

**PRACTICE DIRECTIVE #C10-1**

**TOPIC:** Claims with Opioids, Sedative/Hypnotics or Other Prescribed Potentially Addictive Drugs

**ISSUE DATE:** January 1, 2015  
(Amended January 27, 2017)

## Objective

The purpose of this Practice Directive is to provide guidance to WorkSafeBC Officers and Medical Advisors on the application of Policy Item C10-80.00, *Potentially Addictive Drugs*, 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/hypnotics.<sup>1</sup>

## 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 C10-80.00 provides guidance on when WorkSafeBC will cover the cost of opioids, sedative/hypnotics and other potentially addictive drugs for injured workers. WorkSafeBC's responsibility for payment of prescribed opioids is generally limited to a period of up to four weeks post-injury or post-surgery. For prescribed sedative/hypnotics, WorkSafeBC's responsibility is generally limited to a period of up to two weeks post-injury or post-surgery. In certain exceptional circumstances WorkSafeBC pays for opioids or sedative/hypnotics beyond this acute period. To extend approval of opioids beyond the four-week period, the policy requires:

- WorkSafeBC approval of a request from the worker's prescribing physician outlining details such as the treatment plan, dosage, frequency, and progress expectations, and
- a written treatment agreement completed by the worker.

Best practice treatment guidelines and other expert scientific and medical evidence are considered in the treatment and management of opioids and other potentially addictive drugs. In addition, long-term treatment plans involving the use of opioids on a periodic basis are reviewed by WorkSafeBC.

Where a worker is receiving palliative care, policy provides that WorkSafeBC may determine the duration of a worker's entitlement to opioids and/or sedative/hypnotics based on the physician or qualified practitioner's treatment plan and the worker's circumstances.

## **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 death<sup>2</sup> and abnormal (heightened) pain 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.

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.<sup>4</sup> In addition, no evidence-based clinical practice guidelines from national or international major pain organizations recommend the use of benzodiazepines to treat pain.<sup>5</sup> 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.

WorkSafeBC does not consider payment of sedative/hypnotics beyond two weeks appropriate in most cases. Beyond the two-week period,

sedative/hypnotics may 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 (e.g., 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.<sup>6</sup>

**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 Four Weeks***

Policy indicates that WorkSafeBC will generally only pay for opioids during the first four weeks post-injury or post-surgery. An exception can be made in "exceptional cases" that confirm that the use of opioids beyond this acute period is reasonably necessary treatment. An extension may be granted if, among other considerations:

- there is objective medical opinion or other expert professional advice that opioid treatment is resulting in improvement of the worker's pain and function, enabling the worker to return to work, perform activities of daily living, and/or perform instrumental activities of daily living; and
- the use of opioids is part of an integrated approach to overall pain management.

The Pharmacy Benefit Management ("PBM") Team<sup>7</sup> identifies claims where a worker continues to be prescribed opioids beyond the four-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 four-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.

## ***Compensation Practice & Quality Department***

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 exceptional 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.<sup>8</sup> The PBM Medical Advisor reviews relevant claims information (e.g., 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 four-week period and provides an opinion as to whether exceptional 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.

## ***Compensation Practice & Quality Department***

WorkSafeBC's position is that limiting opioid use to the first four 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) Four Weeks to Six Months***

Based on the information received from the prescribing physician and the findings of the four 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 SDL<sup>9</sup> 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 C10-80.00 and explain that WorkSafeBC limits payment for opioids to the first four weeks post-injury or post-surgery unless it feels there are exceptional 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.<sup>10</sup>



**(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 Team<sup>11</sup> 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.

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#### **CROSS REFERENCES:**

N/A

#### **HISTORY:**

This Practice Directive was developed to provide guidance on RSCM policy Item C10-80.00, *Potentially Addictive Drugs*, effective January 1, 2015. It reflects policy changes that came into effect on that date. Updates were made to Appendix "A" on January 27, 2017.

#### **APPLICATION:**

The Practice Directive applies to all decisions regarding payment of opioids and sedative/hypnotics that were incurred or provided on or after January 1, 2015.

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<sup>1</sup> See Appendix "A" for a list of commonly prescribed opioids and hypnotic sedatives 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> Institute for Clinical Systems Improvement. (Nov. 2009). *Assessment and Management of chronic pain*. 4<sup>th</sup> 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](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



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

<sup>5</sup> 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.

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

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

<sup>8</sup> 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.

<sup>9</sup> Service Delivery Location

<sup>10</sup> Template decision letters are available (D0753, D0754).

<sup>11</sup> 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
<b>BUPRENORPHINE</b>	<b>DIN</b>	
<b>BUPRENORPHINE 5MCG/HR</b>		20mg per day
BUTRANS 5MCG/HR	02341174	
<b>BUPRENORPHINE 10MCG/HR</b>		40mg per day
BUTRANS 10MCG/HR	02341212	
<b>BUPRENORPHINE 20MCG/HR</b>		80mg per day
BUTRANS 20MCG/HR	02341220	
<b>BUPRENORPHINE HYDROCHLORIDE + NALOXONE HYDROCHLORIDE DIHYDRATE</b>	<b>DIN</b>	Not available
<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>		Not available
APO-BUTORPHANOL 10MG/ML (LIQ/INTRANASAL)	02242504	
PMS-BUTORPHANOL 10MG/ML (SPRAY/INTRANASAL)	02244508	
<b>CODEINE MONOHYDRATE-CODEINE SULFATE TRIHYDRATE</b>	<b>DIN</b>	
CODEINE CONTIN 50MG CONTROLLED RELEASE TAB	02230302	7.5mg
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>		2.25mg
PRONAL C1/4 CAP	02229735	
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>		4.5mg
PRONAL C1/2 CAP	02229734	
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>DEXTROPROPOXYPHENE</b>	<b>DIN</b>	
<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	
<b>FENTANYL/SUFENTANIL/ALFENTANIL</b>	<b>DIN</b>	
<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	
SANDOZ FENTANYL 12MCG/HR	02327112	
TEVA-FENTANYL 12MCG/HR PATCH	02311925	
RAN-FENTANYL MATRIX 12MCG/HR	02330105	
DURAGESIC MAT 12MCG/HR (2.1MG)	02334186	
PMS-FENTANYL MTX 12MCG/HR	02341379	
CO FENTANYL 12MCG/HR	02386844	
PAT-FENTANYL MAT 12MCG/HR	02376768	

FENTANYL PATCH 12MCG/HR	02395657	
MYLAN-FENTANYL MATRIX 12MCG/HR TRANSDERMAL PATCH	02396696	
<b>FENTANYL PATCHES</b>		<b>100mg per day</b>
DURAGESIC 25 2.5MG/SRD	01937383	
RAN-FENTANYL TRANSDERMAL SYSTEM 2.5MG (25µG/hour)	02249391	
TEVA-FENTANYL 25MCG/HR PATCH	02282941	
APO-FENTANYL MATRIX 25MCG/HR TRANSDERMAL SYSTEM	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	
CO FENTANYL 25MCG/HR	02386852	
SANDOZ FENTANYL 25MCG/HR	02327120	
FENTANYL PATCH 25MCG/HR	02395665	
MYLAN-FENTANYL MATRIX 25MCG/HR TRANSDERMAL PATCH	02396718	
<b>FENTANYL PATCHES</b>		<b>150mg per day</b>
SANDOZ FENTANYL 37MCG/HR	02327139	
CO FENTANYL 37MCG/HR	02386860	
<b>FENTANYL PATCHES</b>		<b>200mg per day</b>
DURAGESIC 50 5MG/SRD	01937391	
RAN-FENTANYL TRANSDERMAL SYSTEM 5MG (50µG/hour)	02249413	
TEVA-FENTANYL 50MCG/HR PATCH	02282968	
APO-FENTANYL MATRIX 50MCG/HR TRANSDERMAL SYSTEM	02314649	
DURAGESIC MAT 50MCG/HR (8.4MG)	02275821	
RAN-FENTANYL MATRIX 50MCG/HR	02330121	
PAT-FENTANYL MAT 50MCG/HR	02376784	
CO FENTANYL 50MCG/HR PATCH	02386879	
PMS-FENTANYL MTX 50MCG/HR	02341395	
SANDOZ FENTANYL 50MCG/HR	02327147	
FENTANYL PATCH 50MCG/HR	02395673	
MYLAN-FENTANYL MATRIX 50MCG/HR TRANSDERMAL PATCH	02396726	
<b>FENTANYL PATCHES</b>		<b>300mg per day</b>
DURAGESIC 75 7.5MG/SRD	01937405	
RAN-FENTANYL TRANSDERMAL SYSTEM 7.5MG (75µG/hour)	02249421	
TEVA-FENTANYL 75MCG/HR PATCH	02282976	
APO-FENTANYL MATRIX 75MCG/HR TRANSDERMAL SYSTEM	02314657	
DURAGESIC MAT 75MCG/HR (12.6MG)	02275848	
CO FENTANYL 75MCG/HR PATCH	02386887	
RAN-FENTANYL MATRIX 75MCG/HR	02330148	
PAT-FENTANYL MAT 75MCG/HR	02376792	
PMS-FENTANYL MTX 75MCG/HR	02341409	
SANDOZ FENTANYL 75MCG/HR	02327155	
FENTANYL PATCH 75MCG/HR	02395681	
MYLAN-FENTANYL MATRIX 75MCG/HR TRANSDERMAL PATCH	02396734	
<b>FENTANYL PATCHES</b>		<b>400mg per day</b>

DURAGESIC 100 10MG/SRD	01937413	
RAN-FENTANYL TRANSDERMAL SYSTEM 10MG (100µG/hour)	02249448	
TEVA-FENTANYL 100MCG/HR PATCH	02282984	
APO-FENTANYL MATRIX 100MCG/HR TRANSDERMAL SYSTEM	02314665	
DURAGESIC MAT 100MCG/HR (16.8MG)	02275856	
CO FENTANYL 100MCG/HR PATCH	02386895	
RAN-FENTANYL MATRIX 100MCG/HR	02330156	
PAT-FENTANYL MAT 100MCG/HR	02376806	
PMS-FENTANYL MTX 100MCG/HR	02341417	
SANDOZ FENTANYL 100MCG/HR	02327163	
FENTANYL PATCH 100MCG/HR	02395703	
MYLAN-FENTANYL MATRIX 100MCG/HR TRANSDERMAL PATCH	02396742	
<b>FENTANYL BUCCAL FILM</b>		<b>Not available</b>
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	
<b>FENTANYL SUBLINGUAL TABLETS</b>		<b>Not available</b>
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	
<b>HYDROMORPHONE</b>	<b>DIN</b>	
<b>HYDROMORPHONE SYRUP 1mg/ml</b>		<b>5mg/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</b>		<b>5mg</b>
DILAUDID TAB 1MG	00705438	
PHL-HYDROMORPHONE TAB 1MG	02192101	
APO-HYDROMORPHONE TAB 1MG	02364115	
PMS-HYDROMORPHONE TAB 1MG	00885444	
TEVA-HYDROMORPHONE 1MG TABLET	02319403	
<b>HYDROMORPHONE 2 mg TAB</b>		<b>10mg</b>
DILAUDID TAB 2MG	00125083	
HYDROMORPH IR 2MG	02245703	
PHL-HYDROMORPHONE TAB 2MG	02249928	
APO-HYDROMORPHONE TAB 2MG	02364123	

PMS-HYDROMORPHONE TAB 2MG	00885436	
TEVA-HYDROMORPHONE 2MG TABLET	02319411	
<b>HYDROMORPHONE 4mg TAB</b>		<b>20mg</b>
DILAUDID TAB 4MG	00125121	
HYDROMORPH IR 4MG	02245704	
PHL-HYDROMORPHONE TAB 4MG	02249936	
APO-HYDROMORPHONE TAB 4MG	02364131	
PMS-HYDROMORPHONE TAB 4MG	00885401	
TEVA-HYDROMORPHONE 4MG TABLET	02319438	
<b>HYDROMORPHONE 8mg TAB</b>		<b>40mg</b>
DILAUDID TAB 8MG	00786543	
HYDROMORPH IR 8MG	02245705	
PHL-HYDROMORPHONE TAB 8MG	02192144	
APO-HYDROMORPHONE TAB 8MG	02364158	
PMS-HYDROMORPHONE TAB 8MG	00885428	
TEVA-HYDROMORPHONE 8MG TABLET	02319446	
<b>HYDROMORPHONE 3mg CONTROLLED RELEASE CAP</b>		<b>15mg</b>
HYDROMORPH CONTIN-CONTROLLED RELEASE CAP 3MG	02125323	
<b>HYDROMORPHONE 4mg CONTROLLED RELEASE TABLET</b>		<b>20mg</b>
JURNISTA 4MG ER	02337266	
<b>HYDROMORPHONE 4.5mg CONTROLLED RELEASE CAP</b>		<b>22.5mg</b>
HYDROMORPH CONTIN-CONTROLLED RELEASE CAP 4.5MG	02359502	
<b>HYDROMORPHONE 6mg CONTROLLED RELEASE CAP</b>		<b>30mg</b>
HYDROMORPH CONTIN-CONTROLLED RELEASE CAP 6MG	02125331	
<b>HYDROMORPHONE 8mg CONTROLLED RELEASE TABLET</b>		<b>40mg</b>
JURNISTA 8MG ER	02337274	
<b>HYDROMORPHONE 9mg CONTROLLED RELEASE CAP</b>		<b>45mg</b>
HYDROMORPH CONTIN-CONTROLLED RELEASE CAP 9MG	02359510	
<b>HYDROMORPHONE 12mg CONTROLLED RELEASE CAP</b>		<b>60mg</b>
HYDROMORPH CONTIN-CONTROLLED RELEASE CAP 12MG	02125366	
<b>HYDROMORPHONE 16mg CONTROLLED RELEASE TABLET</b>		<b>80mg</b>
JURNISTA 16MG ER	02337282	
<b>HYDROMORPHONE 18mg CONTROLLED RELEASE CAP</b>		<b>90mg</b>
HYDROMORPH CONTIN-CONTROLLED RELEASE CAP 18MG	02243562	
<b>HYDROMORPHONE 24mg CONTROLLED RELEASE CAP</b>		<b>120mg</b>
HYDROMORPH CONTIN-CONTROLLED RELEASE CAP 24MG	02125382	
<b>HYDROMORPHONE 30mg CONTROLLED RELEASE CAP</b>		<b>150mg</b>



HYDROMORPH CONTIN-CONTROLLED RELEASE CAP 30MG	02125390	
<b>HYDROMORPHONE 32mg CONTROLLED RELEASE TABLET</b>		<b>160mg</b>
JURNISTA 32MG ER	02337290	
<b>HYDROMORPHONE 2mg/ml IM/IV/SC</b>		<b>30mg/mL</b>
DILAUDID 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	
HYDROMORPHONE HCL 10MG/ML INJECTION USP	02382636	
<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	
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>
<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	
<b>METHADONE HCL</b>		
METHADOSE 10MG/ML ORAL LIQUID	02394596	
METHADOSE 10MG/ML ORAL LIQUID DYE & SUGAR FREE	02394618	
<b>MORPHINE HCL</b>	<b>DIN</b>	
<b>MORPHINE HCL 1mg/ml SYRUP</b>		<b>1mg/mL</b>
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>
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	
<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	
<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	
TEVA-MORPHINE SR 15MG TABLET	02302764	
<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	
TEVA-MORPHINE SR 30MG TABLET	02302772	
<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	
TEVA-MORPHINE SR 60MG TABLET	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	
TEVA-MORPHINE SR 100MG TABLET	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	
TEVA-MORPHINE SR 200MG TABLET	02302802	
PMS-MORPHINE SULFATE SR 200 MG	02245288	
<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	
<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 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	
<b>OXYCODONE 10mg TAB</b>		<b>15mg</b>
OXY IR 10MG (TAB)	02240131	
PMS-OXYCODONE 10MG (TAB)	02319985	
SUPEUDOL 10MG (TAB)	00443948	
<b>OXYCODONE 20mg TAB</b>		<b>30mg</b>
OXY IR 20MG (TAB)	02240132	
PMS-OXYCODONE 20MG (TAB)	02319993	
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 10mg SUSTAINED RELEASE TABS</b>		<b>15mg</b>
OXYNEO 10MG TABLET	02372525	
<b>OXYCODONE 15mg SUSTAINED RELEASE TABS</b>		<b>22.5mg</b>
OXYNEO 15MG TABLET	02372533	
<b>OXYCODONE 20mg SUSTAINED RELEASE TABS</b>		<b>30mg</b>
OXYNEO 20MG TABLET	02372797	
<b>OXYCODONE 30mg SUSTAINED RELEASE TABS</b>		<b>45mg</b>
OXYNEO 30MG TABLET	02372541	
<b>OXYCODONE 40mg SUSTAINED RELEASE TABS</b>		<b>60mg</b>
OXYNEO 40MG TABLET	02372568	
<b>OXYCODONE 60mg SUSTAINED RELEASE TABS</b>		<b>90mg</b>
OXYNEO 60MG TABLET	02372576	
<b>OXYCODONE 80mg SUSTAINED RELEASE TABS</b>		<b>120mg</b>
OXYNEO 80MG TABLET	02372584	
<b>OXYCODONE/NALOXONE</b>	<b>DIN</b>	
<b>OXYCODONE 5mg/NALOXONE 2.5MG SUSTAINED RELEASE</b>		<b>7.5MG</b>
TARGIN 5/2.5MG	02387425	
<b>OXYCODONE 10mg/NALOXONE 5MG SUSTAINED RELEASE</b>		<b>15mg</b>
TARGIN 10/5MG	02339609	
<b>OXYCODONE 20mg/NALOXONE 20MG SUSTAINED RELEASE</b>		<b>30mg</b>

TARGIN 20/10MG	02339617	
<b>OXYCODONE 40mg/NALOXONE 20MG SUSTAINED RELEASE</b>		<b>60mg</b>
TARGIN 40/20MG	02339625	
<b>PENTAZOCINE</b>	<b>DIN</b>	
<b>PENTAZOCINE 50mg TAB</b>		<b>8.3mg</b>
TALWIN 50MG (TAB)	02137984	
<b>PENTAZOCINE 30mg (SOL/IM/IV/SC)</b>		<b>15mg</b>
TALWIN 30MG/ML (SOL/IM/IV/SC)	02241976	
<b>TAPENTADOL</b>	<b>DIN</b>	<b>Precise MED not established</b>
<b>TAPENTADOL 50MG IMMEDIATE RELEASE</b>		<b>20mg</b>
NUCYNTA IR 50MG	02378272	
<b>TAPENTADOL 75MG IMMEDIATE RELEASE</b>		<b>30mg</b>
NUCYNTA IR 75MG	02378280	
<b>TAPENTADOL 100MG IMMEDIATE RELEASE</b>		<b>40mg</b>
NUCYNTA IR 100MG	02378299	
<b>TAPENTADOL 50MG SUSTAINED RELEASE</b>		<b>20mg</b>
NUCYNTA CR 50MG	02360373	
<b>TAPENTADOL 100MG SUSTAINED RELEASE</b>		<b>40mg</b>
NUCYNTA CR 100MG	02360381	
<b>TAPENTADOL 150MG SUSTAINED RELEASE</b>		<b>60mg</b>
NUCYNTA CR 150MG	02360403	
<b>TAPENTADOL 200MG SUSTAINED RELEASE</b>		<b>80mg</b>
NUCYNTA CR 200MG	02360411	
<b>TAPENTADOL 250MG SUSTAINED RELEASE</b>		<b>100mg</b>
NUCYNTA CR 250MG	02360438	
<b>TRAMADOL</b>	<b>DIN</b>	<b>Precise MED not established</b>
<b>TRAMADOL HYDROCHLORIDE 37.5 MG and ACETAMINOPHEN 325 MG</b>		<b>3.75mg</b>
TRAMACET 37.5/325MG	02264846	
TEVA-TRAMADOL/ACETAMINOPHEN 37.5/325MG TABLET	02347180	
CO TRAMADOL/ACET 37.5/325MG TABLET	02383209	
IPG-TRAMADOL/ACET 37.5/325MG TABLET	02387123	
RAN-TRAMADOL/ACET 37.5/325MG TABLET	02388197	
TRAMAPHEN-ODAN 37.5/325MG TABLET	02388294	
JAMP-ACET-TRAMADOL 37.5/325MG TABLET	02388308	
MAR-TRAMADOL/ACET 37.5/325MG TABLET	02388324	

PAT-TRAMADOL/ACET 37.5/325MG TABLET	02389274	
MINT-TRAMADOL/ACET 37.5/325MG TABLET	02389800	
PRIVA-TRAMADOL/ACET 37.5/325MG TABLET	02391554	
APO-TRAMADOL/ACET 37.5/325MG	02336790	
PMS-TRAMADOL-ACET 37.5/325MG TABLET	02401657	
TRAMADOL/ACETAMINOPHEN 37.5/325MG TABLET	02402211	
<b>TRAMADOL 50MG IMMEDIATE RELEASE</b>		<b>5mg</b>
ULTRAM 50MG TABLET	02349469	
<b>TRAMADOL 75MG SUSTAINED RELEASE</b>		<b>7.5mg</b>
ZYTRAM XL 75MG	02360322	
<b>TRAMADOL 100MG SUSTAINED RELEASE</b>		<b>10mg</b>
DURELA 100MG ER	02373017	
RALIVIA 100MG	02299194	
ZYTRAM XL 100MG	02360349	
TRIDURAL 100MG	02296381	
<b>TRAMADOL 150MG SUSTAINED RELEASE</b>		<b>15mg</b>
ZYTRAM XL 150MG	02286424	
<b>TRAMADOL 200MG SUSTAINED RELEASE</b>		<b>20mg</b>
DURELA 200MG ER	02373025	
RALIVIA 200MG	02299208	
TRIDURAL 200MG	02296403	
ZYTRAM XL 200MG	02286432	
<b>TRAMADOL 300MG SUSTAINED RELEASE</b>		<b>30mg</b>
DURELA 300MG ER	02373033	
RALIVIA 300MG	02299216	
TRIDURAL 300MG	02296411	
ZYTRAM XL 300MG	02286440	
<b>TRAMADOL 400 MG SUSTAINED RELEASE</b>		<b>40mg</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.**

## **SEDATIVE/HYPNOTICS**

Alprazolam

Bromazepam

Chlordiazepoxide

Clobazam

Clonazepam

Clorazepate

Diazepam

Flurazepam

Lorazepam

Nitrazepam

Oxazepam

Temazepam

Triazolam

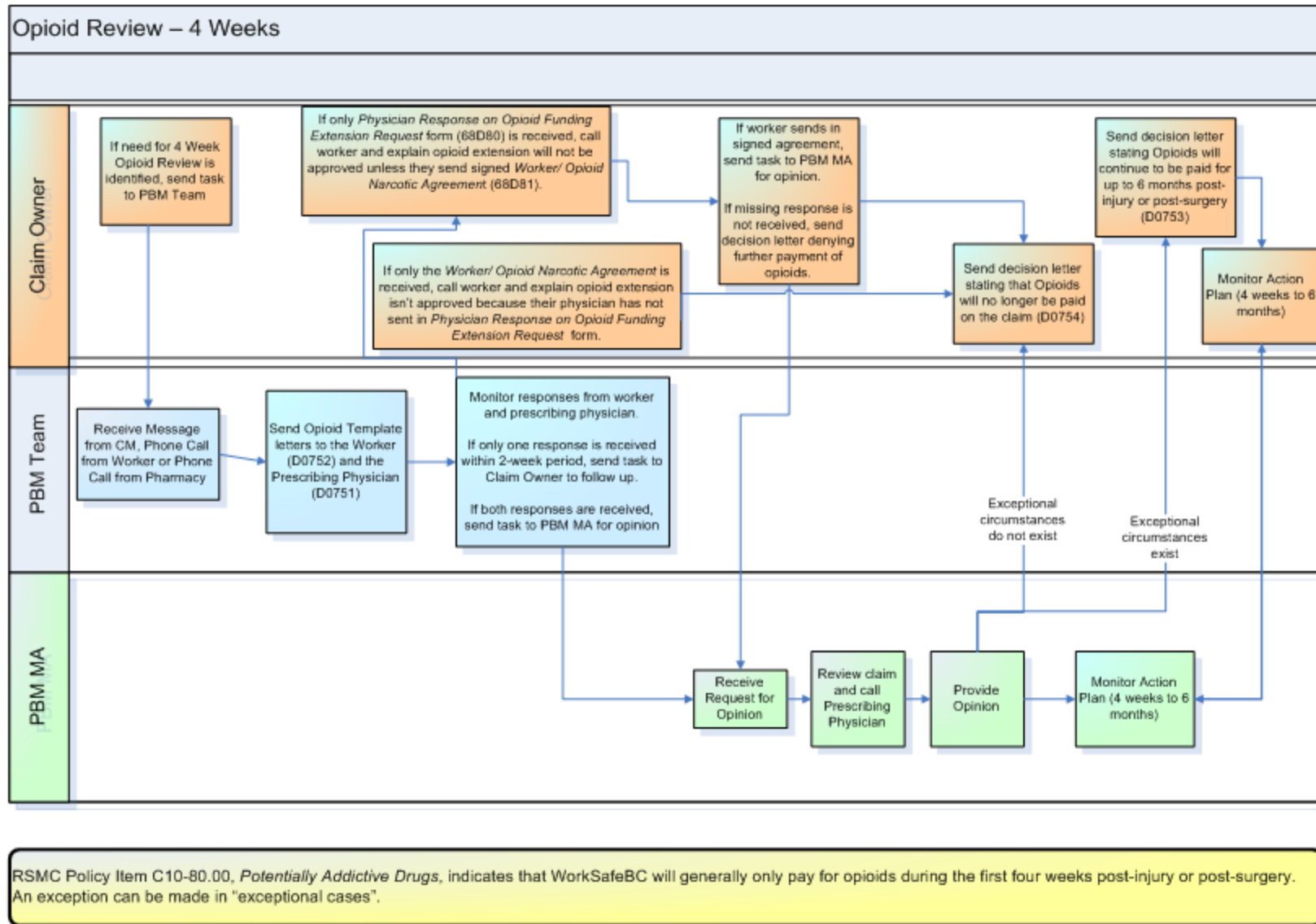
Zopiclone

Chloral Hydrate

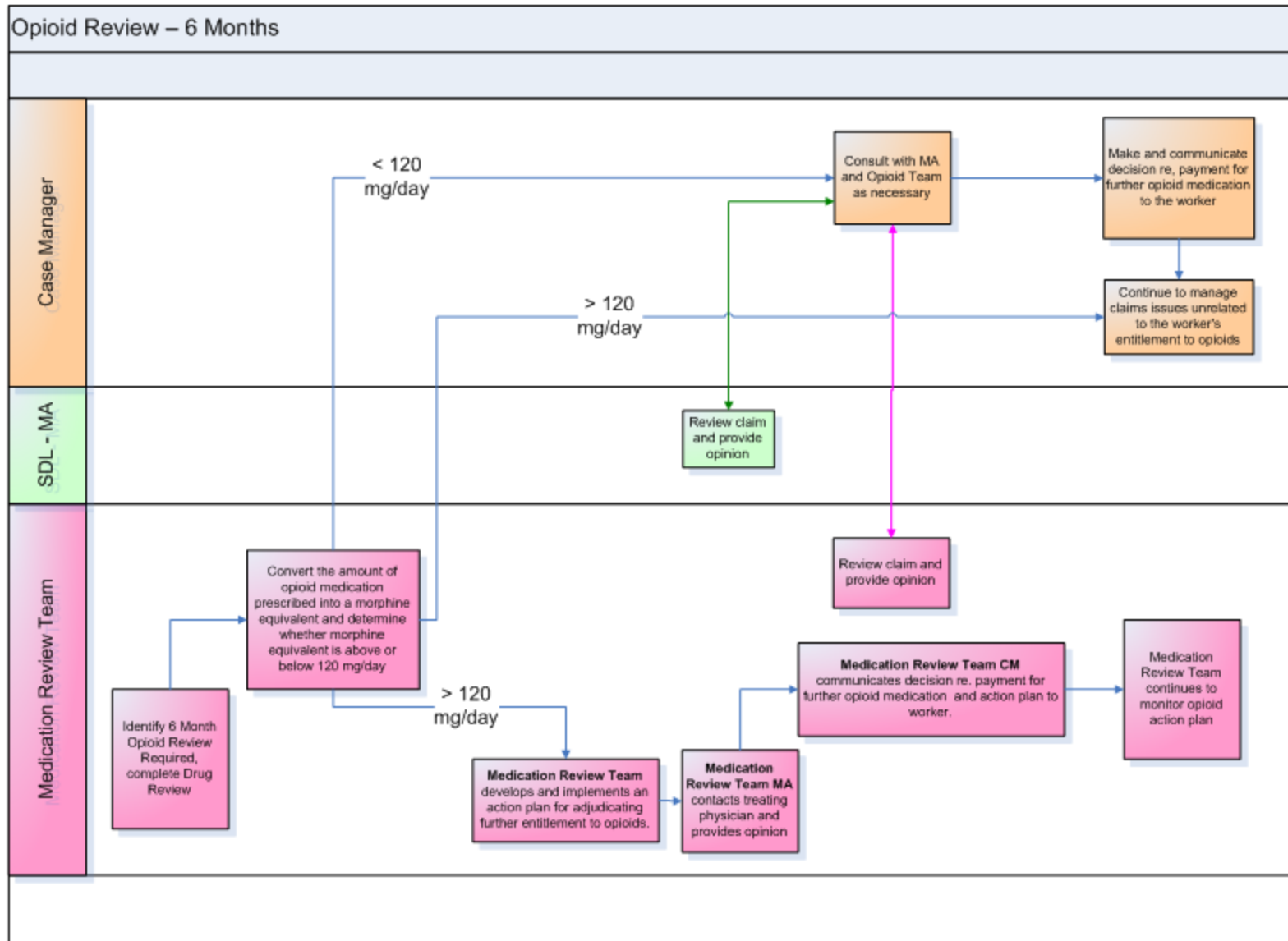
Phenobarbital

Zolpidem

## Compensation Practice & Quality Department Appendix “B”

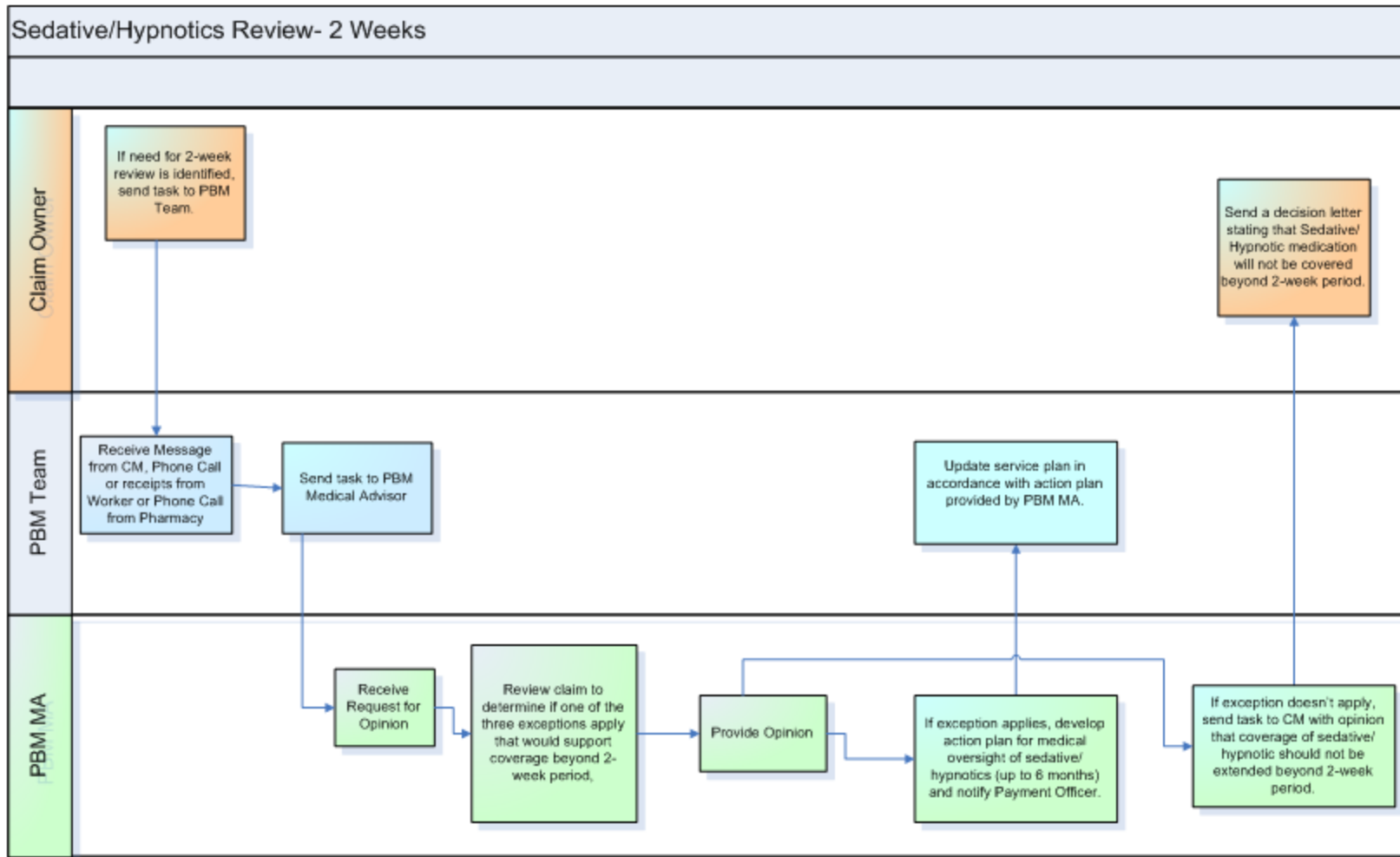


## Compensation Practice & Quality Department Appendix “B”





## Compensation Practice & Quality Department Appendix “B”



## Compensation Practice & Quality Department Appendix “B”

