# Medicare-D Quality Process Policy

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| **SUBJECT: Formulary Level Cumulative Opioid Point of Sale Edits**<br>**POLICY NUMBER: Medicare D-111**<br>**EFFECTIVE DATE: 01/01/2017**<br>**LAST REVIEW DATE: 04/01/2023** |
| *If the member's subscriber contract excludes coverage for a specific service or prescription drug, it is not covered under that contract. In such cases, medical or drug policy criteria are not applied. This drug policy applies to the following line/s of business:* |
| **Policy Application** |

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|---|---|---|
| **Category**: | ☐ Commercial Group (e.g., EPO, HMO, POS, PPO) | ☒ Medicare Advantage |
| | ☐ On Exchange Qualified Health Plans (QHP) | ☐ Medicare Part D |
| | ☐ Off Exchange Direct Pay | ☐ Essential Plan (EP) |
| | ☐ Medicaid & Health and Recovery Plans (MMC/HARP) | ☐ Child Health Plus (CHP) |
| | ☐ Federal Employee Program (FEP) | ☐ Ancillary Services |
| | ☒ Dual Eligible Special Needs Plan (D-SNP) | |

**Summary of Formulary-Level Opioid Point of Sale (POS) Edits:**

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 90 days. If the incoming claim is > 7-day supply and there is an opioid claim in the past 90 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.

3. **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 |
| Benzhydrocodone/acetaminophen (Apadaz) | tablets |
| Buprenorphine^ (Belbuca, Butrans) | buccal tablets, transdermal patch |
| 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 |
| Oliceridine | 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 that are indicated for the treatment of opioid dependence are not included in this program.*
**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-G below.

- **Approval will be a 30-day override for scenarios A, B, C, D, E, F below.** Once the initial fill has adjudicated, subsequent claim rejections will not be triggered unless 90 days elapses before the next fill.

- **Approval will be a 30-day override for scenario G below** in the event the pharmacy outreach is unsuccessful, and a coverage determination must be rendered. *
  A) Patient has taken an opioid medication in the last 90 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 patient has sickle cell disease, **OR**
  F) The requesting physician provides a supporting statement/attest that a prescription for greater than a 7-day supply is medically necessary to manage the patient's pain, **OR**
  G) 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 90 days[1], 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 ≥ 200 MME
   - Care Coordination edit at ≥ 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 |
| Oliceridine | 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] In addition, there is no universally approved/accepted conversion factor from CDC or CMS.*

**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 F below.**

- **Approval will be a one-year override for scenarios A, B, C, D, E 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 F below** in the event 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) The patient has sickle cell disease, **OR**
F) 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]

**Table 1: Morphine equivalent conversion factors per milligram of opioid**[6]

| 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 |
| 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:^ | Oral, Injection | 10 |

| OPIOID | DOSAGE FORM(S) | ORAL MME CONVERSION FACTOR PER MG OF OPIOID |
|---|---|---|
| > 40 to ≤ 60 mg daily dose | | |
| Methadone:^<br>> 60 mg daily dose | Oral, Injection | 12 |
| Morphine | Injection | 3 |
| Morphine | Oral | 1 |
| Morphine | Rectal | 1 |
| Nalbuphine | Injection | 3 |
| Oliceridine* | Injection | 15 |
| 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.

*Conversion factor calculation: 5mg IV morphine = 15mg oral morphine; 5mg IV morphine = 1mg IV oliceridine' 1mg IV oliceridine = 15mg oral morphine (i.e., conversion factor 15)

## 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:** ∑ Oral MME daily dose per claim for all opiates received

An MME is calculated for each member 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.

**Table 2: 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.*

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

**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] Per CMS, the Care Coordination and hard MME edits may also include prescriber counts, pharmacy counts, or both.[7]

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"
7. Centers for Medicare and Medicaid Services. CMS Memo: Contract Year (CY) 2021 Opioid Safety Edit Reminders and Recommendation. November 2020

## 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* |
|---|---|---|---|---|---|---|---|---|---|
| buprenorphine* | BUPRENORPHINE | TRANSDERMAL | PATCH, TRANSDERMAL WEEKLY (expected to remain in place for 7 days) | **TD** | 5 | MCG/HR | 12.6 | 89.4254415 | 40.24144869 |
| buprenorphine* | BUPRENORPHINE | TRANSDERMAL | PATCH, TRANSDERMAL WEEKLY (expected to remain in place for 7 days) | **TD** | 7.5 | MCG/HR | 12.6 | 59.616961 | 26.82763246 |
| buprenorphine* | BUPRENORPHINE | TRANSDERMAL | PATCH, TRANSDERMAL WEEKLY (expected to remain in place for 7 days) | **TD** | 10 | MCG/HR | **12.6** | 44.7127208 | 20.12072435 |
| buprenorphine* | BUPRENORPHINE | TRANSDERMAL | PATCH, TRANSDERMAL WEEKLY (expected to remain in place for 7 days) | **TD** | 15 | MCG/HR | **12.6** | 29.8084805 | 13.41381623 |
| buprenorphine* | BUPRENORPHINE | TRANSDERMAL | PATCH, TRANSDERMAL WEEKLY (expected to remain in place for 7 days) | **TD** | 20 | MCG/HR | **12.6** | 22.3563604 | 10.06036217 |
| buprenorphine* | BUPRENORPHINE HYDROCHLORIDE | SUBLINGUAL | FILM TABLET, SUBLINGUAL | TA | 75 | MCG | 30 | 2666.66667 | 1200 |
| buprenorphine* | BUPRENORPHINE HYDROCHLORIDE | SUBLINGUAL | FILM TABLET, SUBLINGUAL | TA | 150 | MCG | 30 | 1333.33333 | 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 |

| 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* |
|---|---|---|---|---|---|---|---|---|---|
| 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 | 857.142857 | 385.7142857 |
| butorphanol | BUTORPHANOL TARTRATE | INJECTION | VIAL (SDV,MDV OR ADDITIVE) (ML) | ML | 2 | MG/ML | 7 | 428.571429 | 192.8571429 |
| butorphanol | BUTORPHANOL TARTRATE | NASAL | SOLUTION | ML | 10 | MG/ML | 7 | 85.7142857 | 38.57142857 |
| codeine | ACETAMINOPHEN / BUTALBITAL / CAFFEINE / CODEINE PHOSPHATE | ORAL | CAPSULE | CA | 30 | MG | 0.15 | 1333.33333 | 600 |
| codeine | ACETAMINOPHEN / CODEINE PHOSPHATE | ORAL | SUSPENSION | ML | 2.4 | MG/ML | 0.15 | 16666.6667 | 7500 |
| codeine | ACETAMINOPHEN / CODEINE PHOSPHATE | ORAL | TABLET | EA | 15 | MG | 0.15 | 2666.66667 | 1200 |
| codeine | ACETAMINOPHEN / CODEINE PHOSPHATE | ORAL | TABLET | TA | 30 | MG | 0.15 | 1333.33333 | 600 |
| codeine | ACETAMINOPHEN / CODEINE PHOSPHATE | ORAL | TABLET | TA | 60 | MG | 0.15 | 666.666667 | 300 |
| codeine | ASPIRIN / BUTALBITAL / CAFFEINE / CODEINE PHOSPHATE | ORAL | CAPSULE | CA | 30 | MG | 0.15 | 1333.33333 | 600 |
| codeine | CODEINE SULFATE | ORAL | SOLUTION, ORAL | ML | 6 | MG/ML | 0.15 | 6666.66667 | 3000 |
| codeine | CODEINE SULFATE | ORAL | TABLET | EA | 15 | MG | 0.15 | 2666.66667 | 1200 |
| codeine | CODEINE SULFATE | ORAL | TABLET | EA | 30 | MG | 0.15 | 1333.33333 | 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 | 2666.66667 | 1200 |

| 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 | CODEINE PHOSPHATE | INJECTION | SOLUTION | ML | 30 | MG/ML | 0.15 | 1333.33333 | 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 |
| dihydrocodeine | ASPIRIN / CAFFEINE / DIHYDROCODEINE BITARTRATE | ORAL | CAPSULE | **CA** | 16 | MG | 0.25 | 1500 | 675 |
| 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 | 69.4444444 | 31.25 |
| fentanyl | FENTANYL | TRANSDERMAL | PATCH, TRANSDERMAL 72 HOURS | TD | 25 | MCG/HR | 7.2 | 33.3333333 | 15 |
| fentanyl | FENTANYL | TRANSDERMAL | PATCH, TRANSDERMAL 72 HOURS | TD | 37.5 | MCG/HR | 7.2 | 22.2222222 | 10 |
| fentanyl | FENTANYL | TRANSDERMAL | PATCH, TRANSDERMAL 72 HOURS | TD | 50 | MCG/HR | 7.2 | 16.6666667 | 7.5 |
| fentanyl | FENTANYL | TRANSDERMAL | PATCH, TRANSDERMAL 72 HOURS | TD | 62.5 | MCG/HR | 7.2 | 13.3333333 | 6 |
| fentanyl | FENTANYL | TRANSDERMAL | PATCH, TRANSDERMAL 72 HOURS | TD | 75 | MCG/HR | 7.2 | 11.1111111 | 5 |
| fentanyl | FENTANYL | TRANSDERMAL | PATCH, TRANSDERMAL 72 HOURS | TD | 87.5 | MCG/HR | 7.2 | 9.52380952 | 4.285714286 |
| fentanyl | FENTANYL | TRANSDERMAL | PATCH, TRANSDERMAL 72 HOURS | TD | 100 | MCG/HR | 7.2 | 8.33333333 | 3.75 |
| fentanyl | FENTANYL (SUBSYS) | SUBLINGUAL | LIQUID | EA | 100 | MCG | 0.18 | 333.333333 | 150 |
| fentanyl | FENTANYL (SUBSYS) | SUBLINGUAL | LIQUID | EA | 200 | MCG | 0.18 | 166.666667 | 75 |
| fentanyl | FENTANYL (SUBSYS) | SUBLINGUAL | LIQUID | EA | 400 | MCG | 0.18 | 83.3333333 | 37.5 |
| fentanyl | FENTANYL (SUBSYS) | SUBLINGUAL | LIQUID | EA | 600 | MCG | 0.18 | 55.5555556 | 25 |
| fentanyl | FENTANYL (SUBSYS) | SUBLINGUAL | LIQUID | EA | 800 | MCG | 0.18 | 41.6666667 | 18.75 |

| 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* |
|---|---|---|---|---|---|---|---|---|---|
| fentanyl | FENTANYL (SUBSYS) | SUBLINGUAL | LIQUID | EA | 1200 | MCG | 0.18 | 27.7777778 | 12.5 |
| fentanyl | FENTANYL (SUBSYS) | SUBLINGUAL | LIQUID | EA | 1600 | MCG | 0.18 | 20.8333333 | 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 | 461.538462 | 207.6923077 |
| fentanyl | FENTANYL CITRATE (FENTORA) | BUCCAL | TABLET, EFFERVESCENT | **TA** | 200 | MCG | 0.13 | 230.769231 | 103.8461538 |
| fentanyl | FENTANYL CITRATE (FENTORA) | BUCCAL | TABLET, EFFERVESCENT | **TA** | 300 | MCG | 0.13 | 153.846154 | 69.23076923 |
| fentanyl | FENTANYL CITRATE (FENTORA) | BUCCAL | TABLET, EFFERVESCENT | **TA** | 400 | MCG | 0.13 | 115.384615 | 51.92307692 |
| fentanyl | FENTANYL CITRATE (FENTORA) | BUCCAL | TABLET, EFFERVESCENT | **TA** | 600 | MCG | 0.13 | 76.9230769 | 34.61538462 |
| fentanyl | FENTANYL CITRATE (FENTORA) | BUCCAL | TABLET, EFFERVESCENT | **TA** | 800 | MCG | 0.13 | 57.6923077 | 25.96153846 |
| fentanyl | FENTANYL CITRATE (ABSTRAL) | SUBLINGUAL | TABLET SUBLINGUAL | EA | 100 | MCG | 0.13 | 461.538462 | 207.6923077 |
| fentanyl | FENTANYL CITRATE (ABSTRAL) | SUBLINGUAL | TABLET SUBLINGUAL | EA | 200 | MCG | 0.13 | 230.769231 | 103.8461538 |
| fentanyl | FENTANYL CITRATE (ABSTRAL) | SUBLINGUAL | TABLET SUBLINGUAL | EA | 300 | MCG | 0.13 | 153.846154 | 69.23076923 |
| fentanyl | FENTANYL CITRATE (ABSTRAL) | SUBLINGUAL | TABLET SUBLINGUAL | EA | 400 | MCG | 0.13 | 115.384615 | 51.92307692 |
| fentanyl | FENTANYL CITRATE (ABSTRAL) | SUBLINGUAL | TABLET SUBLINGUAL | EA | 600 | MCG | 0.13 | 76.9230769 | 34.61538462 |
| fentanyl | FENTANYL CITRATE (ABSTRAL) | SUBLINGUAL | TABLET SUBLINGUAL | EA | 800 | MCG | 0.13 | 57.6923077 | 25.96153846 |
| fentanyl | FENTANYL CITRATE (ACTIQ, GENERICS) | BUCCAL | LOZENGE ON A HANDLE | EA | 200 | MCG | 0.13 | 230.769231 | 103.8461538 |
| fentanyl | FENTANYL CITRATE (ACTIQ, GENERICS) | BUCCAL | LOZENGE ON A HANDLE | EA | 400 | MCG | 0.13 | 115.384615 | 51.92307692 |
| fentanyl | FENTANYL CITRATE (ACTIQ, GENERICS) | BUCCAL | LOZENGE ON A HANDLE | EA | 600 | MCG | 0.13 | 76.9230769 | 34.61538462 |
| fentanyl | FENTANYL CITRATE (ACTIQ, GENERICS) | BUCCAL | LOZENGE ON A HANDLE | EA | 800 | MCG | 0.13 | 57.6923077 | 25.96153846 |
| fentanyl | FENTANYL CITRATE (ACTIQ, GENERICS) | BUCCAL | LOZENGE ON A HANDLE | EA | 1200 | MCG | 0.13 | 38.4615385 | 17.30769231 |
| fentanyl | FENTANYL CITRATE (ACTIQ, GENERICS) | BUCCAL | LOZENGE ON A HANDLE | EA | 1600 | MCG | 0.13 | 28.8461538 | 12.98076923 |
| hydrocodone | ACETAMINOPHEN / HYDROCODONE BITARTRATE | ORAL | SOLUTION, ORAL | ML | 0.5 | MG/ML | 1 | 12000 | 5400 |

| 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* |
|---|---|---|---|---|---|---|---|---|---|
| hydrocodone | ACETAMINOPHEN / HYDROCODONE BITARTRATE | ORAL | SOLUTION | ML | 0.666667 | MG/ML | 1 | 9000 | 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 |
| 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 |

| 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* |
|---|---|---|---|---|---|---|---|---|---|
| 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 |

| 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* |
|---|---|---|---|---|---|---|---|---|---|
| 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 CHLORIDE / PF | EPIDURAL | PLASTIC BAG, INJECTION (ML) | **ML** | 0.02 | MG/ML | 20 | 15000 | 6750 |
| 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 |

| 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* |
|---|---|---|---|---|---|---|---|---|---|
| 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 |
| levorphanol | LEVORPHANOL TARTRATE | ORAL | TABLET | TA | 2 | MG | 11 | 272.727273 | 122.7272727 |
| levorphanol | LEVORPHANOL TARTRATE | ORAL | TABLET | TA | 3 | MG | 11 | 181.818182 | 81.81818182 |
| 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 | 266.666667 | 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 |

| 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* |
|---|---|---|---|---|---|---|---|---|---|
| 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-CONCENTRATED | 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 |

| 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* |
|---|---|---|---|---|---|---|---|---|---|
| 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: 8; >20 to </=40 mg daily dose: 16; > 40 to </= 60 mg daily dose: 20; > 60 mg daily dose: 24 | 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 |

| 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* |
|---|---|---|---|---|---|---|---|---|---|
| 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 | 14.285714 | 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 | 133.333333 | 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 |

| 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* |
|---|---|---|---|---|---|---|---|---|---|
| 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 | INTRAAVENOUS | 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, EXTENDED RELEASE 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 |

| 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* |
|---|---|---|---|---|---|---|---|---|---|
| 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 | 85.7142857 | 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 | 46.1538462 | 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 | 133.333333 | 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 | 66.6666667 | 30 |
| morphine | MORPHINE SULFATE (AVINZA, GENERIC) | ORAL | CAPSULE,EXTENDED RELEASE 24HR | **CA** | 120 | MG | 1 | 50 | 22.5 |

| 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* |
|---|---|---|---|---|---|---|---|---|---|
| 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 |
| 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 |

| 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* |
|---|---|---|---|---|---|---|---|---|---|
| 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 | 533.333333 | 240 |
| oxycodone | ACETAMINOPHEN / OXYCODONE HYDROCHLORIDE EXTENDED RELEASE TABLETS (XARTEMIS) | ORAL | EXTENDED RELEASE (BIPHASIC RELEASE) TABLET | TA | 7.5 | MG | 1.5 | 533.333333 | 240 |
| oxycodone | ACETAMINOPHEN / OXYCODONE HYDROCHLORIDE | ORAL | TABLET | TA | 10 | MG | 1.5 | 400 | 180 |
| 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 | 827.300931 | 372.2854188 |
| oxycodone | IBUPROFEN / OXYCODONE HYDROCHLORIDE | ORAL | TABLET | EA | 5 | MG | 1.5 | 800 | 360 |
| 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 | 266.666667 | 120 |
| oxycodone | OXYCODONE HYDROCHLORIDE | ORAL | TABLET | TA | 20 | MG | 1.5 | 200 | 90 |
| oxycodone | OXYCODONE HYDROCHLORIDE | ORAL | TABLET | TA | 30 | MG | 1.5 | 133.333333 | 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 (OXECTA) | ORAL | TABLET, ORAL ONLY | TA | 5 | MG | 1.5 | 800 | 360 |
| oxycodone | OXYCODONE HYDROCHLORIDE (OXECTA) | ORAL | TABLET, ORAL ONLY | TA | 7.5 | MG | 1.5 | 533.333333 | 240 |

| 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* |
|---|---|---|---|---|---|---|---|---|---|
| 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 | 399.201597 | 179.6407186 |
| oxycodone | OXYCODONE HYDROCHLORIDE | ORAL | TABLET EXTENDED RELEASE 12 HR | EA | 15 | MG | 1.5 | 266.666667 | 120 |
| oxycodone | OXYCODONE HYDROCHLORIDE (Xtampza ER) | ORAL | TABLET EXTENDED RELEASE 12 HR | EA | 13.5 | MG | 1.67 | 266.134398 | 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 | 199.600798 | 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 | 133.333333 | 60 |
| oxycodone | OXYCODONE HYDROCHLORIDE (Xtampza ER) | ORAL | TABLET EXTENDED RELEASE 12 HR | TA | 27 | MG | 1.67 | 133.067199 | 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 | 66.6666667 | 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 |

| 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* |
|---|---|---|---|---|---|---|---|---|---|
| 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 | 133.333333 | 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 | 66.6666667 | 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 | 266.666667 | 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 | 266.666667 | 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 | 133.333333 | 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 | 66.6666667 | 30 |

| 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* |
|---|---|---|---|---|---|---|---|---|---|
| oxymorphone | OXYMORPHONE HYDROCHLORIDE (OPANA ER) | ORAL | TABLET,ORAL ONLY,EXTENDED RELEASE 12 HR | **TA** | 40 | MG | 3 | 50 | 22.5 |
| pentazocine | ACETAMINOPHEN / PENTAZOCINE HYDROCHLORIDE | ORAL | TABLET | TA | 25 | MG | 0.37 | 648.648649 | 291.8918919 |
| pentazocine | NALOXONE HYDROCHLORIDE / PENTAZOCINE HYDROCHLORIDE | ORAL | TABLET | TA | 50 | MG | 0.37 | 324.324324 | 145.9459459 |
| pentazocine | PENTAZOCINE LACTATE | INJECTION | VIAL (SDV,MDV OR ADDITIVE) (ML) | **TA** | 30 | MG/ML | 0.37 | 540.540541 | 243.2432432 |
| pentazocine | PENTAZOCINE NALOXONE | ORAL | TABLET | **TA** | 50 | MG | 0.37 | 324.324324 | 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 | ACETAMINOPHEN / TRAMADOL HYDROCHLORIDE | ORAL | TABLET | TA | 37.5 | MG | 0.1 | 1600 | 720 |
| 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 |

| 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* |
|---|---|---|---|---|---|---|---|---|---|
| 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*

## REVISION TRACKING:

| Date | Explanation of Revision(s) |
|---|---|
| 04/01/2023 | Revised-Medicaid unchecked from header |
| 11/04/2022 | Reviewed |
| 11/18/2021 | Revised-Updated Reference, changed lookback period for opioid from 108 days to 90 days |
| 11/12/2020 | Reviewed |
| 11/25/2019 | Reviewed |
| 12/28/2018 | Reviewed |

## VIOLATIONS:

Violation of this policy may result in disciplinary action, up to and including termination for employees, termination of vendor, contractors or consultants' contracts, or dismissal for interns and volunteers. Additionally, individuals may be subject to loss of access privileges and/or civil or criminal prosecution. The Health Plan is subject to action against the Certificate of Authority and/or civil monetary penalties per New York State Department of Health regulations.

## EFFECT ON PREVIOUS POLICIES:

This policy supersedes any previous policy with respect to this subject matter approved or adopted by The Lifetime Healthcare Companies or its subsidiary or affiliates to which this policy applies.

At any time and without notice, the Corporation reserves the right to amend or establish its policies, requirements, and standards.

**COMMITTEE APPROVAL HISTORY:**

| Date | Revision |
|---|---|
| 11/17/2022 | P&T Committee Review & Approval |
| 11/18/2021 | P&T Committee Review & Approval |
| 11/12/2020 | P&T Committee Review & Approval |
| 11/21/2019 | P&T Committee Review & Approval |
| 03/01/2018 | P&T Committee Review & Approval |
| 12/28/2018 | P&T Committee Review & Approval |
| 11/03/2017 | P&T Committee Review & Approval |
| 08/04/2016 | P&T Committee Review & Approval |