides 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 PBM Medical Advisor feels the continued use of opioids does not constitute reasonably necessary treatment, the PBM Medical Advisor will call the worker’s prescribing physician to discuss WorkSafeBC’s policy on the payment of opioids. The PBM Medical Advisor 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 continued prescription 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.

(E) Eight Weeks to Six Months

Based on the information received from the prescribing physician and the findings of the eight week review, the PBM Medical Advisor will develop an action plan that provides a framework for adjudicating opioid entitlement in the following months. Where necessary, the PBM Medical Advisor involves the SDL⁹ Case Manager in the development of the action plan, which may include:

- funding an arrangement to wean the worker off opioids with a follow-up review by the PBM Medical Advisor 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 PBM Medical Advisor 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, and/or

- funding different treatment or providing a referral (for example, occupational rehabilitation program, psychology consultation, pain management consultation).

Depending on the action plan developed, the Claim Owner may choose to send a letter to the worker confirming details of the action plan. Where opioids will no longer be paid for by WorkSafeBC, the Claim Owner sends a decision letter to the worker explaining that decision. The Claim Owner may also wish to 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. It is important for the SDL Case Manager and SDL Medical Advisor to thoroughly monitor incoming medical reports and to discuss with the PBM Medical Advisor, any complications that arise with the action plan.

In cases where the PBM Medical Advisor's opinion does not support payment of further opioid treatment, the matter is referred to the SDL Case Manager for consideration. The SDL Case Manager communicates his or her decision in a letter to the worker, documenting the evidence relied on in making the decision.¹⁰

(F) Six Month Review of Opioid Use & Subsequent Annual Reviews

Where a worker continues to be prescribed opioids six months post-injury or post-surgery, the Medication Review Team¹¹ will complete a drug review on the claim, summarizing the medications prescribed to the worker. The Medication Review Team will also convert the amount of opioids prescribed to the worker 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 is completed by the SDL Case Manager. The SDL Case Manager will request an opinion from the SDL Medical Advisor prior to adjudicating an extension of the worker's opioid entitlement. The SDL Case Manager will make and communicate any decisions regarding coverage of opioid medications under the worker's claim. The Medication Review Team is available to the SDL Case Manager and SDL Medical Advisor in an advisory capacity. In order to receive such assistance, the SDL Case Manager or SDL Medical Advisor refers the claim to the Medication Review Team. On claims where opioid treatment is approved beyond 6 months, further opioid entitlement will be reviewed on an annual basis.

Claims Above the 120 mg/day Threshold

Where the worker's morphine equivalent is 120 mg/day or more, adjudication and management of the opioid entitlement is completed by the Medication Review Team. The Medication Review 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 Medication Review Team Case Manager will identify any claims information relevant to the ongoing prescription of opioids. This information may come from various sources including:

- 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 Medication Review Team Medical Advisor, or Medication Review Team Pharmacy Advisor, will call the prescribing physician to discuss WorkSafeBC's policy on the payment of opioids, optimal opioid use, the possible use of alternative medication, and available treatment programs. The Medical Advisor may also arrange for an assessment of the worker by a pain or addiction specialist.

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

Subsequent Annual Reviews

Where the worker is entitled to opioids beyond six months, that entitlement will be reviewed on an annual basis. The same process applies at the time of the annual review as applied at the six month review.

CROSS REFERENCES:
HISTORY:

N/A

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 18, 2009 to reflect new guidelines for dose conversion for Fentanyl patches. It was further amended on January 6, 2011 to update the roles responsible for managing opioid entitlement up to 6 months post-injury/post-surgery, and to extend application of the Practice Directive processes to sedative-hypnotics, as well as opioids. The appendices were updated on May 16, 2012 (Appendix A

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was updated to incorporate additional commonly prescribed opioids and to add Zolpidem to the list of sedative-hypnotics; Appendix B was updated to include two flowcharts regarding the Sedative-Hypnotics Review at 2 weeks and 6 months).

The adjudicative guidelines are relevant to all decisions made on and after October 9, 2008. The practice was extended to encompass sedative-hypnotics in February 2011. Further information was added to section (C) in July 2011 to provide guidance in the case of managing entitlement to sedative-hypnotics more than six months post-injury or post-surgery. Appendix A was updated on May 16, 2012.

¹ See Appendix "A" for a list of commonly prescribed opioids and hypnotic sedatives to which this Practice Directive applies.

² 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.

³ 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.

⁴ Institute for Clinical Systems Improvement. (Nov. 2009). Assessment and Management of chronic pain. 4th ed. Downloaded from http://www.icsi.org/guidelines_and_more/gl_os_prot/musculo-skeletal/pain_chronic_assessment_and_management_of_14399/pain_chronic_assessment_and_management_of_14400.html on December 28, 2010;

van Tulder MW, Touray T, Furlan AD, Solway S, Bouter LM. Muscle relaxants for non-specific low-back pain. *Cochrane Database of Systematic Reviews* 2003, Issue 4. Art. No.: CD004252. DOI: 10.1002/14651858.CD004252; and

King SA and Strain JJ. Benzodiazepine use by chronic pain patients. *Clinical Journal of Pain*. June 1990;6(2):143-147.

⁵ O'Connor AB and Dworkin RH. Treatment of neuropathic pain: an overview of recent guidelines. *American Journal of Medicine*. Oct 2009;122(10A):S22-S32.

⁶ If the annual medication review has not been completed, the PBM MA will complete a referral to a psychiatrist.

⁷ The PBM Team consists of Health Care Payment Officers, Pharmacy Advisors, and Medical Advisors.

⁸ If only one of the physician's form and the worker's signed agreement are received within the four-week period, the PBM Team sends a task to the Claim Owner to follow up with the worker.

⁹ Service Delivery Location

¹⁰ Template decision letters are available (D0753, D0754).

¹¹ The Medication Review Team is comprised of a Case Manager, MA, and Pharmacy Advisor. A Client Services Manager may also attend the Medication Review Team's six month review team meeting.

Appendix “A”

OPIOID ANALGESICS

Drug Names	DIN	Oral Morphine Equivalent Dose
BUPRENORPHINE		
BUPRENORPHINE 5MCG/HR		20mg per day
BUTRANS 5MCG/HR	02341174	
BUPRENORPHINE 10MCG/HR		40mg per day
BUTRANS 10MCG/HR	02341212	
BUPRENORPHINE 20MCG/HR		80mg per day
BUTRANS 20MCG/HR	02341220	
BUPRENORPHINE HYDROCHLORIDE + NALOXONE HYDROCHLORIDE DIHYDRATE		
	DIN	Not available
BUPRENORPHINE HYDROCHLORIDE 2 MG + NALOXONE 0.5 MG		
SUBOXONE 2MG	02295695	
BUPRENORPHINE HYDROCHLORIDE 8 MG + NALOXONE 2 MG		
SUBOXONE 8MG	02295709	
BUTORPHANOL		
	DIN	Not available
BUTORPHANOL 10mg/ml INTRANASAL SPRAY		
APO-BUTORPHANOL 10MG/ML (LIQ/INTRANASAL)	02242504	
PMS-BUTORPHANOL 10MG/ML (SPRAY/INTRANASAL)	02244508	
CODEINE MONOHYDRATE-CODEINE SULFATE TRIHYDRATE		
	DIN	
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
CODEINE PHOSPHATE		
	DIN	
CODEINE PHOSPHATE 15mg +Butalbital +ASA +Caffeine		2.25mg
FIORINAL C1/4 CAP 50MG	00176192	
RATIO-TECNAL C1/4 50MG (CAP)	00608203	
TRIANAL - C 1/4	01971395	
Codeine Phosphate 30mg +Butalbital +ASA +Caffeine		4.5mg
FIORINAL C1/2 CAP 50MG	00176206	
RATIO-TECNAL C1/2 50MG (CAP)	00608181	
TRIANAL-C 1/2 CAPSULE 50MG	01971387	
CODEINE PHOSPHATE 60mg +Acetamenophene		9mg
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	
CODEINE PHOSPHATE INJECTION 30MG/ML		7.5mg/mL
CODEINE PHOSPHATE INJ 30MG/ML (SOL/IM/SC)	00497282	
CODEINE PHOSPHATE INJECTION USP 30MG/ML (LIQ/IM/SC)	00544884	
CODEINE PHOSPHATE INJECTION 60mg/ml IM/SC		15mg/mL
CODEINE PHOSPHATE INJ 60MG/ML (SOL/IM/SC)	00497290	
DEXTROPROPOXYPHENE		
	DIN	
DEXTROPROPOXYPHENE HYDROCHLORIDE 65mg		19.5mg
642 TAB 65MG	00010081	
692 TABLET 65MG	02234509	
DEXTROPROPOXYPHENE NAPSYLATE 100mg		19.5mg
DARVON N 100MG (CAP)	00261432	
FENTANYL/SUFENTANIL/ALFENTANIL		
	DIN	
ALFENTANIL INJECTION 500mcg/ml		30mg/mL
ALFENTA INJ 500µG/ML (SOL/IV)	00755818	
ALFENTANIL INJ USP 500µG/ML (SOL/IV)	02248181	
FENTANYL INJECTION 50 mcg/ml		10mg/mL
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	
FENTANYL INJECTION 50 mcg/ml +DROPERIDOL		10mg/mL
INNOVAR INJ 0.05MG/ML (LIQ/IM/IV)	00554243	
SUFENTANIL 50 mcg/ml		60mg/mL
SUFENTA INJ 50µG/ML (LIQ/EPD/IV)	01951319	
SUFENTANIL CITRATE INJECTION USP 50µG/ML (SOL/EPD/IV)	02244147	
FENTANYL PATCHES		50mg per day
DURAGESIC 12 1.25MG	02280345	
SANDOZ FENTANYL 12MCG/HR	02327112	
RATIO-FENTANYL 12MCG/HR	02311925	
RAN-FENTANYL MATRIX 12MCG/HR	02330105	
DURAGESIC MAT 12MCG/HR (2.1MG)	02334186	
PMS-FENTANYL MTX 12MCG/HR	02341379	
PAT-FENTANYL MAT 12MCG/HR	02376768	
FENTANYL PATCHES		100mg per day
DURAGESIC 25 2.5MG/SRD	01937383	
RAN-FENTANYL TRANSDERMAL SYSTEM 2.5MG (25µG/hour)	02249391	
RATIO-FENTANYL 25 µG (25µG/hour)	02282941	

NOVO-FENTANYL 25MCG/HR	02314630	
DURAGESIC MAT 25MCG/HR (4.2MG)	02275813	
RAN-FENTANYL MATRIX 25MCG/HR	02330113	
PMS-FENTANYL MTX 25MCG/HR	02341387	
PAT-FENTANYL MAT 25MCG/HR	02376776	
SANDOZ FENTANYL 25MCG/HR	02327120	
FENTANYL PATCHES		150mg per day
SANDOZ FENTANYL 37MCG/HR	02327139	
FENTANYL PATCHES		200mg per day
DURAGESIC 50 5MG/SRD	01937391	
RAN-FENTANYL TRANSDERMAL SYSTEM 5MG (50µG/hour)	02249413	
RATIO-FENTANYL 50 µG (50µG/hour)	02282968	
NOVO-FENTANYL 50MCG/HR	02314649	
DURAGESIC MAT 50MCG/HR (8.4MG)	02275821	
RAN-FENTANYL MATRIX 50MCG/HR	02330121	
PAT-FENTANYL MAT 50MCG/HR	02376784	
PMS-FENTANYL MTX 50MCG/HR	02341395	
SANDOZ FENTANYL 50MCG/HR	02327147	
FENTANYL PATCHES		300mg per day
DURAGESIC 75 7.5MG/SRD	01937405	
RAN-FENTANYL TRANSDERMAL SYSTEM 7.5MG (75µG/hour)	02249421	
RATIO-FENTANYL 75 µG (75µG/hour)	02282976	
NOVO-FENTANYL 75MCG/HR	02314657	
DURAGESIC MAT 75MCG/HR (12.6MG)	02275848	
RAN-FENTANYL MATRIX 75MCG/HR	02330148	
PAT-FENTANYL MAT 75MCG/HR	02376792	
PMS-FENTANYL MTX 75MCG/HR	02341409	
SANDOZ FENTANYL 75MCG/HR	02327155	
FENTANYL PATCHES		400mg per day
DURAGESIC 100 10MG/SRD	01937413	
RAN-FENTANYL TRANSDERMAL SYSTEM 10MG (100µG/hour)	02249448	
RATIO-FENTANYL 100 µG (100µG/hour)	02282984	
NOVO-FENTANYL 100MCG/HR	02314665	
DURAGESIC MAT 100MCG/HR (16.8MG)	02275856	
RAN-FENTANYL MATRIX 100MCG/HR	02330156	
PAT-FENTANYL MAT 100MCG/HR	02376806	
PMS-FENTANYL MTX 100MCG/HR	02341417	
SANDOZ FENTANYL 100MCG/HR	02327163	
FENTANYL BUCCAL FILM		Not available
ONSOLIS 200MCG/UNIT FILM	02350661	
ONSOLIS 400MCG/UNIT FILM	02350688	
ONSOLIS 600MCG/UNIT FILM	02350696	
ONSOLIS 800MCG/UNIT FILM	02350718	
ONSOLIS 1200MCG/UNIT FILM	02350726	

FENTANYL SUBLINGUAL TABLETS**Not available**

ABSTRAL 100MCG TABLET SL	02364174
ABSTRAL 200MCG TABLET SL	02364182
ABSTRAL 300MCG TABLET SL	02364190
ABSTRAL 400MCG TABLET SL	02364204
ABSTRAL 600MCG TABLET SL	02364212
ABSTRAL 800MCG TABLET SL	02364220

HYDROMORPHONE**DIN****HYDROMORPHONE SYRUP 1mg/ml****4mg/mL**

DILAUDID PO LIQUID 1MG/ML	00786535
PMS-HYDROMORPHONE 1MG/ML (SYRUP)	01916386

HYDROMORPHONE SUPPOSITORIE 3mg**45mg**

HYDROMORPHONE HYDROCHLORIDE SUP 3MG	01979914
PMS-HYDROMORPHONE SUPPOSITORIE 3MG	01916394
DILAUDID SUP 3MG	00125105

HYDROMORPHONE 1mg TAB (Me 3.2mg)**4mg**

DILAUDID TAB 1MG	00705438
PHL-HYDROMORPHONE TAB 1MG	02192101
PMS-HYDROMORPHONE TAB 1MG	00885444
TEVA-HYDROMORPHONE 1MG TABLET	02319403

HYDROMORPHONE 2 mg TAB (Me 6.4 mg)**8mg**

DILAUDID TAB 2MG	00125083
HYDROMORPH IR 2MG	02245703
PHL-HYDROMORPHONE TAB 2MG	02249928
PMS-HYDROMORPHONE TAB 2MG	00885436
TEVA-HYDROMORPHONE 2MG TABLET	02319411

HYDROMORPHONE 4mg TAB**16mg**

DILAUDID TAB 4MG	00125121
HYDROMORPH IR 4MG	02245704
PHL-HYDROMORPHONE TAB 4MG	02249936
PMS-HYDROMORPHONE TAB 4MG	00885401
TEVA-HYDROMORPHONE 4MG TABLET	02319438

HYDROMORPHONE 8mg TAB**32mg**

DILAUDID TAB 8MG	00786543
HYDROMORPH IR 8MG	02245705
PHL-HYDROMORPHONE TAB 8MG	02192144
PMS-HYDROMORPHONE TAB 8MG	00885428
TEVA-HYDROMORPHONE 8MG TABLET	02319446

HYDROMORPHONE 3mg CONTROLLED RELEASE CAP**12mg**

HYDROMORPH CONTIN-CONTROLLED RELEASE CAP 3MG	02125323
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HYDROMORPHONE 4mg CONTROLLED RELEASE TABLET**16mg**

JURNISTA 4MG ER	02337266
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HYDROMORPHONE 4.5mg CONTROLLED RELEASE CAP HYDROMORPH CONTIN-CONTROLLED RELEASE CAP 4.5MG	02359502	18mg
HYDROMORPHONE 6mg CONTROLLED RELEASE CAP HYDROMORPH CONTIN-CONTROLLED RELEASE CAP 6MG	02125331	24mg
HYDROMORPHONE 8mg CONTROLLED RELEASE TABLET JURNISTA 8MG ER	02337274	32mg
HYDROMORPHONE 9mg CONTROLLED RELEASE CAP HYDROMORPH CONTIN-CONTROLLED RELEASE CAP 9MG	02359510	36mg
HYDROMORPHONE 12mg CONTROLLED RELEASE CAP HYDROMORPH CONTIN-CONTROLLED RELEASE CAP 12MG	02125366	48mg
HYDROMORPHONE 16mg CONTROLLED RELEASE TABLET JURNISTA 16MG ER	02337282	64mg
HYDROMORPHONE 18mg CONTROLLED RELEASE CAP HYDROMORPH CONTIN-CONTROLLED RELEASE CAP 18MG	02243562	72mg
HYDROMORPHONE 24mg CONTROLLED RELEASE CAP HYDROMORPH CONTIN-CONTROLLED RELEASE CAP 24MG	02125382	96mg
HYDROMORPHONE 30mg CONTROLLED RELEASE CAP HYDROMORPH CONTIN-CONTROLLED RELEASE CAP 30MG	02125390	120mg
HYDROMORPHONE 32mg CONTROLLED RELEASE TABLET JURNISTA 32MG ER	02337290	128mg
HYDROMORPHONE 2mg/ml IM/IV/SC DILAUDID INJ 2MG/ML (IM/IV/SC) HYDROMORPHONE HYDROCHLORIDE INJECTION USP 2MG/ML (SOL/IM/IV/SC)	00627100 02145901	30mg/mL
HYDROMORPHONE 10mg/ml IM/IV/SC DILAUDID HP INJ 10MG/ML (LIQ/IM/SC) HYDROMORPHONE HP 10MG/ML (SOL/IM/IV/SC) HYDROMORPHONE HCL 10MG/ML INJECTION USP	00622133 02145928 02382636	150mg/mL
HYDROMORPHONE 20mg/ml IM/IV/SC DILAUDID-HP-PLUS-LIQ IM IV SC 20MG/ML HYDROMORPHONE HP 20MG/ML (SOL/IM/IV/SC)	02146118 02145936	300mg/mL
HYDROMORPHONE 50mg/ml IM/IV/SC DILAUDID-XP-LIQ IM IV SC 50MG/ML HYDROMORPHONE HP 50MG/ML (SOL/IM/IV/SC)	02145863 02146126	750mg/mL
HYDROMORPHONE 100mg/ml IM/IV/SC HYDROMORPHONE HP FORTE INJECTION 100MG/ML (SOL/IM/IV/SC)	02244797	1500mg/mL

HYDROMORPHONE 100mg/ml IM/IV/SC DILAUDID STERILE POWDER IM IV SC 250MG/VIAL	02085895	1500mg/mL
MEPERIDINE-PETHIDINE	DIN	
MEPERIDINE 50 mg TABS DEMEROL 50MG (TAB)	02138018	5mg
MEPERIDINE 10mg/ml IM/IV/SC MEPERIDINE HCL INJECTION 10MG/ML (SOL/IM/IV/SC) MEPERIDINE HYDROCHLORIDE INJECTION USP 10MG/ML (SOL/IV) PETHIDINE INJECTION B.P. 10MG/ML (LIQ/IV)	00497436 00640409 02208148	4mg/mL
MEPERIDINE 25mg/ml IM/IV/SC MEPERIDINE HCL INJECTION 25MG/ML (SOL/IM/IV/SC)	00497444	10mg/mL
MEPERIDINE 50mg/ml IM/IV/SC DEMEROL 50MG/ML (SOL/IM/IV/SC) DEMEROL 50MG/ML (SOL/IM/SC) MEPERIDINE HCL INJECTION 50MG/ML (SOL/IM/IV/SC) MEPERIDINE HYDROCHLORIDE INJECTION USP 50MG/ML (SOL/IM/IV/SC)	02242002 02242003 00497452 00725765	20mg/mL
MEPERIDINE 75mg/ml IM/IV/SC DEMEROL 75MG/ML (SOL/IM/IV/SC) MEPERIDINE HCL INJECTION 75MG/ML (SOL/IM/IV/SC) MEPERIDINE HYDROCHLORIDE INJECTION USP 75MG/ML (SOL/IM/IV/SC)	02242004 00497460 00725757	30mg/mL
MEPERIDINE 100mg/ml IM/IV/SC DEMEROL 100MG/ML (SOL/IM/IV/SC) DEMEROL 100MG/ML (SOL/IM/SC) MEPERIDINE HCL INJECTION 100MG/ML (SOL/IM/IV/SC) MEPERIDINE HYDROCHLORIDE INJECTION USP 100MG/ML (SOL/IM/IV/SC)	02242005 02242006 00497479 00725749	40mg/mL
METHADONE	DIN	MED varies with preps/doses
METHADONE Compounded Preparations		
(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	
METADOL 1mg METADOL 1MG (TAB)	02247698	
METADOL 5MG METADOL 5MG (TAB)	02247699	

METADOL 10mg		
METADOL 10MG (TAB)		02247700
METADOL 25mg		
METADOL 25MG (TAB)		02247701
METADOL 1mg/ml		
METADOL 1MG/ML (SOL/PO)		02247694
METADOL 10mg/ml		
METADOL 10MG/ML (LIQ/PO)		02241377
METADOL 10mg/ml		
METADOL-D 10MG/ML (LIQ/PO)		02244290

MORPHINE HCL	DIN	
MORPHINE HCL 1mg/ml SYRUP		1mg/mL
MOS SYRUP 1MG/ML	00486582	
RATIO-MORPHINE 1MG/ML (SYRUP)	00607762	
DOLORAL 1 1MG/ML (SYRUP)	00614491	
MORPHINE HCL 5mg/ml SYRUP		5mg/mL
MOS SYRUP 5MG/ML	00514217	
RATIO-MORPHINE 5MG/ML (SYRUP)	00607770	
DOLORAL 5 5MG/ML (SYRUP)	00614505	
MORPHINE HCL 10mg/ml SYRUP		10mg/mL
MOS 10 SYRUP 10MG/ML	00632503	
RATIO-MORPHINE 10MG/ML (SYRUP)	00690783	
MORPHINE HCL 20mg/ml SYRUP		20mg/mL
MOS 20 CONCENTRATE 20MG/ML (SYRUP)	00632481	
RATIO-MORPHINE 20MG/ML (SYRUP)	00690791	
MORPHINE HCL 50mg/ml SYRUP		50mg/mL
MOS 50 CONCENTRATE LIQ 50MG/ML (SYRUP)	00690236	
MORPHINE HCL 10mg		10mg
MOS 10 TAB 10MG	00690198	
MORPHINE HCL 20mg		20mg
MOS 20 TAB 20MG	00690201	
MORPHINE HCL 40mg		40mg
MOS 40 TAB 40MG	00690228	
MORPHINE HCL 60mg		60mg
MOS 60 TAB 60MG	00690244	

MORPHINE HCL 10mg SUPPOSITORIES MOS 10 10MG (SUP)	00624268	30mg
MORPHINE HCL 20mg SUPPOSITORIES MOS 20 20MG (SUP)	00624276	60mg
MORPHINE HCL 30mg SUPPOSITORIES MOS 30 30MG (SUP)	00636681	90mg
MORPHINE HCL 30mg SUSTAINED RELEASE TABS MOS SR TABLETS 30MG	00776181	30mg
MORPHINE HCL 60mg SUSTAINED RELEASE TABS MOS SR TABLETS 60MG	00776203	60mg
MORPHINE SULFATE	DIN	
MORPHINE SULFATE 5mg TABS MOS SULPHATE TAB 5MG MS IR TAB 5MG STATEX TAB 5MG	02009773 02014203 00594652	5mg
MORPHINE SULFATE 10mg TABS MOS SULPHATE TAB 10MG MS IR TAB 10MG STATEX TAB 10MG	02009765 02014211 00594644	10mg
MORPHINE SULFATE 20mg TABS MS IR TAB 20MG	02014238	20mg
MORPHINE SULFATE 25mg TABS MOS SULPHATE TAB 25MG STATEX TAB 25MG	02009749 00594636	25mg
MORPHINE SULFATE 30mg TABS MS IR TAB 30MG	02014254	30mg
MORPHINE SULFATE 50mg TABS MOS SULPHATE TAB 50MG STATEX TAB 50MG	02009706 00675962	50mg
MORPHINE 20 mg/ml SULFATE DROPS STATEX DROPS 20MG/ML (PO)	00621935	20mg/mL
MORPHINE 50 mg/ml SULFATE DROPS STATEX DROPS 50MG/ML (PO)	00705799	50mg/mL
MORPHINE SULFATE 1mg/ml SYRUP STATEX SYRUP 1MG/ML	00591467	1mg/mL
MORPHINE SULFATE 5mg/ml SYRUP		5mg/mL

STATEX SYRUP 5MG/ML	00591475	
MORPHINE SULFATE 10mg/ml SYRUP		10mg/mL
STATEX SYRUP 10MG/ML	00647217	
MORPHINE SULFATE 5mg SUPPOSITORIES		15mg
STATEX SUPPOSITORIES 5MG	00632228	
MORPHINE SULFATE 10mg SUPPOSITORIES		30mg
STATEX SUPPOSITORIES 10MG	00632201	
MORPHINE SULFATE 20mg SUPPOSITORIES		60mg
STATEX SUPPOSITORIES 20MG	00596965	
MORPHINE SULFATE 30mg SUPPOSITORIES		90mg
STATEX SUPPOSITORIES 30MG	00639389	
MORPHINE SULFATE 10mg SUSTAINED RELEASE		10mg
KADIAN-SRC 10MG	02242163	
M-ESLON 10 10MG (SRC)	02019930	
MORPHINE SULFATE 15mg SUSTAINED RELEASE		15mg
M-ESLON 15 15MG (SRC)	02177749	
MS CONTIN SRT 15MG	02015439	
PMS-MORPHINE SULFATE SR 15MG (TAB)	02245284	
RATIO-MORPHINE SR 15MG (TAB)	02244790	
TEVA-MORPHINE SR 15MG	02302764	
MORPHINE SULFATE 20mg SUSTAINED RELEASE		20mg
KADIAN-SRC 20MG	02184435	
MORPHINE SULFATE 30mg SUSTAINED RELEASE		30mg
M-ESLON 30 30MG (SRC)	02019949	
MS CONTIN SRT 30MG	02014297	
PMS-MORPHINE SULFATE SR 30MG (TAB)	00245285	
RATIO-MORPHINE SR 30MG (TAB)	02244791	
TEVA-MORPHINE SR 30MG	02302772	
MORPHINE SULFATE 50mg SUSTAINED RELEASE		50mg
KADIAN-SRC 50MG	02184443	
MORPHINE SULFATE 60mg SUSTAINED RELEASE		60mg
M-ESLON 60 60MG (SRC)	02019957	
MS CONTIN SRT 60MG	02014300	
TEVA-MORPHINE SR 60MG	02302780	
PMS-MORPHINE SULFATE SR 60MG (TAB)	02245286	
RATIO-MORPHINE SR 60MG (TAB)	02244792	
MORPHINE SULFATE 100mg SUSTAINED RELEASE		100mg
KADIAN-SRC 100MG	02184451	

M-ESLON 100 100MG (SRC)	02019965	
MS CONTIN SRT 100MG	02014319	
TEVA-MORPHINE SR 100MG	02302799	
PMS-MORPHINE SULFATE SR 100 MG	02245287	
MORPHINE SULFATE 200mg SUSTAINED RELEASE		200mg
M-ESLON 200 200MG (SRC)	02177757	
MS CONTIN SRT 200MG	02014327	
TEVA-MORPHINE SR 200MG	02302802	
PMS-MORPHINE SULFATE SR 200 MG	02245288	
MORPHINE SULFATE INJECTION 0.5mg		1.5mg/mL
MORPHINE EPD INJECTION USP 0.5MG/ML	01949047	
MORPHINE LP EPIDURAL 0.5MG/ML (SOL/EPD/IV/SC)	02021056	
MORPHINE SULFATE INJECTION 1mg		3mg/mL
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	
MORPHINE SULFATE INJECTION 2mg		6mg/mL
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	
MORPHINE SULFATE INJECTION 5mg		15mg/mL
MORPHINE SULFATE INJECTION USP 5MG/ML (SOL/IV/PARENTERAL)	00649619	
MORPHINE SULFATE INJ USP 5MG/ML (SOL/IV/SC)	01964429	
MORPHINE SULFATE INJECTION 10mg		30mg/mL
MORPHINE SULFATE INJ USP 10MG/ML (LIQ/IM/IV/SC)	00392588	
MORPHINE SULFATE INJECTION USP 10MG/ML (SOL/IM/IV/SC)	00850322	
MORPHINE SULFATE INJECTION 15mg		45mg/mL
MORPHINE SULFATE INJ USP 15MG/ML (LIQ/IM/IV/SC)	00392561	
MORPHINE SULFATE INJECTION USP 15MG/ML (SOL/IM/IV/SC)	00850330	
MORPHINE SULFATE INJECTION 25mg		75mg/mL
MORPHINE FORTE INJECTION USP 25MG/ML (SOL/IM/IV/SC)	00869317	
MORPHINE HP 25 25MG/ML (SOL/IM/IV/SC)	00676411	
MORPHINE SULFATE INJECTION 50mg		150mg/mL
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	

NALBUPHINE

DIN

NALBUPHINE 10mg/ml 30mg/mL
 NUBAIN INJECTION 10MG/ML (LIQ/IM/IV/SC) 01913980

NALBUPHINE 20mg/ml 60mg/mL
 NUBAIN INJECTION 20MG/ML (LIQ/IM/IV/SC) 01913972

OXYCODONE **DIN**

OXYCODONE 2.5mg TAB 3.75mg
 PERCOCET DEMI 2.5MG (TAB) 01916491

OXYCODONE 5mg TAB 7.5mg
 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 5MG (TAB) 02319977
 SUPEUDOL 5MG (TAB) 00789739
 APO-OXYCODONE/ACET 5/325MG 02324628
 PMS-OXYCODONE-ACETAMINOPHEN 5MG (TAB) 02245758
 OXYCODONE/ACET 5/325MG 02361361
 RATIO-OXYCOCET 5MG (TAB) 00608165
 RATIO-OXYCODAN 5MG (TAB) 00608157
 RIVACOCET 5MG (TAB) 02242468
 SANDOZ-OXYCODONE-ACETAMINOPHEN 5-325MG 02307898

OXYCODONE 10mg TAB 15mg
 OXY IR 10MG (TAB) 02240131
 PMS-OXYCODONE 10MG (TAB) 02319985
 SUPEUDOL 10MG (TAB) 00443948

OXYCODONE 20mg TAB 30mg
 OXY IR 20MG (TAB) 02240132
 PMS-OXYCODONE 20MG (TAB) 02319993
 SUPEUDOL 20MG (TAB) 02262983

OXYCODONE 10mg SUPPOSITORIES 20mg
 SUPEUDOL SUP 10MG 00392480

OXYCODONE 20mg SUPPOSITORIES 40mg
 SUPEUDOL SUP 20MG 00392472

OXYCODONE 5mg SUSTAINED RELEASE TABS 7.5mg
 OXYCONTIN 5MG (SRT) 02258129

OXYCODONE 10mg SUSTAINED RELEASE TABS 15mg
 OXYCONTIN 10MG (SRT) 02202441
 OXYNEO 10MG TABLET 02372525

OXYCODONE 15mg SUSTAINED RELEASE TABS		22.5mg
OXYCONTIN 15MG (SRT)	02323192	
OXYNEO 15MG TABLET	02372533	
OXYCODONE 20mg SUSTAINED RELEASE TABS		30mg
OXYCONTIN 20MG (SRT)	02202468	
OXYNEO 20MG TABLET	02372797	
OXYCODONE 30mg SUSTAINED RELEASE TABS		45mg
OXYCONTIN 30MG (SRT)	02323206	
OXYNEO 30MG TABLET	02372541	
OXYCODONE 40mg SUSTAINED RELEASE TABS		60mg
OXYCONTIN 40MG (SRT)	02202476	
OXYNEO 40MG TABLET	02372568	
OXYCODONE 60mg SUSTAINED RELEASE TABS		90mg
OXYCONTIN 60MG (SRT)	02323214	
OXYNEO 60MG TABLET	02372576	
OXYCODONE 80mg SUSTAINED RELEASE TABS		120mg
OXYCONTIN 80MG (SRT)	02202484	
OXYNEO 80MG TABLET	02372584	
OXYCODONE/NALOXONE	DIN	
OXYCODONE 10mg/NALOXONE 5MG SUSTAINED RELEASE		15mg
TARGIN 10/5MG	02339609	
OXYCODONE 20mg/NALOXONE 20MG SUSTAINED RELEASE		30mg
TARGIN 20/10MG	02339617	
OXYCODONE 40mg/NALOXONE 20MG SUSTAINED RELEASE		60mg
TARGIN 40/20MG	02339625	
PENTAZOCINE	DIN	
PENTAZOCINE 50mg TAB		8.3mg
TALWIN 50MG (TAB)	02137984	
PENTAZOCINE 30mg (SOL/IM/IV/SC)		15mg
TALWIN 30MG/ML (SOL/IM/IV/SC)	02241976	
TAPENTADOL	DIN	Precise MED not established
TAPENTADOL 50MG IMMEDIATE RELEASE		15mg
NUCYNTA IR 50MG	02378272	
TAPENTADOL 75MG IMMEDIATE RELEASE		22.5mg
NUCYNTA IR 75MG	02378280	
TAPENTADOL 100MG IMMEDIATE RELEASE		30mg

NUCYNTA IR 100MG	02378299	
TAPENTADOL 50MG SUSTAINED RELEASE NUCYNTA CR 50MG	02360373	15mg
TAPENTADOL 100MG SUSTAINED RELEASE NUCYNTA CR 100MG	02360381	30mg
TAPENTADOL 150MG SUSTAINED RELEASE NUCYNTA CR 150MG	02360403	45mg
TAPENTADOL 200MG SUSTAINED RELEASE NUCYNTA CR 200MG	02360411	60mg
TAPENTADOL 250MG SUSTAINED RELEASE NUCYNTA CR 250MG	02360438	75mg

TRAMADOL	DIN	Precise MED not established
TRAMADOL HYDROCHLORIDE 37.5 MG and ACETAMINOPHEN 325 MG TRAMACET 37.5/325MG APO-TRAMADOL/ACET 37.5/325MG	02264846 02336790	11.25mg
TRAMADOL 50MG IMMEDIATE RELEASE ULTRAM 50MG TABLET	02349469	15mg
TRAMADOL 75MG SUSTAINED RELEASE ZYTRAM XL 75MG	02360322	22.5mg
TRAMADOL 100MG SUSTAINED RELEASE DURELA 100MG ER RALIVIA 100MG TRIDURAL 100MG	02373017 02299194 02296381	30mg
TRAMADOL 150MG SUSTAINED RELEASE ZYTRAM XL 150MG	02286424	45mg
TRAMADOL 200MG SUSTAINED RELEASE DURELA 200MG ER RALIVIA 200MG TRIDURAL 200MG ZYTRAM XL 200MG	02373025 02299208 02296403 02286432	60mg
TRAMADOL 300MG SUSTAINED RELEASE DURELA 300MG ER RALIVIA 300MG TRIDURAL 300MG ZYTRAM XL 300MG	02373033 02299216 02296411 02286440	90mg
TRAMADOL 400 MG SUSTAINED RELEASE		120mg

**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 and pharmacokinetics.**

SEDATIVE-HYPNOTICS

Alprazolam

Bromazepam

Chlordiazepoxide

Clobazam

Clonazepam

Clorazepate

Diazepam

Flurazepam

Lorazepam

Nitrazepam

Oxazepam

Temazepam

Triazolam

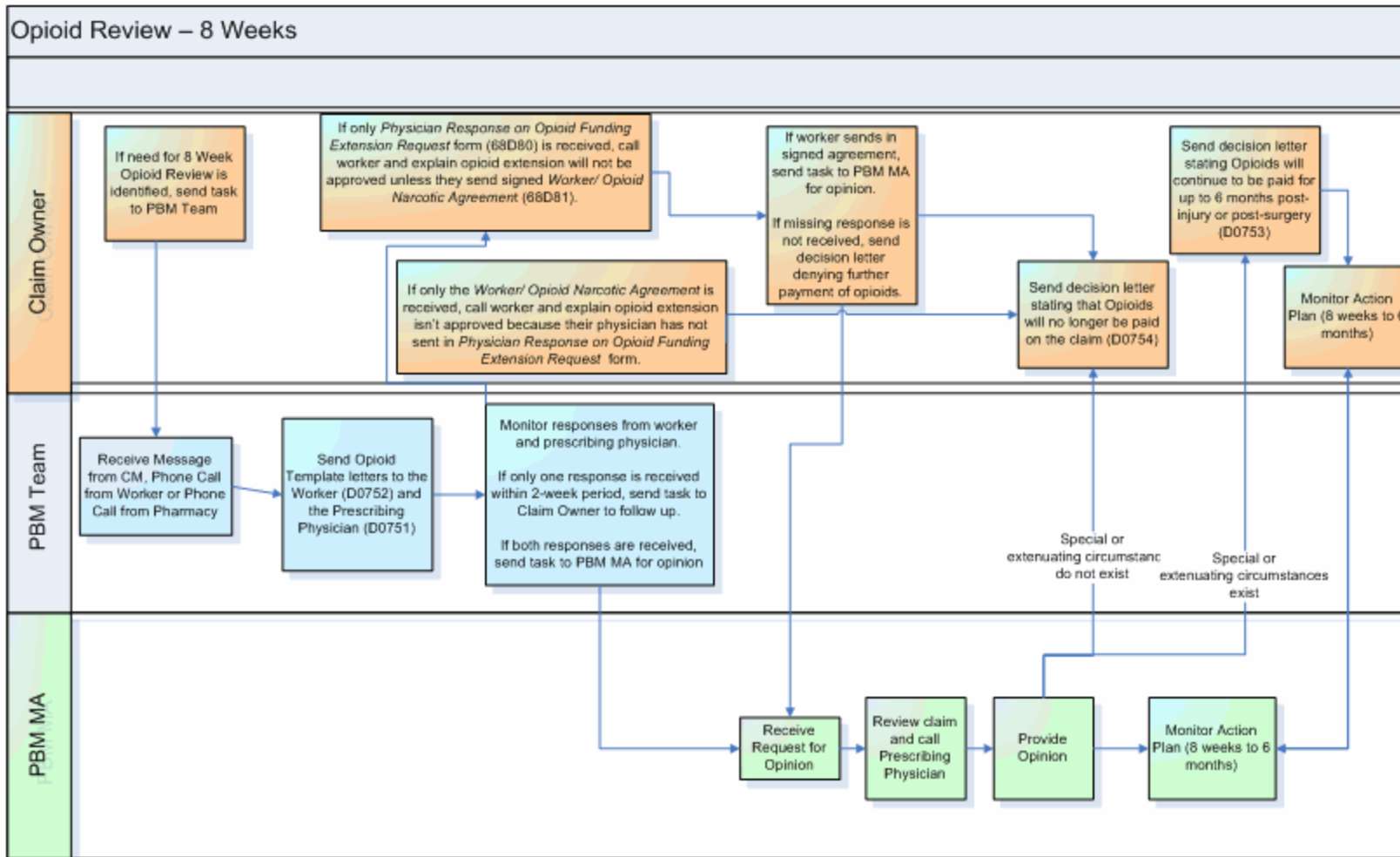
Zopiclone

Chloral Hydrate

Phenobarbital

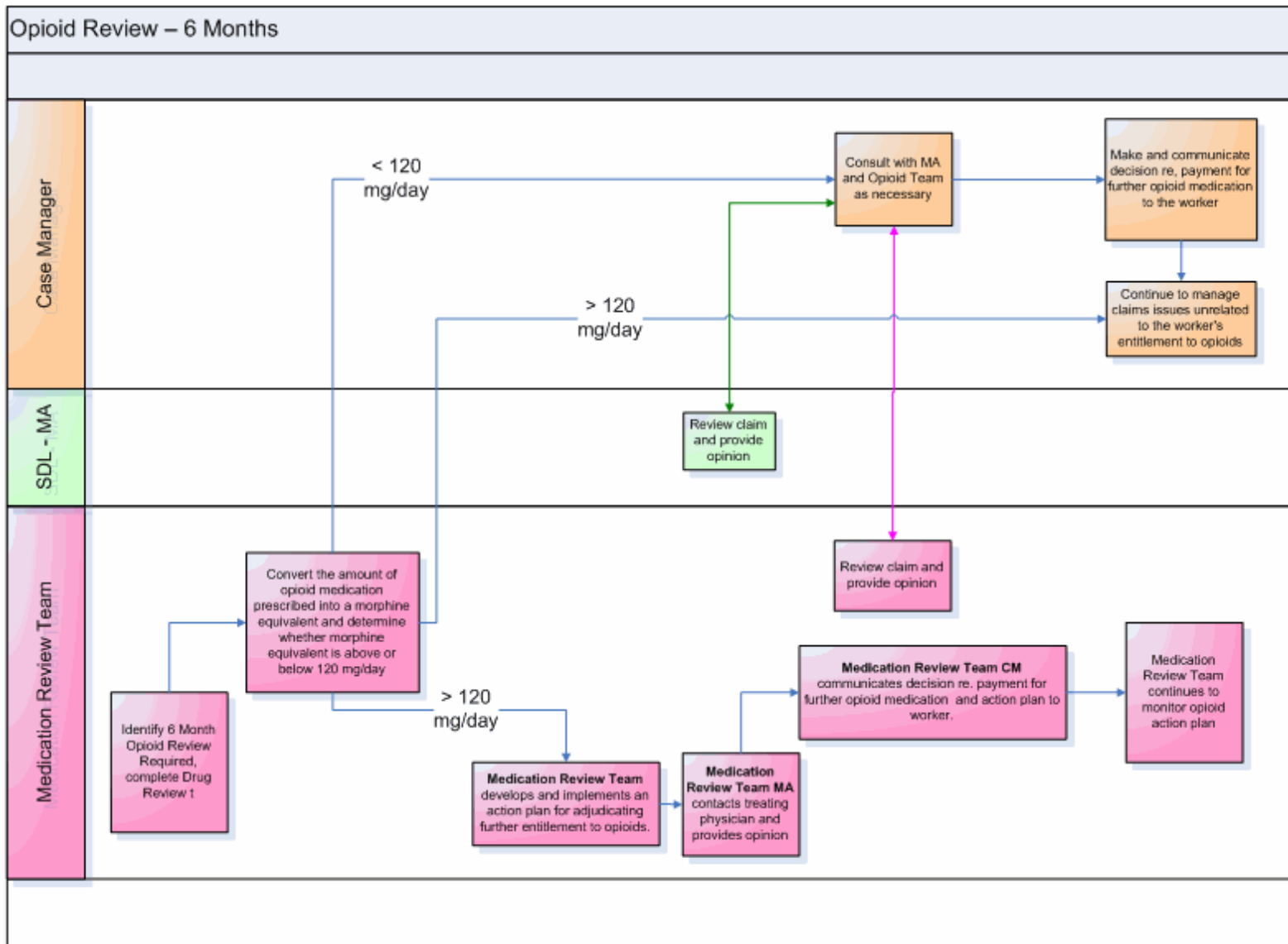
Zolpiderm

Compensation Practice & Quality Department Appendix “B”

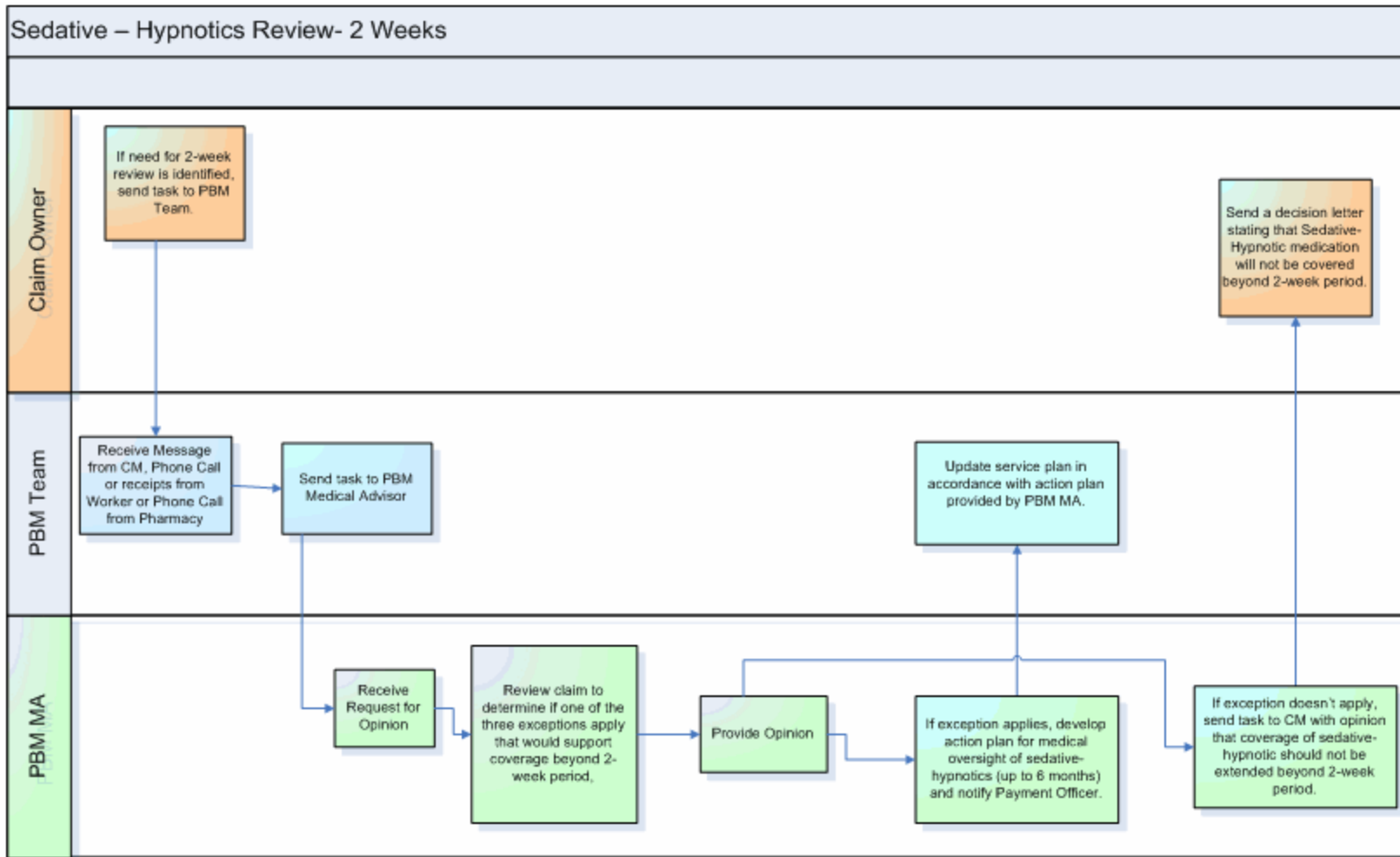


RSMC Policy Item #77.30, *The Prescription of Narcotics and Other Drugs of Addiction*, indicates that WorkSafeBC will generally only pay for opioids during the first eight weeks post-injury or post-surgery. An exception can be made where there are "special or extenuating circumstances" that confirm that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

Compensation Practice & Quality Department Appendix "B"



Compensation Practice & Quality Department Appendix “B”



Compensation Practice & Quality Department Appendix “B”

