



MEDICARE Program Policies & Procedures

POLICY: Medicare Part D Formulary-Level Opioid POS Edits		POLICY NUMBER: Medicare D-111	
Policy for contracts: H3351, S3521, H3335		P&T Committee Approval Date: 12/28/2018	Page 1 of 12
Original Effective Date: 01/01/2017	Current Effective Date: 01/01/2019	Revision Date: 12/28/2019	
Sponsor Name & Title: Darlene Rocco, Senior Director of Pharmacy Operations		Signature: 	
Approval Name & Title: Mona Chitre, VP Pharmacy Management		Signature: 	

Summary of Formulary-Level Opioid POS for CY2019:

- 1) **Hard edit 7-day supply limit for initial opioid fills (opioid naïve beneficiaries):** This edit will trigger for a beneficiary when the incoming prescription claim is > 7 day supply and there is no opioid claim within the past 108 days. If the incoming claim is > 7 day supply and there is an opioid claim in the past 108 days, this member is not considered new to therapy and the edit would not apply.
- 2) **Hard edit at ≥ 200 morphine milligram equivalents (MME):** This edit has been in place since 1/1/2017 based guidance from the CY2017 Call Letter. The edit identifies beneficiaries with prescription opioids that exceed the 200 MME threshold by converting each claim into a daily morphine equivalent dose using the corresponding conversion factor. The logic calculates the daily cumulative MME for a given member looking back at all active claims within 180 days.

Care coordination edit at ≥ 90 to <200 MME: The edit will trigger for a member based on a cumulative MME threshold of ≥90 MME and < 200 MME. The edit will also take into consideration at least two prescribers contributing to the edit. Additionally, the Care Coordination edit will be suppressed for 120 days once it has triggered a reject and was overridden at the point of sale. This suppression and periodic re-presentation of the edit is intended to prevent redundant alerts while encouraging dosage titration when possible.

1. Impacted Drugs & Review Criteria:

7 day supply limit for initial opioid fills (opioid naïve beneficiaries)

Impacted Drugs: Short and Long-Acting Opioids *

Opioid	Dosage Form(s)
Alfentanil	injectable
Butorphanol	injectable, nasal solution
Codeine	oral tablets, combination product oral tablets/capsules, combination product oral solution, combination product oral suspension
Dihydrocodeine	combination oral tablets/capsules
Fentanyl	transmucosal lozenges, buccal tablets, nasal solution, sublingual spray, sublingual tablet, injectable, transdermal patches
Hydrocodone	non combination products, combination product oral tablets, combination product oral solution
Hydromorphone	injectable, oral tablets, oral solution, rectal suppositories
Levorphanol	oral tablets
Meperidine	oral tablets, oral solution, injectable
Methadone	oral tablets, oral solution, oral concentrate
Morphine	oral tablets, oral solution, injectable, rectal suppositories
Morphine/Naltrexone	tablets
Nalbuphine	injectable
Opium/Belladonna	rectal suppositories
Oxycodone	oral tablets, oral capsules, oral solution, combination product oral tablets, combination product oral solution
Oxymorphone	oral tablets, injectable
Pentazocine	injectable
Pentazocine/naloxone	oral tablets
Remifentanil	injectable
Sufentanil	injectable
Tapentadol	oral tablets
Tramadol	oral tablets, combination product oral tablets

**Buprenorphine products are not included in this program. In addition, this is not an inclusive list. As new products become available, they will roll into this policy and the list will be updated periodically.*

Review Criteria: 7 day supply limit for initial opioid fills (opioid naïve beneficiaries)

An exception to the 7-day quantity limit of a short or long-acting opioid may be permitted in patients who meet one of the following criteria in A-F below.

- **Approval will be a 30-day override for scenarios A, B, C, D, E below.** Once the initial fill has adjudicated, subsequent claim rejections will not be triggered unless 108 days elapses before the next fill.
- **Approval will be a 30-day override for scenario F below** in the event that that pharmacy outreach is unsuccessful and a coverage determination must be rendered.*
 - A) Patient has taken an opioid medication in the last 108 days; **OR**
 - B) Patient has a cancer diagnosis; **OR**
 - C) Patient is enrolled in a hospice program and the medication does not meet the criteria for Part A eligibility ******; **OR**
 - D) Patient is terminally ill, receiving end-of-life care, or receiving palliative care; **OR**
 - E) The requesting physician provides a supporting statement/attests that a prescription for greater than a 7-day supply is medically necessary to manage the patient’s pain; **OR**
 - F) Patient resides in a long-term care facility.*

*If pharmacy designates a patient residence code (PRC) of 3 or 9, the claim will bypass these requirements. In this instance, the pharmacy will be educated to re-adjudicate the claim using the proper PRC code.

**If beneficiary has elected hospice, opioid analgesics are almost unilaterally furnished by the hospice facility and billed to Part A.

Automation: This policy will only target new users of opioid products.

- If the patient has a history of any opioid within the past 108 days¹, the claim will adjudicate.
- If the patient has a prescription for a cancer medication within a 180-day period, the claim will adjudicate.

When available, long-term care patient residence codes and ICD-9/ICD-10 codes for cancer, sickle cell disease, and palliative care will be used as part of automation to allow approval of the requested medication.¹

In addition, a custom prescriber bypass list based on AMA designation is employed to prevent inappropriate rejections for members in hospice or palliative care or who have a cancer diagnosis.

2. Impacted Drugs & Review Criteria:

- **Opioid edit \geq 200 MME**
- **Care Coordination edit at \geq 90 MME and $<$ 200MME**

Impacted Drugs*

Opioid	Dosage Form(s)
Butorphanol	injection, nasal solution
Codeine	capsule, solution, injection
Dihydrocodeine	tablet, capsule, solution
Fentanyl citrate	buccal tablet, sublingual (SL) tablet, transmucosal lozenge, SL spray, transdermal patch, nasal solution, injection
Hydrocodone	tablet, solution
Hydromorphone	rectal suppository, injection, tablet, solution
Levorphanol	tablet
Meperidine	tablet, solution, injection
Methadone	tablet, solution, injection
Morphine	tablet, capsule, solution, injection, rectal suppository
Nalbuphine	injection
Oxycodone	tablet, capsule, solution
Oxycodone/naloxone	tablet
Oxymorphone	tablet
Pentazocine	tablet, injection
Tapentadol	tablet
Tramadol	tablet, capsule, solution

**Buprenorphine products are excluded from this safety edit to align with CMS' intent to minimize risk of impeding access to medication-assisted treatment (MAT).²*

Review criteria:

- Opioid edit ≥ 200 MME **AND**
- Care Coordination edit ≥ 90 MME and <200MME

Patient must meet one of the following criteria in A through E below.

- **Approval will be a one-year override for scenarios A, B, C, D below.** (For scenario C, the approval will be specific to the MME threshold specified by the prescriber.*)
- **Approval will be a 30-day override for scenario E below** in the event that that pharmacy outreach is unsuccessful and a coverage determination must be rendered. **
 - A) Patient is being treated in a hospice program and the claim has already been submitted to Part A (but was not covered by Part A and is now proceeding through the Part D benefit)***; **OR**
 - B) Patient is terminally ill, receiving end-of-life care, or receiving palliative care; **OR**
 - C) The prescriber states that based on the patient’s clinical circumstances the amount of opioid prescribed is warranted to adequately manage the patient’s pain; **OR**
 - D) Patient has been diagnosed with cancer; **OR**
 - E) Patient resides in a long-term care facility**

* A coverage review will require that the prescriber select the MME necessary to manage the patient’s pain. Failure to indicate this amount at the time of review may lead to a denial of the initial request.

** If pharmacy designates a patient residence code (PRC) of 3 or 9, the claim will bypass these requirements. In this instance, the pharmacy will be educated to re-adjudicate the claim using the proper PRC code.

*** If beneficiary has elected hospice, opioid analgesics are almost unilaterally furnished by the hospice facility and billed to Part A.

Automation: If the patient has a prescription for a cancer medication within a 180-day period, the claim will adjudicate.

When available, long-term care patient residence codes and ICD-9/ICD-10 codes for cancer, sickle cell disease, and palliative care will be used as part of automation to allow approval of the requested medication.¹

In addition, a custom prescriber bypass list based on AMA designation is employed to prevent inappropriate rejections for members in hospice or palliative care or who have a cancer diagnosis.

Background:

7 day supply limit for initial opioid fills

Short-acting opioids are indicated for the management of pain severe enough to require an opioid analgesic. Long-acting opioids are indicated for the management of pain severe enough to require daily, around-the-clock, long-term opioid treatment for which alternative treatment options are inadequate. The objective of this quantity limit is to restrict the initial days' supply of opioids to seven days, thus decreasing the quantity dispensed to align with current guidelines and prevent stockpiling and/or misuse.

In 2016, the Centers for Disease Control (CDC) published a guideline for prescribing opioids for chronic pain.³ The guideline provides recommendations for primary care providers who are prescribing opioids for chronic pain outside of active cancer treatment, palliative care, and end-of-life care. In the guideline, chronic pain is defined as pain that typically lasts > 3 months or past the time of normal tissue healing, resulting from an underlying medical disease or condition, injury, medical treatment, inflammation, or an unknown cause. To support the guideline an updated evidence review of long-term opioid therapy for chronic pain outside of end-of-life care was undertaken and the results showed that evidence remains limited, with insufficient evidence to determine long-term benefits versus no opioid therapy. However, the evidence did suggest risk for serious harms that appears to be dose-dependent.

The guideline recommendations are grouped into three areas: determining when to initiate or continue opioids for chronic pain; opioid selection, dosage, duration, follow-up, and discontinuation; and assessing risk and addressing harms of opioid use.¹ Non-pharmacologic therapy and non-opioid pharmacologic therapy are preferred for chronic pain; if opioids are used, they should be combined with non-pharmacologic therapy and non-opioid pharmacologic therapy, as appropriate. Before starting and periodically during opioid therapy, healthcare providers should discuss risks and realistic benefits of opioid therapy and also patient and clinician responsibilities for managing therapy with their patient. When starting opioid therapy for chronic pain, healthcare providers should prescribe immediate-release opioids instead of extended-release/long-acting (ER/LA) opioids at the lowest effective dosage.

The CDC guideline states that long-term opioid use often begins with treatment of acute pain.¹ When opioids are used for acute pain, the guideline recommends that clinicians should prescribe the lowest effective dose of immediate-release opioids and should prescribe no greater quantity than needed for the expected duration of pain severe enough to require opioids (i.e., ≤ 3 days and only rarely > 7 days). Clinicians should offer or arrange treatment for patients with opioid use disorder. These recommendations are supported by other opioid use guidelines.^{4,5}

The Centers for Medicare and Medicaid Services (CMS) require all Part D sponsors to implement a point of service safety edit to limit initial opioid prescription fills for the treatment of acute pain.¹

Background:**Hard edit at ≥ 200 morphine milligram equivalents (MME)**

The Centers for Medicare & Medicaid Services (CMS) published a pilot study in the September 6, 2012 memo *Supplemental Guidance related to Improving Drug Utilization Review Controls in Part D* in which they identified a methodology for establishing a threshold for high use of opioids based on morphine equivalent dose (MED) [or morphine milligram equivalent (MME) dose]. This pilot study was conducted in the context of establishing a targeted population for reducing fraud, waste and abuse for opioids in the Medicare Part D program. Each opioid claim was converted to a daily oral MME using the corresponding MME conversion factor based on the Consortium to Study Opioid Risks and Therapeutics (CONSORT) classification of opioid medications and morphine equivalent conversion factors per milligram of opioid.⁶

Morphine equivalent conversion factors per milligram of opioid⁶

OPIOID	DOSAGE FORM(S)	ORAL MME CONVERSION FACTOR PER MG OF OPIOID
Butorphanol	Injection	7
Butorphanol nasal solution	Nasal	7
Codeine phosphate	Injection	0.25
Codeine sulfate	Oral	0.15
Dihydrocodeine	Oral	0.25
Fentanyl citrate lozenge (Actiq, generics)	Transmucosal	130
Fentanyl citrate (Fentora)	Buccal Tab	130
Fentanyl nasal solution (Lazanda)	Nasal	160
Fentanyl spray (Subsys)	SL	180
Fentanyl tablet (Abstral)	SL	130
Fentanyl	Injection	300
Fentanyl	Transdermal	100 (or 7.2 when converting from mcg/hr for 3 days) See Table 2
Hydrocodone	Oral	1
Hydromorphone	Injection	20
Hydromorphone	Oral	4
Hydromorphone	Rectal	4
Levorphanol	Oral	11
Meperidine	Injection	0.3

OPIOID	DOSAGE FORM(S)	ORAL MME CONVERSION FACTOR PER MG OF OPIOID
Meperidine	Oral	0.1
Methadone: [^] > 0 to ≤ 20 mg daily dose	Oral, Injection	4
Methadone: [^] > 20 to ≤ 40 mg daily dose	Oral, Injection	8
Methadone: [^] > 40 to ≤ 60 mg daily dose	Oral, Injection	10
Methadone: [^] > 60 mg daily dose	Oral, Injection	12
Morphine	Injection	3
Morphine	Oral	1
Morphine	Rectal	1
Nalbuphine	Injection	3
Oxycodone HCL	Oral	1.5
Oxycodone (Xtampza ER)	Oral	1.67
Oxymorphone	injection	30
Oxymorphone	Oral	3
Pentazocine	Injection	0.37
Pentazocine /acetaminophen	Oral	0.37
Tapentadol	Oral	0.4
Tramadol	Oral	0.1

#conversion factor based on oxycodone equivalent per mg Xtampza ER product.

[^] The CDC MME conversion factor to calculate morphine milligram equivalents is 3. CMS uses this conversion factor when analyzing Medicare population opioid use. CMS uses the graduated methadone MME conversion factor to calculate MME within the Overutilization Monitoring System (OMS) for identifying and reporting potential opioid overutilizers.

Method for Calculation of the Cumulative MME Daily Dose

The general algorithm used to determine the daily MME is as follows:

1. **# of Opioid Dosage units per day** is calculated as follows:
(Opioid claim quantity) ÷ (Opioid claim days supply)
2. **Oral MME Daily Dose per claim:**
(# Opioid Dosage Units per day) X (#mg Opioid per dosage unit) X (MME conversion factor)
3. **Cumulative MME:** Σ Oral MME daily dose per claim for all opiates received

An MME is calculated for each member's opioid prescription claim using the appropriate conversion factor associated with the opioid product for the claim. After converting the member's opioid medications to their MME, a beneficiary's cumulative prescription opioid daily dose (MME) is calculated using the above algorithm to determine if he/she exceeded the MME 200mg threshold. A prescription will reject at POS that, if filled, would cause the member to exceed the cumulative daily MME threshold of 200 mg.

Transdermal Fentanyl MME Conversion

Typically, patients will be prescribed a Fentanyl patch for use every three days. However, the timeframe for a patch may vary depending upon the doctor's instructions. Therefore, even though the duration of use of each patch may be prescribed for less than the typical number of days, the quantity of medication a patient receives each day remains constant.

The chart below contains the mg opioid per dosage unit, the MME conversion factor, the approximate MME, MME 200 30 day and 90 day QL for transdermal fentanyl. Fentanyl transdermal patches are expected to remain in place for 3 days which is taken into account when calculating the MED200 30 day QL.

Transdermal Fentanyl MME conversion

Dose	Mg Opioid/ Dosage Unit for 3 days (FROM CMS)	MME Conversion Factor (CMS)	MME conversion Mcg/hr (CDC)	MME	MME 200 30 day QL (Patches)	MME 200 90 day QL (Patches)
12 mcg/hr	0.864	100	7.2	28.8	69	209
25 mcg/hr	1.8	100	7.2	60	34	100
37.5 mcg/hr	2.64	100	7.2	81	25	74
50 mcg/hr	3.6	100	7.2	120	17	50
62.5 mcg/hr	4.5	100	7.2	135	15	45
75 mcg/hr	5.4	100	7.2	180	12	34
87.5 mcg/hr	6.3	100	7.2	189	11	32
100 mcg/hr	7.2	100	7.2	240	9	25

For example, the MME calculated for a prescription written for Fentanyl 25 mcg/hr #10 patches for a 30 day supply would be calculated as follows:

opioid dosage units per day= 1/3 or 0.3333333333

Oral MME (CDC)= 0.333333333 X 7.2 X 25= 60

In order for the formula to work properly and compute the MME accurately, the day supply value should be changed to equal three (3) times the quantity for Fentanyl patches; regardless of the day supply value written on the prescription.

EXAMPLE: *10 Fentanyl patches are prescribed for twenty (20) days. Since a Fentanyl patch is typically used for three (3) days, the 'Days Supply' value should be thirty (30) for computing the MME.*

$$\frac{(\text{drug strength}) * (\text{drug quantity}) * (\text{MME Conversion factor})}{(\text{days supply})}$$

Background:

Care Coordination edit at ≥ 90 to <200 MME

The Centers for Medicare and Medicaid Services (CMS) require all Part D sponsors to implement a real-time, point of service opioid care coordination safety edit to prevent unsafe dosing of drugs at the time of dispensing. The goal of this edit is to proactively engage patients and prescribers in a conversation about overdose risk and prevention. The edit will provide real-time information to help ensure prescribers are aware/notified that their patient(s) may be receiving potentially high-risk levels of opioids. The Morphine Milligram Equivalent (MME) 90 Opioid Care Coordinate Safety Edit is triggered at the pharmacy when a patient's total (cumulative) opioid dose across all opioid or opioid-containing prescriptions reaches or exceeds 90 MME per day.¹

The dispensing pharmacist will receive an alert and he/she is required to directly consult with the prescriber before proceeding with dispensing the medication. The pharmacist will be issued an override code in order to process the claim. It is important to note that even if the prescriber confirms intent, consultation with the prescriber does not supersede the dispensing pharmacist's professional judgement and decision to dispense or not dispense the prescription.¹

If the MME 90 Opioid Care Coordination Safety Edit cannot be resolved by the dispensing pharmacist at the point of service (e.g., prescriber could not be reached, prescriber was consulted but did not verify medical necessity, pharmacist exercises professional judgement and decides to not dispense the medication), the patient, patient's representative, or prescriber can request a coverage determination.¹

The MME 90 Opioid Care Coordination Safety Edit does not replace the MME 200 hard edit at the point of service; rather, these MME edits work in conjunction to improve the safety and effectiveness of pain treatment and reduce the risks associated with opioid therapy.

REFER to the hard edit at ≥ 200 morphine milligram equivalents (MME) pp. 7-10 conversions and methodology, as it is the same.

REFERENCES

1. Centers for Medicare and Medicaid Services 2019 Final Call Letter.
<https://www.cms.gov/Medicare/Health-Plans/MedicareAdvtgSpecRateStats/Downloads/Announcement2019.pdf>
2. Centers for Medicare and Medicaid Services. CMS Memo: UPDATES – 2018 Medicare Part D Patient Safety and Overutilization Monitoring System Reports. April 6, 2018.
<https://www.cms.gov/Research-Statistics-Data-and-Systems/Computer-Data-and-Systems/HPMS/HPMS-Memos-Archive-Weekly.html>
3. Dowell D, Haegerich TM, Chou R. CDC Guideline for Prescribing Opioids for Chronic Pain — United States, 2016. *MMWR Recommendations and Reports*. 2016;65(1):1-49.
4. American Society of Anesthesiologists Task Force on Acute Pain Management. Practice guidelines for acute pain management in the perioperative setting: an updated report by the American Society of Anesthesiologists Task Force on Acute Pain Management. *Anesthesiology*. 2012;116:248–73. <http://dx.doi.org/10.1097/ALN.0b013e31823c1030>. Accessed February 27, 2017.
5. Washington State Agency Medical Directors’ Group. AMDG 2015 interagency guideline on prescribing opioids for pain. Olympia, WA: Washington State Agency Medical Directors’ Group; 2015. Available at: <http://www.agencymeddirectors.wa.gov/guidelines.asp>. Accessed February 27, 2017.
6. CMS OMS HPMS Announcement to part D sponsors. July 11, 2014 “Medicare Part D Overutilization Monitoring System-July 2014 Updates”

APPENDIX A

Opioid	Product Name	Route	Dosage Form	Dosage Unit	Strength (mg opioid per dosage unit)	Strength unit	MME Conversion Factor (CF)	MED 200 Calculation (200/[CF x mg]) x 30 product-specific, non-cumulative	MED 90 Calculation (90/[CF x mg]) x 30 product-specific, non-cumulative
codeine	ACETAMINOPHEN / BUTALBITAL / CAFFEINE / CODEINE PHOSPHATE	ORAL	CAPSULE	CA	30	MG	0.15	1333.333333	600
dihydrocodeine	ACETAMINOPHEN / CAFFEINE / DIHYDROCODEINE BITARTRATE	ORAL	CAPSULE	CA	16	MG	0.25	1500	675
dihydrocodeine	ACETAMINOPHEN / CAFFEINE / DIHYDROCODEINE BITARTRATE	ORAL	TABLET	EA	32	MG	0.25	750	337.5
codeine	ACETAMINOPHEN / CODEINE PHOSPHATE	ORAL	SUSPENSION	ML	2.4	MG/ML	0.15	16666.66667	7500
codeine	ACETAMINOPHEN / CODEINE PHOSPHATE	ORAL	TABLET	EA	15	MG	0.15	2666.666667	1200
codeine	ACETAMINOPHEN / CODEINE PHOSPHATE	ORAL	TABLET	TA	30	MG	0.15	1333.333333	600
codeine	ACETAMINOPHEN / CODEINE PHOSPHATE	ORAL	TABLET	TA	60	MG	0.15	666.6666667	300
hydrocodone	ACETAMINOPHEN / HYDROCODONE BITARTRATE	ORAL	SOLUTION, ORAL	ML	0.5	MG/ML	1	12000	5400
hydrocodone	ACETAMINOPHEN / HYDROCODONE BITARTRATE	ORAL	SOLUTION	ML	0.66666667	MG/ML	1	8999.999996	4049.999998
hydrocodone	ACETAMINOPHEN / HYDROCODONE BITARTRATE	ORAL	TABLET	EA	2.5	MG	1	2400	1080
hydrocodone	ACETAMINOPHEN / HYDROCODONE BITARTRATE	ORAL	TABLET	TA	5	MG	1	1200	540
hydrocodone	ACETAMINOPHEN / HYDROCODONE BITARTRATE	ORAL	TABLET	TA	7.5	MG	1	800	360
hydrocodone	ACETAMINOPHEN / HYDROCODONE BITARTRATE	ORAL	TABLET	TA	10	MG	1	600	270
oxycodone	ACETAMINOPHEN / OXYCODONE HYDROCHLORIDE	ORAL	SOLUTION	ML	1	MG/ML	1.5	4000	1800
oxycodone	ACETAMINOPHEN / OXYCODONE HYDROCHLORIDE	ORAL	TABLET	TA	2.5	MG	1.5	1600	720

oxycodone	ACETAMINOPHEN / OXYCODONE HYDROCHLORIDE	ORAL	TABLET	TA	5	MG	1.5	800	360
oxycodone	ACETAMINOPHEN / OXYCODONE HYDROCHLORIDE	ORAL	TABLET	TA	7.5	MG	1.5	533.3333333	240
oxycodone	ACETAMINOPHEN / OXYCODONE HYDROCHLORIDE EXTENDED RELEASE TABLETS (XARTEMIS)	ORAL	EXTENDED RELEASE (BIPHASIC RELEASE) TABLET	TA	7.5	MG	1.5	533.3333333	240
oxycodone	ACETAMINOPHEN / OXYCODONE HYDROCHLORIDE	ORAL	TABLET	TA	10	MG	1.5	400	180
pentazocine	ACETAMINOPHEN / PENTAZOCINE HYDROCHLORIDE	ORAL	TABLET	TA	25	MG	0.37	648.6486486	291.8918919
tramadol	ACETAMINOPHEN / TRAMADOL HYDROCHLORIDE	ORAL	TABLET	TA	37.5	MG	0.1	1600	720
codeine	ASPIRIN / BUTALBITAL / CAFFEINE / CODEINE PHOSPHATE	ORAL	CAPSULE	CA	30	MG	0.15	1333.333333	600
dihydrocodeine	ASPIRIN / CAFFEINE / DIHYDROCODEINE BITARTRATE	ORAL	CAPSULE	CA	16	MG	0.25	1500	675
oxycodone	ASPIRIN/CARISOPRODOL/CODEINE	ORAL	TABLET	TA	16	MG	0.15	2500	1125
oxycodone	ASPIRIN / OXYCODONE HYDROCHLORIDE	ORAL	TABLET	EA	4.835	MG	1.5	827.3009307	372.2854188
buprenorphine*	BUPRENORPHINE	TRANSDERMAL	PATCH, TRANSDERMAL WEEKLY (expected to remain in place for 7 days)	TD	5	MCG/HR	12.6	89.42544154	40.24144869
buprenorphine*	BUPRENORPHINE	TRANSDERMAL	PATCH, TRANSDERMAL WEEKLY (expected to remain in place for 7 days)	TD	7.5	MCG/HR	12.6	59.61696103	26.82763246
buprenorphine*	BUPRENORPHINE	TRANSDERMAL	PATCH, TRANSDERMAL WEEKLY (expected to remain in place for 7 days)	TD	10	MCG/HR	12.6	44.71272077	20.12072435
buprenorphine*	BUPRENORPHINE	TRANSDERMAL	PATCH, TRANSDERMAL WEEKLY (expected to remain in place for 7 days)	TD	15	MCG/HR	12.6	29.80848051	13.41381623
buprenorphine*	BUPRENORPHINE	TRANSDERMAL	PATCH, TRANSDERMAL WEEKLY (expected to remain in place for 7 days)	TD	20	MCG/HR	12.6	22.35636038	10.06036217

buprenorphine*	BUPRENORPHINE HYDROCHLORIDE	SUBLINGUAL	FILM TABLET, SUBLINGUAL	TA	75	MCG	30	2666.666667	1200
buprenorphine*	BUPRENORPHINE HYDROCHLORIDE	SUBLINGUAL	FILM TABLET, SUBLINGUAL	TA	150	MCG	30	1333.333333	600
buprenorphine*	BUPRENORPHINE HYDROCHLORIDE	SUBLINGUAL	FILM TABLET, SUBLINGUAL	TA	300	MCG	30	666.666667	300
buprenorphine*	BUPRENORPHINE HYDROCHLORIDE	SUBLINGUAL	FILM TABLET, SUBLINGUAL	TA	450	MCG	30	444.444444	200
buprenorphine*	BUPRENORPHINE HYDROCHLORIDE	SUBLINGUAL	FILM TABLET, SUBLINGUAL	TA	600	MCG	30	333.333333	150
buprenorphine*	BUPRENORPHINE HYDROCHLORIDE	SUBLINGUAL	FILM TABLET, SUBLINGUAL	TA	750	MCG	30	266.666667	120
buprenorphine*	BUPRENORPHINE HYDROCHLORIDE	SUBLINGUAL	FILM TABLET, SUBLINGUAL	TA	900	MCG	30	222.222222	100
buprenorphine*	BUPRENORPHINE	INJECTION	SYRINGE	ML	0.3	MG/ML	75	266.666667	120
buprenorphine*	BUPRENORPHINE	INJECTION	AMPULE	ML	0.3	MG/ML	75	266.666667	120
butorphanol	BUTORPHANOL TARTRATE	INJECTION	VIAL (SDV,MDV OR ADDITIVE) (ML)	ML	1	MG/ML	7	857.1428571	385.7142857
butorphanol	BUTORPHANOL TARTRATE	INJECTION	VIAL (SDV,MDV OR ADDITIVE) (ML)	ML	2	MG/ML	7	428.5714286	192.8571429
butorphanol	BUTORPHANOL TARTRATE	NASAL	SOLUTION	ML	10	MG/ML	7	85.71428571	38.57142857
codeine	CODEINE SULFATE	ORAL	SOLUTION, ORAL	ML	6	MG/ML	0.15	6666.666667	3000
codeine	CODEINE SULFATE	ORAL	TABLET	EA	15	MG	0.15	2666.666667	1200
codeine	CODEINE SULFATE	ORAL	TABLET	EA	30	MG	0.15	1333.333333	600
codeine	CODEINE SULFATE	ORAL	TABLET	TA	60	MG	0.15	666.666667	300
codeine	CODEINE PHOSPHATE	INJECTION	SOLUTION	ML	15	MG/ML	0.15	2666.666667	1200
codeine	CODEINE PHOSPHATE	INJECTION	SOLUTION	ML	30	MG/ML	0.15	1333.333333	600
fentanyl	FENTANYL	INJECTION	SOLUTION	ML	0.05	MG/ML	300	400	180
fentanyl	FENTANYL	INJECTION	SOLUTION	ML	0.01	MG/ML	300	2000	900
fentanyl	FENTANYL	TRANSDERMAL	PATCH, TRANSDERMAL 72 HOURS	TD	12	MCG/HR	7.2	69.44444444	31.25
fentanyl	FENTANYL	TRANSDERMAL	PATCH, TRANSDERMAL 72 HOURS	TD	25	MCG/HR	7.2	33.33333333	15
fentanyl	FENTANYL	TRANSDERMAL	PATCH, TRANSDERMAL 72 HOURS	TD	37.5	MCG/HR	7.2	22.22222222	10
fentanyl	FENTANYL	TRANSDERMAL	PATCH, TRANSDERMAL 72 HOURS	TD	50	MCG/HR	7.2	16.66666667	7.5
fentanyl	FENTANYL	TRANSDERMAL	PATCH, TRANSDERMAL 72 HOURS	TD	62.5	MCG/HR	7.2	13.33333333	6
fentanyl	FENTANYL	TRANSDERMAL	PATCH, TRANSDERMAL 72 HOURS	TD	75	MCG/HR	7.2	11.11111111	5
fentanyl	FENTANYL	TRANSDERMAL	PATCH, TRANSDERMAL 72 HOURS	TD	87.5	MCG/HR	7.2	9.523809524	4.285714286
fentanyl	FENTANYL	TRANSDERMAL	PATCH, TRANSDERMAL 72 HOURS	TD	100	MCG/HR	7.2	8.333333333	3.75
fentanyl	FENTANYL (SUBSYS)	SUBLINGUAL	LIQUID	EA	100	MCG	0.18	333.3333333	150

fentanyl	FENTANYL (SUBSYS)	SUBLINGUAL	LIQUID	EA	200	MCG	0.18	166.6666667	75
fentanyl	FENTANYL (SUBSYS)	SUBLINGUAL	LIQUID	EA	400	MCG	0.18	83.33333333	37.5
fentanyl	FENTANYL (SUBSYS)	SUBLINGUAL	LIQUID	EA	600	MCG	0.18	55.55555556	25
fentanyl	FENTANYL (SUBSYS)	SUBLINGUAL	LIQUID	EA	800	MCG	0.18	41.66666667	18.75
fentanyl	FENTANYL (SUBSYS)	SUBLINGUAL	LIQUID	EA	1200	MCG	0.18	27.77777778	12.5
fentanyl	FENTANYL (SUBSYS)	SUBLINGUAL	LIQUID	EA	1600	MCG	0.18	20.83333333	9.375
fentanyl	FENTANYL CITRATE (LAZANDA)	NASAL	SOLUTION	EA	100	MCG	0.16	375	168.75
fentanyl	FENTANYL CITRATE (LAZANDA)	NASAL	SOLUTION	EA	300	MCG	0.16	125	56.25
fentanyl	FENTANYL CITRATE (LAZANDA)	NASAL	SOLUTION	EA	400	MCG	0.16	93.75	42.1875
fentanyl	FENTANYL CITRATE (FENTORA)	BUCCAL	TABLET, EFFERVESCENT	TA	100	MCG	0.13	461.5384615	207.6923077
fentanyl	FENTANYL CITRATE (FENTORA)	BUCCAL	TABLET, EFFERVESCENT	TA	200	MCG	0.13	230.7692308	103.8461538
fentanyl	FENTANYL CITRATE (FENTORA)	BUCCAL	TABLET, EFFERVESCENT	TA	300	MCG	0.13	153.8461538	69.23076923
fentanyl	FENTANYL CITRATE (FENTORA)	BUCCAL	TABLET, EFFERVESCENT	TA	400	MCG	0.13	115.3846154	51.92307692
fentanyl	FENTANYL CITRATE (FENTORA)	BUCCAL	TABLET, EFFERVESCENT	TA	600	MCG	0.13	76.92307692	34.61538462
fentanyl	FENTANYL CITRATE (FENTORA)	BUCCAL	TABLET, EFFERVESCENT	TA	800	MCG	0.13	57.69230769	25.96153846
fentanyl	FENTANYL CITRATE (ABSTRAL)	SUBLINGUAL	TABLET SUBLINGUAL	EA	100	MCG	0.13	461.5384615	207.6923077
fentanyl	FENTANYL CITRATE (ABSTRAL)	SUBLINGUAL	TABLET SUBLINGUAL	EA	200	MCG	0.13	230.7692308	103.8461538
fentanyl	FENTANYL CITRATE (ABSTRAL)	SUBLINGUAL	TABLET SUBLINGUAL	EA	300	MCG	0.13	153.8461538	69.23076923
fentanyl	FENTANYL CITRATE (ABSTRAL)	SUBLINGUAL	TABLET SUBLINGUAL	EA	400	MCG	0.13	115.3846154	51.92307692
fentanyl	FENTANYL CITRATE (ABSTRAL)	SUBLINGUAL	TABLET SUBLINGUAL	EA	600	MCG	0.13	76.92307692	34.61538462
fentanyl	FENTANYL CITRATE (ABSTRAL)	SUBLINGUAL	TABLET SUBLINGUAL	EA	800	MCG	0.13	57.69230769	25.96153846
fentanyl	FENTANYL CITRATE (ACTIQ, GENERICS)	BUCCAL	LOZENGE ON A HANDLE	EA	200	MCG	0.13	230.7692308	103.8461538
fentanyl	FENTANYL CITRATE (ACTIQ, GENERICS)	BUCCAL	LOZENGE ON A HANDLE	EA	400	MCG	0.13	115.3846154	51.92307692
fentanyl	FENTANYL CITRATE (ACTIQ, GENERICS)	BUCCAL	LOZENGE ON A HANDLE	EA	600	MCG	0.13	76.92307692	34.61538462
fentanyl	FENTANYL CITRATE (ACTIQ, GENERICS)	BUCCAL	LOZENGE ON A HANDLE	EA	800	MCG	0.13	57.69230769	25.96153846
fentanyl	FENTANYL CITRATE (ACTIQ, GENERICS)	BUCCAL	LOZENGE ON A HANDLE	EA	1200	MCG	0.13	38.46153846	17.30769231
fentanyl	FENTANYL CITRATE (ACTIQ, GENERICS)	BUCCAL	LOZENGE ON A HANDLE	EA	1600	MCG	0.13	28.84615385	12.98076923
hydrocodone	HYDROCODONE BITARTRATE EXTENDED RELEASE (ZOHYDRO)	ORAL	TABLET	EA	10	MG	1	600	270
hydrocodone	HYDROCODONE BITARTRATE EXTENDED RELEASE (ZOHYDRO)	ORAL	TABLET	EA	15	MG	1	400	180
hydrocodone	HYDROCODONE BITARTRATE EXTENDED RELEASE (ZOHYDRO)	ORAL	TABLET	EA	20	MG	1	300	135
hydrocodone	HYDROCODONE BITARTRATE EXTENDED RELEASE (ZOHYDRO)	ORAL	TABLET	EA	30	MG	1	200	90
hydrocodone	HYDROCODONE BITARTRATE EXTENDED RELEASE (ZOHYDRO)	ORAL	TABLET	EA	40	MG	1	150	67.5
hydrocodone	HYDROCODONE BITARTRATE EXTENDED RELEASE (ZOHYDRO)	ORAL	TABLET	EA	50	MG	1	120	54

hydrocodone	HYDROCODONE BITARTRATE EXTENDED RELEASE (HYSINGLA ER)	ORAL	TABLET	EA	100	MG	1	60	27
hydrocodone	HYDROCODONE BITARTRATE EXTENDED RELEASE (HYSINGLA ER)	ORAL	TABLET	EA	120	MG	1	50	22.5
hydrocodone	HYDROCODONE BITARTRATE EXTENDED RELEASE (HYSINGLA ER)	ORAL	TABLET	EA	20	MG	1	300	135
hydrocodone	HYDROCODONE BITARTRATE EXTENDED RELEASE (HYSINGLA ER)	ORAL	TABLET	EA	30	MG	1	200	90
hydrocodone	HYDROCODONE BITARTRATE EXTENDED RELEASE (HYSINGLA ER)	ORAL	TABLET	EA	40	MG	1	150	67.5
hydrocodone	HYDROCODONE BITARTRATE EXTENDED RELEASE (HYSINGLA ER)	ORAL	TABLET	EA	60	MG	1	100	45
hydrocodone	HYDROCODONE BITARTRATE EXTENDED RELEASE (HYSINGLA ER)	ORAL	TABLET	EA	80	MG	1	75	33.75
hydrocodone	HYDROCODONE / IBUPROFEN	ORAL	TABLET	TA	2.5	MG	1	2400	1080
hydrocodone	HYDROCODONE / IBUPROFEN	ORAL	TABLET	TA	5	MG	1	1200	540
hydrocodone	HYDROCODONE / IBUPROFEN	ORAL	TABLET	TA	7.5	MG	1	800	360
hydrocodone	HYDROCODONE / IBUPROFEN	ORAL	TABLET	TA	10	MG	1	600	270
hydromorphone	HYDROMORPHONE HYDROCHLORIDE	INJECTION	SOLUTION	ML	1	MG/ML	20	300	135
hydromorphone	HYDROMORPHONE HYDROCHLORIDE	ORAL	TABLET	TA	2	MG	4	750	337.5
hydromorphone	HYDROMORPHONE HYDROCHLORIDE	ORAL	LIQUID	ML	1	MG/ML	4	1500	675
hydromorphone	HYDROMORPHONE HYDROCHLORIDE	INJECTION	SOLUTION AND AMPULE	ML	2	MG/ML	20	150	67.5
hydromorphone	HYDROMORPHONE HYDROCHLORIDE	RECTAL	SUPPOSITORY	EA	3	MG	20	100	45
hydromorphone	HYDROMORPHONE HYDROCHLORIDE	ORAL	TABLET	TA	4	MG	4	375	168.75
hydromorphone	HYDROMORPHONE HYDROCHLORIDE	ORAL	TABLET	TA	8	MG	4	187.5	84.375
hydromorphone	HYDROMORPHONE HYDROCHLORIDE	INJECTION	SOLUTION AND AMPULE	ML	4	MG/ML	20	75	33.75
hydromorphone	HYDROMORPHONE HYDROCHLORIDE	INJECTION	SOLUTION	ML	10	MG/ML	20	30	13.5
hydromorphone	HYDROMORPHONE HYDROCHLORIDE (EXALGO, GENERIC)	ORAL	TABLET, EXTENDED RELEASE 24 HR	TA	8	MG	4	187.5	84.375
hydromorphone	HYDROMORPHONE HYDROCHLORIDE (EXALGO, GENERIC)	ORAL	TABLET, EXTENDED RELEASE 24 HR	TA	12	MG	4	125	56.25
hydromorphone	HYDROMORPHONE HYDROCHLORIDE (EXALGO, GENERIC)	ORAL	TABLET, EXTENDED RELEASE 24 HR	TA	16	MG	4	93.75	42.1875
hydromorphone	HYDROMORPHONE HYDROCHLORIDE (EXALGO, GENERIC)	ORAL	TABLET EXTENDED RELEASE 24 HR	EA	32	MG	4	46.875	21.09375
hydromorphone	HYDROMORPHONE HYDROCHLORIDE / BUPIVACAINE HYDROCHLORIDE IN 0.9% SODIUM	EPIDURAL	PLASTIC BAG, INJECTION (ML)	ML	0.02	MG/ML	20	15000	6750

	CHLORIDE / PF								
hydromorphone	HYDROMORPHONE HYDROCHLORIDE / PF	INJECTION	AMPULE	ML	1	MG/ML	20	300	135
hydromorphone	HYDROMORPHONE HYDROCHLORIDE / PF	INJECTION	AMPULE	ML	2	MG/ML	20	150	67.5
hydromorphone	HYDROMORPHONE HYDROCHLORIDE / PF	INJECTION	AMPULE	ML	4	MG/ML	20	75	33.75
hydromorphone	HYDROMORPHONE HYDROCHLORIDE / PF	INJECTION	VIAL (SDV,MDV OR ADDITIVE) (ML)	ML	10	MG/ML	20	30	13.5
hydromorphone	HYDROMORPHONE HYDROCHLORIDE IN 0.9 % SODIUM CHLORIDE	INTRAVENOUS	PATIENT CONTROLLED ANALGESIA VIAL	ML	0.1	MG/ML	20	3000	1350
hydromorphone	HYDROMORPHONE HYDROCHLORIDE IN 0.9 % SODIUM CHLORIDE	INTRAVENOUS	PREFILLED PUMP RESERVOIR	ML	0.2	MG/ML	20	1500	675
hydromorphone	HYDROMORPHONE HYDROCHLORIDE IN 0.9 % SODIUM CHLORIDE	INTRAVENOUS	PATIENT CONTROLLED ANALGESIA VIAL	ML	0.4	MG/ML	20	750	337.5
hydromorphone	HYDROMORPHONE HYDROCHLORIDE IN 0.9 % SODIUM CHLORIDE	INTRAVENOUS	PATIENT CONTROLLED ANALGESIA VIAL	ML	0.5	MG/ML	20	600	270
hydromorphone	HYDROMORPHONE HYDROCHLORIDE IN 0.9 % SODIUM CHLORIDE	INTRAVENOUS	PATIENT CONTROLLED ANALGESIA VIAL	ML	0.6	MG/ML	20	500	225
hydromorphone	HYDROMORPHONE HYDROCHLORIDE IN 0.9 % SODIUM CHLORIDE	INJECTION	PLASTIC BAG, INJECTION (ML)	ML	1	MG/ML	20	300	135
hydromorphone	HYDROMORPHONE HYDROCHLORIDE IN 0.9 % SODIUM CHLORIDE	INTRAVENOUS	PATIENT CONTROLLED ANALGESIA VIAL	ML	1.2	MG/ML	20	250	112.5
hydromorphone	HYDROMORPHONE HYDROCHLORIDE IN 0.9 % SODIUM CHLORIDE	INTRAVENOUS	PATIENT CONTROLLED ANALGESIA VIAL	ML	2	MG/ML	20	150	67.5
oxycodone	IBUPROFEN / OXYCODONE HYDROCHLORIDE	ORAL	TABLET	EA	5	MG	1.5	800	360
levorphanol	LEVORPHANOL TARTRATE	ORAL	TABLET	TA	2	MG	11	272.7272727	122.7272727
meperidine	MEPERIDINE HYDROCHLORIDE	ORAL	SOLUTION, ORAL	ML	10	MG/ML	0.1	6000	2700
meperidine	MEPERIDINE HYDROCHLORIDE	INJECTION	SOLUTION	ML	25	MG/ML	0.3	800	360
meperidine	MEPERIDINE HYDROCHLORIDE	ORAL	TABLET	TA	50	MG	0.1	1200	540
meperidine	MEPERIDINE HYDROCHLORIDE	INJECTION	SOLUTION	ML	50	MG/ML	0.3	400	180
meperidine	MEPERIDINE HYDROCHLORIDE	INJECTION	VIAL	ML	50	MG/ML	0.3	400	180
meperidine	MEPERIDINE HYDROCHLORIDE	INJECTION	SOLUTION	ML	75	MG/ML	0.3	266.6666667	120
meperidine	MEPERIDINE HYDROCHLORIDE	ORAL	TABLET	TA	100	MG	0.1	600	270
meperidine	MEPERIDINE HYDROCHLORIDE	INJECTION	SOLUTION	ML	100	MG/ML	0.3	200	90

meperidine	MEPERIDINE HYDROCHLORIDE / PF	INJECTION	DISPOSABLE SYRINGE (ML)	ML	50	MG/ML	0.3	400	180
meperidine	MEPERIDINE HYDROCHLORIDE IN 0.9 % SODIUM CHLORIDE	INTRAVENOUS	PLASTIC BAG, INJECTION (ML)	ML	10	MG/ML	0.3	2000	900
methadone	METHADONE HYDROCHLORIDE	ORAL	SOLUTION	ML	1	MG/ML	> 0 to </= 20 mg daily dose: 4; >20 to </=40 mg daily dose: 8; > 40 to </= 60 mg daily dose: 10; > 60 mg daily dose: 12	calculation dependent on daily dose	calculation dependent on daily dose
methadone	METHADONE HYDROCHLORIDE	ORAL	SOLUTION	ML	2	MG/ML	> 0 to </= 20 mg daily dose: 4; >20 to </=40 mg daily dose: 8; > 40 to </= 60 mg daily dose: 10; > 60 mg daily dose: 12	calculation dependent on daily dose	calculation dependent on daily dose
methadone	METHADONE HYDROCHLORIDE	ORAL	SOLUTION- CONCENTRATE D	ML	10	MG/ML	> 0 to </= 20 mg daily dose: 4; >20 to </=40 mg daily dose: 8; > 40 to </= 60 mg daily dose: 10; > 60 mg daily dose: 12	calculation dependent on daily dose	calculation dependent on daily dose
methadone	METHADONE HYDROCHLORIDE	ORAL	TABLET	TA	5	MG	> 0 to </= 20 mg daily dose: 4; >20 to </=40 mg daily dose: 8; > 40 to </= 60 mg daily dose: 10; > 60 mg daily dose: 12	calculation dependent on daily dose	calculation dependent on daily dose
methadone	METHADONE HYDROCHLORIDE	ORAL	TABLET	TA	10	MG	> 0 to </= 20 mg daily dose: 4; >20 to </=40 mg daily dose: 8; > 40 to </= 60 mg daily dose: 10; > 60 mg daily dose: 12	calculation dependent on daily dose	calculation dependent on daily dose

methadone	METHADONE HYDROCHLORIDE	INJECTION	VIAL	ML	10	MG/ML	> 0 to <= 20 mg daily dose: 4; >20 to <=40 mg daily dose: 8; > 40 to <= 60 mg daily dose: 10; > 60 mg daily dose: 12	calculation dependent on daily dose	calculation dependent on daily dose
methadone	METHADONE HYDROCHLORIDE DISKETS	ORAL	TABLET, SOLUBLE	TA	40	MG	> 0 to <= 20 mg daily dose: 4; >20 to <=40 mg daily dose: 8; > 40 to <= 60 mg daily dose: 10 > 60 mg daily dose: 12	calculation dependent on daily dose	calculation dependent on daily dose
morphine	MORPHINE SULFATE	ORAL	TABLET, IR	TA	15	MG	1	400	180
morphine	MORPHINE SULFATE	ORAL	TABLET,IR	TA	30	MG	1	200	90
morphine	MORPHINE SULFATE	INJECTION	SOLUTION	ML	0.5	MG/ML	3	4000	1800
morphine	MORPHINE SULFATE	INTRAVENOUS*	SOLUTION	ML	1	MG/ML	3	2000	900
morphine	MORPHINE SULFATE	ORAL	SOLUTION, ORAL	ML	2	MG/ML	1	3000	1350
morphine	MORPHINE SULFATE	ORAL	SOLUTION, ORAL	ML	4	MG/ML	1	1500	675
morphine	MORPHINE SULFATE	ORAL	SOLUTION, ORAL	ML	20	MG/ML	1	300	135
morphine	MORPHINE SULFATE	RECTAL	SUPPOSITORY	EA	5	MG	1	1200	540
morphine	MORPHINE SULFATE	INJECTION	VIAL (SDV,MDV OR ADDITIVE) (ML)	ML	5	MG/ML	3	400	180
morphine	MORPHINE SULFATE	INJECTION	VIAL (SDV,MDV OR ADDITIVE) (ML)	ML	8	MG/ML	3	250	112.5
morphine	MORPHINE SULFATE	RECTAL	SUPPOSITORY	EA	10	MG	1	600	270
morphine	MORPHINE SULFATE	INJECTION	VIAL (SDV,MDV OR ADDITIVE) (ML)	ML	10	MG/ML	3	200	90
morphine	MORPHINE SULFATE	INTRAMUSCULAR	PEN INJECTOR (ML)	ML	14.2857143	MG/ML	3	140	62.99999998
morphine	MORPHINE SULFATE / PF	INJECTION	AMPULE	ML	0.5	MG/ML	3	4000	1800
morphine	MORPHINE SULFATE / PF	INJECTION	AMPULE	ML	1	MG/ML	3	2000	900
morphine	MORPHINE SULFATE / PF	INJECTION	AMPULE	ML	10	MG/ML	3	200	90
morphine	MORPHINE SULFATE / DEXTROSE 5 % IN WATER	INJECTION	PLASTIC BAG, INJECTION (ML)	ML	1	MG/ML	3	2000	900
morphine	MORPHINE SULFATE	INTRAVENOUS	SOLUTION	ML	50	MG/ML	3	40	18
morphine	MORPHINE SULFATE / DEXTROSE 5 % IN WATER	INJECTION	PATIENT CONTROLLED ANALGESIA SYRINGE	ML	2	MG/ML	3	1000	450

morphine	MORPHINE SULFATE / DEXTROSE 5%-WATER / PF	INTRAVENOUS	PLASTIC BAG, INJECTION (ML)	ML	1	MG/ML	3	2000	900
morphine	MORPHINE SULFATE	INJECTION	VIAL (SDV,MDV OR ADDITIVE) (ML)	ML	15	MG/ML	3	133.3333333	60
morphine	MORPHINE SULFATE	RECTAL	SUPPOSITORY	EA	20	MG	1	300	135
morphine	MORPHINE SULFATE / DEXTROSE 5 % IN WATER	INJECTION	PLASTIC BAG, INJECTION (ML)	ML	1	MG/ML	3	2000	900
morphine	MORPHINE SULFATE	INTRAVENOUS	SOLUTION	ML	50	MG/ML	3	40	18
morphine	MORPHINE SULFATE	INTRAVENOUS	PRE-FILLED SYRINGE	ML	8	MG/ML	3	250	112.5
morphine	MORPHINE SULFATE / PF	INJECTION	AMPULE	ML	25	MG/ML	3	80	36
morphine	MORPHINE SULFATE IN 0.9 % SODIUM CHLORIDE	INJECTION	PREFILLED PUMP RESERVOIR	ML	1	MG/ML	3	2000	900
morphine	MORPHINE SULFATE	INTRAVENOUS	PRE-FILLED SYRINGE	ML	5	MG/ML	3	400	180
morphine	MORPHINE SULFATE	INTRAVENOUS	PRE-FILLED SYRINGE	ML	4	MG/ML	3	500	225
morphine	MORPHINE SULFATE	INTRAVENOUS	PRE-FILLED SYRINGE	ML	2	MG/ML	3	1000	450
morphine	MORPHINE SULFATE	INTRAVENOUS	SOLUTION	ML	25	MG/ML	3	80	36
morphine	MORPHINE SULFATE	INTRAARENAL	PRE-FILLED SYRINGE	ML	10	MG/ML	3	200	90
morphine	MORPHINE SULFATE IN 0.9 % SODIUM CHLORIDE	INJECTION	PREFILLED PUMP RESERVOIR	ML	5	MG/ML	3	400	180
morphine	MORPHINE SULFATE	RECTAL	SUPPOSITORY	EA	30	MG	1	200	90
morphine	MORPHINE SULFATE LIPOSOMAL / PF	EPIDURAL	VIAL (SDV,MDV OR ADDITIVE) (ML)	ML	10	MG/ML	3	200	90
morphine	MORPHINE SULFATE (KADIAN, GENERIC)	ORAL	CAPSULE, EXTENDED RELEASE PELLETS	CA	10	MG	1	600	270
morphine	MORPHINE SULFATE (KADIAN, GENERIC)	ORAL	CAPSULE, EXTENDED RELEASE PELLETS	CA	20	MG	1	300	135
morphine	MORPHINE SULFATE(KADIAN, GENERIC)	ORAL	CAPSULE, ER PELLETS	CA	30	MG	1	200	90
morphine	MORPHINE SULFATE (KADIAN)	ORAL	CAPSULE, EXTENDED RELEASE PELLETS	EA	40	MG	1	150	67.5
morphine	MORPHINE SULFATE (KADIAN, GENERIC)	ORAL	CAPSULE, EXTENDED RELEASE PELLETS	CA	50	MG	1	120	54
morphine	MORPHINE SULFATE (KADIAN, GENERIC)	ORAL	CAPSULE, EXTENDED RELEASE PELLETS	EA	60	MG	1	100	45
morphine	MORPHINE SULFATE (KADIAN)	ORAL	CAPSULE, EXTENDED RELEASE PELLETS	EA	70	MG	1	85.71428571	38.57142857
morphine	MORPHINE SULFATE (KADIAN, GENERIC)	ORAL	CAPSULE, EXTENDED RELEASE PELLETS	CA	80	MG	1	75	33.75

morphine	MORPHINE SULFATE (KADIAN, GENERIC)	ORAL	CAPSULE, EXTENDED RELEASE PELLETS	EA	100	MG	1	60	27
morphine	MORPHINE SULFATE (KADIAN)	ORAL	CAPSULE, EXTENDED RELEASE PELLETS	EA	130	MG	1	46.15384615	20.76923077
morphine	MORPHINE SULFATE (KADIAN)	ORAL	CAPSULE, EXTENDED RELEASE PELLETS	EA	150	MG	1	40	18
morphine	MORPHINE SULFATE (KADIAN)	ORAL	CAPSULE, EXTENDED RELEASE PELLETS	EA	200	MG	1	30	13.5
morphine	MORPHINE SULFATE (AVINZA, GENERIC)	ORAL	CAPSULE, EXTENDED RELEASE 24HR	CA	30	MG	1	200	90
morphine	MORPHINE SULFATE (AVINZA, GENERIC)	ORAL	CAPSULE, EXTENDED RELEASE 24HR	CA	45	MG	1	133.3333333	60
morphine	MORPHINE SULFATE (AVINZA, GENERIC)	ORAL	CAPSULE, EXTENDED RELEASE 24HR	CA	60	MG	1	100	45
morphine	MORPHINE SULFATE (AVINZA, GENERIC)	ORAL	CAPSULE, EXTENDED RELEASE 24HR	CA	75	MG	1	80	36
morphine	MORPHINE SULFATE (AVINZA, GENERIC)	ORAL	CAPSULE, EXTENDED RELEASE 24HR	CA	90	MG	1	66.66666667	30
morphine	MORPHINE SULFATE (AVINZA, GENERIC)	ORAL	CAPSULE, EXTENDED RELEASE 24HR	CA	120	MG	1	50	22.5
morphine	MORPHINE SULFATE (MS CONTIN, GENERIC)	ORAL	TABLET, EXTENDED RELEASE	TA	15	MG	1	400	180
morphine	MORPHINE SULFATE (MS CONTIN, GENERIC)	ORAL	TABLET, EXTENDED RELEASE	TA	30	MG	1	200	90
morphine	MORPHINE SULFATE (MS CONTIN, GENERIC)	ORAL	TABLET, EXTENDED RELEASE	TA	60	MG	1	100	45
morphine	MORPHINE SULFATE (MS CONTIN, GENERIC)	ORAL	TABLET, EXTENDED RELEASE	TA	100	MG	1	60	27
morphine	MORPHINE SULFATE (MS CONTIN, GENERIC)	ORAL	TABLET, EXTENDED RELEASE	TA	200	MG	1	30	13.5
morphine	MORPHINE SULFATE/NALTREXONE (EMBEDA)	ORAL	EXTENDED RELEASE CAPSULE	CA	20/0.8	MG	1	300	135
morphine	MORPHINE SULFATE/NALTREXONE (EMBEDA)	ORAL	EXTENDED RELEASE CAPSULE	CA	30/1.2	MG	1	200	90
morphine	MORPHINE SULFATE/NALTREXONE (EMBEDA)	ORAL	EXTENDED RELEASE CAPSULE	CA	50/2.0	MG	1	120	54

morphine	MORPHINE SULFATE/NALTREXONE (EMBEDA)	ORAL	EXTENDED RELEASE CAPSULE	CA	60/2.4	MG	1	100	45
morphine	MORPHINE SULFATE/NALTREXONE (EMBEDA)	ORAL	EXTENDED RELEASE CAPSULE	CA	80/3.2	MG	1	75	33.75
morphine	MORPHINE SULFATE/NALTREXONE (EMBEDA)	ORAL	EXTENDED RELEASE CAPSULE	CA	100/4	MG	1	60	27
morphine	MORPHINE SULFATE	ORAL	CAPSULE, EXTENDED RELEASE 24HR	CA	20	MG	1	300	135
nalbuphine	NALBUPHINE HYDROCHLORIDE	INJECTION	VIAL (SDV, MDV OR ADDITIVE) (ML)	ML	10	MG/ML	3	200	90
nalbuphine	NALBUPHINE HYDROCHLORIDE	INJECTION	SOLUTION	ML	20	MG/ML	3	100	45
pentazocine	NALOXONE HYDROCHLORIDE / PENTAZOCINE HYDROCHLORIDE	ORAL	TABLET	TA	50	MG	0.37	324.3243243	145.9459459
oxycodone	OXYCODONE HYDROCHLORIDE	ORAL	TABLET	TA	5	MG	1.5	800	360
oxycodone	OXYCODONE HYDROCHLORIDE	ORAL	CAPSULE	CA	5	MG	1.5	800	360
oxycodone	OXYCODONE HYDROCHLORIDE	ORAL	TABLET	TA	10	MG	1.5	400	180
oxycodone	OXYCODONE HYDROCHLORIDE	ORAL	TABLET	TA	15	MG	1.5	266.6666667	120
oxycodone	OXYCODONE HYDROCHLORIDE	ORAL	TABLET	TA	20	MG	1.5	200	90
oxycodone	OXYCODONE HYDROCHLORIDE	ORAL	TABLET	TA	30	MG	1.5	133.3333333	60
oxycodone	OXYCODONE HYDROCHLORIDE	ORAL	SOLUTION, ORAL	ML	1	MG/ML	1.5	4000	1800
oxycodone	OXYCODONE HYDROCHLORIDE	ORAL	SOLUTION, ORAL	ML	20	MG/ML	1.5	200	90
oxycodone	OXYCODONE HYDROCHLORIDE (OXYECTA)	ORAL	TABLET, ORAL ONLY	TA	5	MG	1.5	800	360
oxycodone	OXYCODONE HYDROCHLORIDE (OXYECTA)	ORAL	TABLET, ORAL ONLY	TA	7.5	MG	1.5	533.3333333	240
oxycodone	OXYCODONE HYDROCHLORIDE	ORAL	TABLET, EXTENDED RELEASE 12 HR	TA	10	MG	1.5	400	180
oxycodone	OXYCODONE HYDROCHLORIDE (Xtampza ER)	ORAL	TABLET EXTENDED RELEASE 12 HR	EA	9	MG	1.67	399.2015968	179.6407186
oxycodone	OXYCODONE HYDROCHLORIDE	ORAL	TABLET EXTENDED RELEASE 12 HR	EA	15	MG	1.5	266.6666667	120
oxycodone	OXYCODONE HYDROCHLORIDE (Xtampza ER)	ORAL	TABLET EXTENDED RELEASE 12 HR	EA	13.5	MG	1.67	266.1343979	119.760479
oxycodone	OXYCODONE HYDROCHLORIDE	ORAL	TABLET, EXTENDED RELEASE 12 HR	TA	20	MG	1.5	200	90
oxycodone	OXYCODONE HYDROCHLORIDE (Xtampza ER)	ORAL	TABLET EXTENDED RELEASE 12 HR	TA	18	MG	1.67	199.6007984	89.82035928
oxycodone	OXYCODONE HYDROCHLORIDE	ORAL	CONCENTRATE, ORAL	ML	20	MG/ML	1.5	200	90

oxycodone	OXYCODONE HYDROCHLORIDE	ORAL	TABLET, EXTENDED RELEASE 12 HR	TA	30	MG	1.5	133.3333333	60
oxycodone	OXYCODONE HYDROCHLORIDE (Xtampza ER)	ORAL	TABLET EXTENDED RELEASE 12 HR	TA	27	MG	1.67	133.0671989	59.88023952
oxycodone	OXYCODONE HYDROCHLORIDE	ORAL	TABLET, EXTENDED RELEASE 12 HR	TA	40	MG	1.5	100	45
oxycodone	OXYCODONE HYDROCHLORIDE (Xtampza ER)	ORAL	TABLET EXTENDED RELEASE 12 HR	TA	36	MG	1.67	99.8003992	44.91017964
oxycodone	OXYCODONE HYDROCHLORIDE	ORAL	TABLET, EXTENDED RELEASE 12 HR	TA	60	MG	1.5	66.66666667	30
oxycodone	OXYCODONE HYDROCHLORIDE	ORAL	TABLET, EXTENDED RELEASE 12 HR	TA	80	MG	1.5	50	22.5
oxymorphone	OXYMORPHONE HYDROCHLORIDE	INJECTION	SOLUTION	ML	1	MG/ML	30	200	90
oxymorphone	OXYMORPHONE HYDROCHLORIDE (OPANA AND GENERIC)	ORAL	TABLET	TA	5	MG	3	400	180
oxymorphone	OXYMORPHONE HYDROCHLORIDE (OPANA AND GENERIC)	ORAL	TABLET	TA	10	MG	3	200	90
oxymorphone	OXYMORPHONE HYDROCHLORIDE	ORAL	TABLET, EXTENDED RELEASE 12 HR	TA	5	MG	3	400	180
oxymorphone	OXYMORPHONE HYDROCHLORIDE	ORAL	TABLET, EXTENDED RELEASE 12 HR	TA	10	MG	3	200	90
oxymorphone	OXYMORPHONE HYDROCHLORIDE	ORAL	TABLET, EXTENDED RELEASE 12 HR	TA	15	MG	3	133.3333333	60
oxymorphone	OXYMORPHONE HYDROCHLORIDE	ORAL	TABLET, EXTENDED RELEASE 12 HR	TA	20	MG	3	100	45
oxymorphone	OXYMORPHONE HYDROCHLORIDE	ORAL	TABLET, EXTENDED RELEASE 12 HR	TA	30	MG	3	66.66666667	30
oxymorphone	OXYMORPHONE HYDROCHLORIDE	ORAL	TABLET, EXTENDED RELEASE 12 HR	TA	40	MG	3	50	22.5
oxymorphone	OXYMORPHONE HYDROCHLORIDE	ORAL	TABLET, EXTENDED RELEASE 12 HR	TA	7.5	MG	3	266.6666667	120
oxymorphone	OXYMORPHONE HYDROCHLORIDE (OPANA ER)	ORAL	TABLET,ORAL ONLY,EXTENDED RELEASE 12 HR	TA	5	MG	3	400	180
oxymorphone	OXYMORPHONE HYDROCHLORIDE (OPANA ER)	ORAL	TABLET,ORAL ONLY,EXTENDED RELEASE 12 HR	TA	7.5	MG	3	266.6666667	120
oxymorphone	OXYMORPHONE HYDROCHLORIDE (OPANA ER)	ORAL	TABLET,ORAL ONLY,EXTENDED RELEASE 12 HR	TA	10	MG	3	200	90
oxymorphone	OXYMORPHONE HYDROCHLORIDE (OPANA ER)	ORAL	TABLET,ORAL ONLY,EXTENDED RELEASE 12 HR	TA	15	MG	3	133.3333333	60
oxymorphone	OXYMORPHONE HYDROCHLORIDE (OPANA ER)	ORAL	TABLET,ORAL ONLY,EXTENDED RELEASE 12 HR	TA	20	MG	3	100	45

oxymorphone	OXYMORPHONE HYDROCHLORIDE (OPANA ER)	ORAL	TABLET,ORAL ONLY,EXTENDED RELEASE 12 HR	TA	30	MG	3	66.66666667	30
oxymorphone	OXYMORPHONE HYDROCHLORIDE (OPANA ER)	ORAL	TABLET,ORAL ONLY,EXTENDED RELEASE 12 HR	TA	40	MG	3	50	22.5
pentazocine	PENTAZOCINE LACTATE	INJECTION	VIAL (SDV,MDV OR ADDITIVE) (ML)	TA	30	MG/ML	0.37	540.5405405	243.2432432
pentazocine	PENTAZOCINE NALOXONE	ORAL	TABLET	TA	50	MG	0.37	324.3243243	145.9459459
tapentadol	TAPENTADOL HYDROCHLORIDE	ORAL	TABLET	EA	50	MG	0.4	300	135
tapentadol	TAPENTADOL HYDROCHLORIDE	ORAL	TABLET, EXTENDED RELEASE 12 HR	TA	50	MG	0.4	300	135
tapentadol	TAPENTADOL HYDROCHLORIDE	ORAL	TABLET	EA	75	MG	0.4	200	90
tapentadol	TAPENTADOL HYDROCHLORIDE	ORAL	TABLET	EA	100	MG	0.4	150	67.5
tapentadol	TAPENTADOL HYDROCHLORIDE	ORAL	TABLET, EXTENDED RELEASE 12 HR	TA	100	MG	0.4	150	67.5
tapentadol	TAPENTADOL HYDROCHLORIDE	ORAL	TABLET EXTENDED RELEASE 12 HR	EA	150	MG	0.4	100	45
tapentadol	TAPENTADOL HYDROCHLORIDE	ORAL	TABLET EXTENDED RELEASE 12 HR	EA	200	MG	0.4	75	33.75
tapentadol	TAPENTADOL HYDROCHLORIDE	ORAL	TABLET EXTENDED RELEASE 12 HR	EA	250	MG	0.4	60	27
tramadol	TRAMADOL HYDROCHLORIDE	ORAL	TABLET DISPERSIBLE AND TABLET	EA	50	MG	0.1	1200	540
tramadol	TRAMADOL HYDROCHLORIDE	ORAL	TABLET,EXTENDED RELEASE MULTIPHASE 24 HR	TA	100	MG	0.1	600	270
tramadol	TRAMADOL HYDROCHLORIDE	ORAL	TABLET,EXTENDED RELEASE MULTIPHASE 24 HR	TA	200	MG	0.1	300	135
tramadol	TRAMADOL HYDROCHLORIDE	ORAL	TABLET,EXTENDED RELEASE MULTIPHASE 24 HR	TA	300	MG	0.1	200	90

* effective 10/1/18, buprenorphine products (including those only indicated for pain) will no longer be targeted in the Standard Medicare MME200