Medicare-D Process Policy

SUBJECT: Formulary Level Cumulative Opioid Point of Sale Edits **POLICY NUMBER: Medicare D-111** **EFFECTIVE DATE: 01/01/2017** **LAST REVIEW DATE: 11/30/2024**
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

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 opioid 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)
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
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/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 that 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/attests that a prescription
  - **G.** for greater than a 7-day supply is medically necessary to manage the patient's pain; **OR**
  - **H.** 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 < 200 MME**

Impacted Drugs*

Opioid	Dosage Form(s)
Codeine	capsule, solution
Codeine combination products	capsule, tablet, suspension
Fentanyl	transdermal patch
Hydrocodone	tablet, solution
Hydrocodone combination products	tablet, solution
Hydromorphone	rectal suppository, tablet, ER tablet, solution
Methadone	tablet, solution
Morphine	tablet, capsule, ER tablet, ER capsule, solution, rectal suppository
Oxycodone	tablet, ER, tablet, capsule, solution
Oxycodone combination products	tablet, ER tablet, solution
Oxymorphone	tablet, ER tablet
Tapentadol	tablet, ER tablet
Tramadol	tablet, ER tablet, ER capsule, solution
Tramadol combination products	tablet

**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 2022, the **Centers for Disease Control and Prevention (CDC)** published an updated guideline for prescribing opioids for pain.[8] Nonopioid therapies are at least as effective as opioids for many common types of acute pain, and nonopioid therapies are preferred for subacute and chronic pain. Clinicians should maximize the use of nonpharmacologic and nonopioid pharmacologic therapies as appropriate for the specific condition and patient and only consider initiating opioid therapy if expected benefits for pain and function are anticipated to outweigh risks to the patient. Multiple noninvasive nonpharmacologic interventions (e.g., aerobic, aquatic, or resistance exercises, weight loss, psychological therapy, spinal manipulation, low-level laser therapy, massage, mindfulness-based stress reduction, yoga, tai chi, qigong, acupuncture, cognitive behavioral therapy, and spinal manipulation) are associated with improvements in pain, function, or both, that are sustained after treatment and are not associated with serious harms. Non-opioid drugs (e.g., tricyclic antidepressants, serotonin, and norepinephrine reuptake inhibitor [SNRI] antidepressants, duloxetine, selected antiseizure medications (e.g., pregabalin, gabapentin, oxcarbazepine), capsaicin and lidocaine patches, and nonsteroidal anti-inflammatory drugs [NSAIDs]) are associated with small to moderate improvements in chronic pain and function for certain chronic pain conditions.

Before initiating opioid therapy for patients with pain, clinicians should discuss with patients the realistic benefits and known risks of opioid therapy.[8] Before starting ongoing opioid therapy for patients with subacute or chronic pain, clinicians should work with patients to establish treatment goals for pain and function and consider how opioid therapy will be discontinued if benefits do not outweigh risks. When opioids are initiated, clinicians should prescribe the lowest effective dosage of immediate-release opioids for no longer than needed for the expected duration of pain severe enough to require opioids. During ongoing opioid therapy, clinicians should collaborate with patients to evaluate and carefully weigh the benefits and risks of continuing opioid therapy and exercise care when increasing, continuing, or reducing opioid dosage.

Before starting and periodically during continuation of opioid therapy, clinicians should evaluate the risk for opioid-related harms and should work with patients to incorporate relevant strategies to mitigate risk, including offering naloxone and reviewing potential interactions with any other prescribed medications or substances used.[8] When prescribing initial opioid therapy and periodically during opioid therapy, clinicians should review the patient's history of controlled substance prescriptions using state prescription drug monitoring program (PDMP) data to determine whether the patient is receiving opioid dosages or combinations that put the patient at high risk for overdose. When prescribing opioids for subacute or chronic pain, clinicians should consider the benefits and risks of toxicology testing to assess for prescribed medications as well as other prescribed and nonprescribed controlled substances.

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.[1,9,10]

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]

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] CMS now requires that Medicare Part D sponsors have concurrent drug utilization review (DUR) systems, policies, and procedures in place for opioid medications to ensure a safety review of the prescribed opioid drug therapy is performed before each prescription is dispensed to a member at the point-of-sale (POS).[11] To fulfill this requirement a Medicare Part D plan sponsor can implement opioid safety edits at the POS, one of which is an (optional) hard edit at 200 Morphine Milligram Equivalents (MME) per day or more.[1,9,10] As of April 2023, CMS uses the 2022 morphine milligram equivalent conversion factors [**see Table 1**] published by the Centers for Disease Control and Prevention (CDC) as their sole source for conversion factor information.[8]

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.

Table 1: Morphine Milligram Equivalent conversion factors per milligram of opioid[8^*]

OPIOID	DOSAGE FORM(S)	ORAL MME CONVERSION FACTOR PER MG OF OPIOID
Codeine sulfate	Oral	0.15
Fentanyl	Transdermal (mcg/hr)	2.4[+] See Table 2
Hydrocodone	Oral	1
Hydromorphone	Oral, Rectal	5
Methadone	Oral	4.7
Morphine	Oral, Rectal	1
Oxycodone HCL	Oral	1.5
Oxycodone (Xtampza ER)	Oral	1.67[#]
Oxymorphone	Oral	3
Tapentadol	Oral	0.4
Tramadol	Oral	0.2

^ *The 2022 CDC table applies to drugs taken orally or used as transdermal application; the MME conversion table should not be used when opioids are administered through other routes, such as injection.*

* *Opioid products not represented on the 2022 CDC table are excluded from the cumulative MME calculations*

\+ *Because a fentanyl patch remains in place for 3 days, the conversion factor when performing calculations is multiplied by 3 (2.4 x 3 = 7.2)*

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

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 MME conversion factor, the approximate MME, and MME 200 30-day quantity limit (QL) for transdermal fentanyl. Fentanyl transdermal patches are expected to remain in place for 3 days which is considered when calculating the MED200 30-day QL.

Table 2: Transdermal Fentanyl MME conversion

Dose	MME conversion mcg/hr (CDC)	MME (day) per 1 patch	MME 200 30 day
12.5 mcg/hr	2.4	30	69
25 mcg/hr	2.4	60	33
37.5 mcg/hr	2.4	90	22
50 mcg/hr	2.4	120	16
62.5 mcg/hr	2.4	150	13
75 mcg/hr	2.4	180	11
87.5 mcg/hr	2.4	210	9
100 mcg/hr	2.4	240	8

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:

Oral MME (CDC) = CF X strength of patch = # of MME/day
Oral MME (CDC) = 2.4 X 25 = 60 MME/day

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 October 29, 2024.
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6. Centers for Medicare and Medicaid Services. CMS Memo: Contract Year (CY) 2021 Opioid Safety Edit Reminders and Recommendation. November 2020
7. Dowell D, Ragan KR, Jones CM, et al. CDC Clinical Practice Guideline for Prescribing Opioids for Pain – United States, 2022. *MMWR Recomm Rep*. 2022;71(3):1-95.Dowell D, Ragan KR, Jones CM, et al. CDC Clinical Practice Guideline for Prescribing Opioids for Pain – United States, 2022. *MMWR Recomm Rep*. 2022;71(3):1-95. *Available at:* https://www.cdc.gov/mmwr/volumes/71/rr/rr7103a1.htm#T1_down
8. Calendary Year (CY) 2020 Medicare Advantage Capitation Rates and Medicare Advantage and Part D Payment Policies and Final Call Letter. April 1, 2019. Available at: https://www.cms.gov/Medicare/Health-Plans/MedicareAdvtgSpecRateStats/Downloads/Announcement2020.pdf.
9. HPMS Memorandum: Frequently Asked Questions (FAQs) about Formulary-Level Opioid Point-of-Sale (POS) Safety Edits. December 19, 2022. Available at: https://www.cms.gov/files/document/frequently-asked-questions-about-formulary-level-opioid-point-sale-safety-edits-december-19-2022.pdf
10. eCFR :: 42 CFR 423.153 -- Drug utilization management, quality assurance, medication therapy management programs (MTMPs), drug management programs, and access to Medicare Parts A and B claims data extracts.

APPENDIX A

Opioids marked with an x in first column are NOT part of Medicare MME accumulation logic as of 9/1/23

NOT part of MME accumulation logic as of 9/1/23	Opioid	Product Name	Route	Dosage Form	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*
	benzhydrocodone	BENZHYDROCODONE/ACETAMINOPHEN (APADAZ)	ORAL	TABLET	4.08 (equiv to 5 mg hydrocodone bitartrate)	MG	1	1200	540
	benzhydrocodone	BENZHYDROCODONE/ACETAMINOPHEN (APADAZ)	ORAL	TABLET	6.12 (equiv to 7.5 mg hydrocodone bitartrate)	MG	1	800	360
	benzhydrocodone	BENZHYDROCODONE/ACETAMINOPHEN (APADAZ)	ORAL	TABLET	8.16 (equiv to 10 mg hydrocodone bitartrate)	MG	1	600	270
X	buprenorphine	BUPRENORPHINE	INJECTION	SOLUTION	0.3	MG/ML	75	266.6666667	120
X	buprenorphine	BUPRENORPHINE	TRANSDERMAL	PATCH, TRANSDERMAL WEEKLY (expected to remain in place for 7 days)	5	MCG/HR	12.6	89.42544154	40.24144869
X	buprenorphine	BUPRENORPHINE	TRANSDERMAL	PATCH, TRANSDERMAL WEEKLY (expected to remain in place for 7 days)	7.5	MCG/HR	12.6	59.61696103	26.82763246
X	buprenorphine	BUPRENORPHINE	TRANSDERMAL	PATCH, TRANSDERMAL WEEKLY (expected to remain in place for 7 days)	10	MCG/HR	12.6	44.71272077	20.12072435
X	buprenorphine	BUPRENORPHINE	TRANSDERMAL	PATCH, TRANSDERMAL WEEKLY (expected to remain in place for 7 days)	15	MCG/HR	12.6	29.80848051	13.41381623
X	buprenorphine	BUPRENORPHINE	TRANSDERMAL	PATCH, TRANSDERMAL WEEKLY (expected to	20	MCG/HR	12.6	22.35636038	10.06036217

				remain in place for 7 days)					
X	buprenorphine	BUPRENORPHINE HYDROCHLORIDE	SUBLINGUAL	FILM TABLET, SUBLINGUAL	75	MCG	30	2666.666667	1200
X	buprenorphine	BUPRENORPHINE HYDROCHLORIDE	SUBLINGUAL	FILM TABLET, SUBLINGUAL	150	MCG	30	1333.333333	600
X	buprenorphine	BUPRENORPHINE HYDROCHLORIDE	SUBLINGUAL	FILM TABLET, SUBLINGUAL	300	MCG	30	666.666667	300
X	buprenorphine	BUPRENORPHINE HYDROCHLORIDE	SUBLINGUAL	FILM TABLET, SUBLINGUAL	450	MCG	30	444.444444	200
X	buprenorphine	BUPRENORPHINE HYDROCHLORIDE	SUBLINGUAL	FILM TABLET, SUBLINGUAL	600	MCG	30	333.333333	150
X	buprenorphine	BUPRENORPHINE HYDROCHLORIDE	SUBLINGUAL	FILM TABLET, SUBLINGUAL	750	MCG	30	266.666667	120
X	buprenorphine	BUPRENORPHINE HYDROCHLORIDE	SUBLINGUAL	FILM TABLET, SUBLINGUAL	900	MCG	30	222.222222	100
X	butorphanol	BUTORPHANOL TARTRATE	INJECTION	SOLUTION	1	MG/ML	7	857.1428571	385.7142857
X	butorphanol	BUTORPHANOL TARTRATE	INJECTION	SOLUTION	2	MG/ML	7	428.5714286	192.8571429
X	butorphanol	BUTORPHANOL TARTRATE	NASAL	SOLUTION	10	MG/ML	7	85.71428571	38.57142857
	codeine	CODEINE SULFATE	ORAL	TABLET	15	MG	0.15	2666.666667	1200
	codeine	CODEINE SULFATE	ORAL	TABLET	30	MG	0.15	1333.333333	600
	codeine	CODEINE PHOSPHATE/ACETAMINOPHEN	ORAL	SOLUTION	2.4	MG/ML	0.15	16666.66667	7500
	codeine	CODEINE PHOSPHATE/ACETAMINOPHEN	ORAL	SOLUTION	12.5	MG/ML	0.15	3,200	1440
	codeine	CODEINE PHOSPHATE/ACETAMINOPHEN	ORAL	TABLET	15	MG	0.15	2666.666667	1200
	codeine	CODEINE PHOSPHATE/ACETAMINOPHEN	ORAL	TABLET	30	MG	0.15	1333.333333	600
	codeine	CODEINE PHOSPHATE/ACETAMINOPHEN	ORAL	TABLET	60	MG	0.15	666.666667	300
	codeine	CODEINE PHOSPHATE/ACETAMINOPHEN/BUTALBITAL/CAFFEINE	ORAL	CAPSULE	30	MG	0.15	1333.333333	600
	codeine	CODEINE PHOSPHATE/ASPIRIN	ORAL	TABLET	15	MG	0.15	2666.666667	1200
	codeine	CODEINE PHOSPHATE/ASPIRIN/BUTALBITAL/CAFFEINE	ORAL	CAPSULE	30	MG	0.15	1333.333333	600
	codeine	CODEINE/ASPIRIN/CARISOPRODOL	ORAL	TABLET	16	MG	0.15	2500	1125
X	dihydrocodeine	DIHYDROCODEINE BITARTRATE/ACETAMINOPHEN/CAFFEINE	ORAL	CAPSULE	30	MG	0.25	800	360
X	dihydrocodeine	DIHYDROCODEINE BITARTRATE/ACETAMINOPHEN/CAFFEINE	ORAL	CAPSULE	16	MG	0.25	1500	675
X	fentanyl	FENTANYL	INJECTION	SOLUTION	5	MCG/ML	300	4	1.8
X	fentanyl	FENTANYL	INJECTION	SOLUTION	50	MCG/ML	300	400	180
X	fentanyl	FENTANYL	INJECTION	SOLUTION	100	MCG/ML	300	2000	900
X	fentanyl	FENTANYL	INJECTION	SOLUTION	20	MCG/ML	300	1	0.45
X	fentanyl	FENTANYL	INJECTION	SOLUTION	25	MCG/ML	300	0.8	0.36

	fentanyl	FENTANYL (DURAGESIC)	TRANSDERMAL	PATCH, TRANSDERMAL 72 HOURS	12	MCG/HR	7.2	69.44444444	31.25
	fentanyl	FENTANYL (DURAGESIC)	TRANSDERMAL	PATCH, TRANSDERMAL 72 HOURS	25	MCG/HR	7.2	33.33333333	15
	fentanyl	FENTANYL (DURAGESIC)	TRANSDERMAL	PATCH, TRANSDERMAL 72 HOURS	37.5	MCG/HR	7.2	22.22222222	10
	fentanyl	FENTANYL (DURAGESIC)	TRANSDERMAL	PATCH, TRANSDERMAL 72 HOURS	50	MCG/HR	7.2	16.66666667	7.5
	fentanyl	FENTANYL (DURAGESIC)	TRANSDERMAL	PATCH, TRANSDERMAL 72 HOURS	62.5	MCG/HR	7.2	13.33333333	6
	fentanyl	FENTANYL (DURAGESIC)	TRANSDERMAL	PATCH, TRANSDERMAL 72 HOURS	75	MCG/HR	7.2	11.11111111	5
	fentanyl	FENTANYL (DURAGESIC)	TRANSDERMAL	PATCH, TRANSDERMAL 72 HOURS	87.5	MCG/HR	7.2	9.523809524	4.285714286
	fentanyl	FENTANYL (DURAGESIC)	TRANSDERMAL	PATCH, TRANSDERMAL 72 HOURS	100	MCG/HR	7.2	8.333333333	3.75
x	fentanyl	FENTANYL (SUBSYS)	SUBLINGUAL	SOLUTION	100	MCG	0.18	333.3333333	150
x	fentanyl	FENTANYL (SUBSYS)	SUBLINGUAL	SOLUTION	200	MCG	0.18	166.6666667	75
x	fentanyl	FENTANYL (SUBSYS)	SUBLINGUAL	SOLUTION	400	MCG	0.18	83.33333333	37.5
x	fentanyl	FENTANYL (SUBSYS)	SUBLINGUAL	SOLUTION	600	MCG	0.18	55.55555556	25
x	fentanyl	FENTANYL (SUBSYS)	SUBLINGUAL	SOLUTION	800	MCG	0.18	41.66666667	18.75
x	fentanyl	FENTANYL (SUBSYS)	SUBLINGUAL	SOLUTION	1200	MCG	0.18	27.77777778	12.5
x	fentanyl	FENTANYL (SUBSYS)	SUBLINGUAL	SOLUTION	1600	MCG	0.18	20.83333333	9.375
x	fentanyl	FENTANYL CITRATE (ACTIQ)	BUCCAL	LOZENGE ON A HANDLE	200	MCG	0.13	230.7692308	103.8461538
x	fentanyl	FENTANYL CITRATE (ACTIQ)	BUCCAL	LOZENGE ON A HANDLE	400	MCG	0.13	115.3846154	51.92307692
x	fentanyl	FENTANYL CITRATE (ACTIQ)	BUCCAL	LOZENGE ON A HANDLE	600	MCG	0.13	76.92307692	34.61538462
x	fentanyl	FENTANYL CITRATE (ACTIQ)	BUCCAL	LOZENGE ON A HANDLE	800	MCG	0.13	57.69230769	25.96153846
x	fentanyl	FENTANYL CITRATE (ACTIQ)	BUCCAL	LOZENGE ON A HANDLE	1200	MCG	0.13	38.46153846	17.30769231
x	fentanyl	FENTANYL CITRATE (ACTIQ)	BUCCAL	LOZENGE ON A HANDLE	1600	MCG	0.13	28.84615385	12.98076923
x	fentanyl	FENTANYL CITRATE (FENTORA)	BUCCAL	TABLET, EFFERVESCENT	100	MCG	0.13	461.5384615	207.6923077
x	fentanyl	FENTANYL CITRATE (FENTORA)	BUCCAL	TABLET, EFFERVESCENT	200	MCG	0.13	230.7692308	103.8461538
x	fentanyl	FENTANYL CITRATE (FENTORA)	BUCCAL	TABLET, EFFERVESCENT	400	MCG	0.13	115.3846154	51.92307692
x	fentanyl	FENTANYL CITRATE (FENTORA)	BUCCAL	TABLET, EFFERVESCENT	600	MCG	0.13	76.92307692	34.61538462
x	fentanyl	FENTANYL CITRATE (FENTORA)	BUCCAL	TABLET, EFFERVESCENT	800	MCG	0.13	57.69230769	25.96153846
x	fentanyl	FENTANYL CITRATE (LAZANDA)	NASAL	SOLUTION	100	MCG	0.16	375	168.75
x	fentanyl	FENTANYL CITRATE (LAZANDA)	NASAL	SOLUTION	400	MCG	0.16	93.75	42.1875
x	fentanyl	FENTANYL CITRATE/DROPERIDOL	INJECTION	SOLUTION	50	MCG/ML	300	0.4	0.18
	hydrocodone	HYDROCODONE BITARTRATE EXTENDED RELEASE (HYSINGLA ER)	ORAL	TABLET	100	MG	1	60	27

	hydrocodone	HYDROCODONE BITARTRATE EXTENDED RELEASE (HYSINGLAER)	ORAL	TABLET	120	MG	1	50	22.5
	hydrocodone	HYDROCODONE BITARTRATE EXTENDED RELEASE (HYSINGLAER)	ORAL	TABLET	20	MG	1	300	135
	hydrocodone	HYDROCODONE BITARTRATE EXTENDED RELEASE (HYSINGLAER)	ORAL	TABLET	30	MG	1	200	90
	hydrocodone	HYDROCODONE BITARTRATE EXTENDED RELEASE (HYSINGLAER)	ORAL	TABLET	40	MG	1	150	67.5
	hydrocodone	HYDROCODONE BITARTRATE EXTENDED RELEASE (HYSINGLAER)	ORAL	TABLET	60	MG	1	100	45
	hydrocodone	HYDROCODONE BITARTRATE EXTENDED RELEASE (HYSINGLAER)	ORAL	TABLET	80	MG	1	75	33.75
	hydrocodone	HYDROCODONE BITARTRATE EXTENDED RELEASE (ZOHYDRO)	ORAL	TABLET	10	MG	1	600	270
	hydrocodone	HYDROCODONE BITARTRATE EXTENDED RELEASE (ZOHYDRO)	ORAL	TABLET	15	MG	1	400	180
	hydrocodone	HYDROCODONE BITARTRATE EXTENDED RELEASE (ZOHYDRO)	ORAL	TABLET	20	MG	1	300	135
	hydrocodone	HYDROCODONE BITARTRATE EXTENDED RELEASE (ZOHYDRO)	ORAL	TABLET	30	MG	1	200	90
	hydrocodone	HYDROCODONE BITARTRATE EXTENDED RELEASE (ZOHYDRO)	ORAL	TABLET	40	MG	1	150	67.5
	hydrocodone	HYDROCODONE BITARTRATE EXTENDED RELEASE (ZOHYDRO)	ORAL	TABLET	50	MG	1	120	54
	hydrocodone	HYDROCODONE BITARTRATE/ACETAMINOPHEN	ORAL	SOLUTION	0.5	MG/ML	1	12000	5400
	hydrocodone	HYDROCODONE BITARTRATE/ACETAMINOPHEN	ORAL	SOLUTION	0.666667	MG/ML	1	8999.999996	4049.999998
	hydrocodone	HYDROCODONE BITARTRATE/ACETAMINOPHEN	ORAL	TABLET	2.5	MG	1	2400	1080
	hydrocodone	HYDROCODONE BITARTRATE/ACETAMINOPHEN	ORAL	TABLET	5	MG	1	1200	540
	hydrocodone	HYDROCODONE BITARTRATE/ACETAMINOPHEN	ORAL	TABLET	7.5	MG	1	800	360
	hydrocodone	HYDROCODONE BITARTRATE/ACETAMINOPHEN	ORAL	TABLET	10	MG	1	600	270
	hydrocodone	HYDROCODONE/IBUPROFEN	ORAL	TABLET	5	MG	1	1200	540
	hydrocodone	HYDROCODONE/IBUPROFEN	ORAL	TABLET	7.5	MG	1	800	360
	hydrocodone	HYDROCODONE/IBUPROFEN	ORAL	TABLET	10	MG	1	600	270
X	hydromorphone	HYDROMORPHONE HYDROCHLORIDE	INJECTION	SOLUTION	1	MG/ML	20	300	135
X	hydromorphone	HYDROMORPHONE HYDROCHLORIDE	INJECTION	SOLUTION	2	MG/ML	20	150	67.5
X	hydromorphone	HYDROMORPHONE HYDROCHLORIDE	INJECTION	SOLUTION	4	MG/ML	20	75	33.75
X	hydromorphone	HYDROMORPHONE HYDROCHLORIDE	INJECTION	SOLUTION	10	MG/ML	20	30	13.5
X	hydromorphone	HYDROMORPHONE HYDROCHLORIDE	INJECTION	SOLUTION	0.5	MG/ML	20	600	270
	hydromorphone	HYDROMORPHONE HYDROCHLORIDE	ORAL	SOLUTION	1	MG/ML	5	1200	540
	hydromorphone	HYDROMORPHONE HYDROCHLORIDE	ORAL	TABLET	2	MG	5	600	270
	hydromorphone	HYDROMORPHONE HYDROCHLORIDE	ORAL	TABLET	4	MG	5	300	135

	hydromorphone	HYDROMORPHONE HYDROCHLORIDE	ORAL	TABLET	8	MG	5	150	67.5
	hydromorphone	HYDROMORPHONE HYDROCHLORIDE	RECTAL	SUPPOSITORY	3	MG	5	400	180
X	hydromorphone	HYDROMORPHONE HYDROCHLORIDE	INJECTION	SOLUTION	0.2	MG/ML	20	1500	675
	hydromorphone	HYDROMORPHONE HYDROCHLORIDE (EXALGO)	ORAL	TABLET, EXTENDED RELEASE 24 HR	8	MG	5	150	67.5
	hydromorphone	HYDROMORPHONE HYDROCHLORIDE (EXALGO)	ORAL	TABLET, EXTENDED RELEASE 24 HR	12	MG	5	100	45
	hydromorphone	HYDROMORPHONE HYDROCHLORIDE (EXALGO)	ORAL	TABLET, EXTENDED RELEASE 24 HR	16	MG	5	75	33.75
	hydromorphone	HYDROMORPHONE HYDROCHLORIDE (EXALGO)	ORAL	TABLET, EXTENDED RELEASE 24 HR	32	MG	5	37.5	16.875
X	levorphanol	LEVORPHANOL TARTRATE	ORAL	TABLET	2	MG	11	272.7272727	122.7272727
X	levorphanol	LEVORPHANOL TARTRATE	ORAL	TABLET	3	MG	11	181.8181818	81.818181 8182
X	meperidine	MEPERIDINE HYDROCHLORIDE	INJECTION	SOLUTION	25	MG/ML	0.3	800	360
X	meperidine	MEPERIDINE HYDROCHLORIDE	INJECTION	SOLUTION	50	MG/ML	0.3	400	180
X	meperidine	MEPERIDINE HYDROCHLORIDE	INJECTION	SOLUTION	75	MG/ML	0.3	266.6666667	120
X	meperidine	MEPERIDINE HYDROCHLORIDE	INJECTION	SOLUTION	100	MG/ML	0.3	200	90
X	meperidine	MEPERIDINE HYDROCHLORIDE	INJECTION	SOLUTION	10	MG/ML	0.3	2000	900
X	meperidine	MEPERIDINE HYDROCHLORIDE	ORAL	SOLUTION	10	MG/ML	0.1	6000	2700
X	meperidine	MEPERIDINE HYDROCHLORIDE	ORAL	TABLET	50	MG	0.1	1200	540
X	methadone	METHADONE HYDROCHLORIDE	INJECTION	SOLUTION	10	MG/ML	4.7	127.66	57.447
	methadone	METHADONE HYDROCHLORIDE	ORAL	SOLUTION	1	MG/ML	4.7	1,276.60	574.468
	methadone	METHADONE HYDROCHLORIDE	ORAL	SOLUTION	2	MG/ML	4.7	638.298	287.234
	methadone	METHADONE HYDROCHLORIDE	ORAL	SOLUTION	10	MG/ML	4.7	127.66	57.447
	methadone	METHADONE HYDROCHLORIDE	ORAL	TABLET	5	MG	4.7	255.319	114.894
	methadone	METHADONE HYDROCHLORIDE	ORAL	TABLET	10	MG	4.7	127.66	57.447
	methadone	METHADONE HYDROCHLORIDE	ORAL	TABLET, SOLUBLE	40	MG	4.7	31.915	14.362
X	morphine	MORPHINE SULFATE	INJECTION	SOLUTION	0.5	MG/ML	3	4000	1800
X	morphine	MORPHINE SULFATE	INJECTION	SOLUTION	1	MG/ML	3	2000	900
X	morphine	MORPHINE SULFATE	INJECTION	SOLUTION	5	MG/ML	3	400	180
X	morphine	MORPHINE SULFATE	INJECTION	SOLUTION	8	MG/ML	3	250	112.5
X	morphine	MORPHINE SULFATE	INJECTION	SOLUTION	10	MG/ML	3	200	90
X	morphine	MORPHINE SULFATE	INJECTION	SOLUTION	14.28571	MG/ML	3	140	62.99999998
X	morphine	MORPHINE SULFATE	INJECTION	SOLUTION	50	MG/ML	3	40	18
X	morphine	MORPHINE SULFATE	INJECTION	SOLUTION	4	MG/ML	3	500	225
X	morphine	MORPHINE SULFATE	INJECTION	SOLUTION	2	MG/ML	3	1000	450
X	morphine	MORPHINE SULFATE	INJECTION	SOLUTION	25	MG/ML	3	80	36

	morphine	MORPHINE SULFATE	ORAL	SOLUTION	2	MG/ ML	1	3000	1350
	morphine	MORPHINE SULFATE	ORAL	SOLUTION	4	MG/ ML	1	1500	675
	morphine	MORPHINE SULFATE	ORAL	SOLUTION	20	MG/ ML	1	300	135
	morphine	MORPHINE SULFATE	ORAL	TABLET, IR	15	MG	1	400	180
	morphine	MORPHINE SULFATE	ORAL	TABLET, IR	30	MG	1	200	90
	morphine	MORPHINE SULFATE	RECTAL	SUPPOSITORY	30	MG	1	200	90
	morphine	MORPHINE SULFATE (AVINZA)	ORAL	CAPSULE,EXTENDED RELEASE 24HR	30	MG	1	200	90
	morphine	MORPHINE SULFATE (AVINZA)	ORAL	CAPSULE,EXTENDED RELEASE 24HR	45	MG	1	133.3333333	60
	morphine	MORPHINE SULFATE (AVINZA)	ORAL	CAPSULE,EXTENDED RELEASE 24HR	60	MG	1	100	45
	morphine	MORPHINE SULFATE (AVINZA)	ORAL	CAPSULE,EXTENDED RELEASE 24HR	75	MG	1	80	36
	morphine	MORPHINE SULFATE (AVINZA)	ORAL	CAPSULE,EXTENDED RELEASE 24HR	90	MG	1	66.66666667	30
	morphine	MORPHINE SULFATE (AVINZA)	ORAL	CAPSULE,EXTENDED RELEASE 24HR	120	MG	1	50	22.5
	morphine	MORPHINE SULFATE (KADIAN)	ORAL	CAPSULE, EXTENDED RELEASE PELLETS	10	MG	1	600	270
	morphine	MORPHINE SULFATE (KADIAN)	ORAL	CAPSULE, EXTENDED RELEASE PELLETS	20	MG	1	300	135
	morphine	MORPHINE SULFATE (KADIAN)	ORAL	CAPSULE, EXTENDED RELEASE PELLETS	30	MG	1	200	90
	morphine	MORPHINE SULFATE (KADIAN)	ORAL	CAPSULE, EXTENDED RELEASE PELLETS	40	MG	1	150	67.5
	morphine	MORPHINE SULFATE (KADIAN)	ORAL	CAPSULE, EXTENDED RELEASE PELLETS	50	MG	1	120	54
	morphine	MORPHINE SULFATE (KADIAN)	ORAL	CAPSULE, EXTENDED RELEASE PELLETS	60	MG	1	100	45
	morphine	MORPHINE SULFATE (KADIAN)	ORAL	CAPSULE, EXTENDED RELEASE PELLETS	80	MG	1	75	33.75
	morphine	MORPHINE SULFATE (KADIAN)	ORAL	CAPSULE, EXTENDED RELEASE PELLETS	100	MG	1	60	27
	morphine	MORPHINE SULFATE (KADIAN)	ORAL	CAPSULE, EXTENDED RELEASE PELLETS	200	MG	1	30	13.5
	morphine	MORPHINE SULFATE (MS CONTIN)	ORAL	TABLET, EXTENDED RELEASE	15	MG	1	400	180
	morphine	MORPHINE SULFATE (MS CONTIN)	ORAL	TABLET, EXTENDED RELEASE	30	MG	1	200	90
	morphine	MORPHINE SULFATE (MS CONTIN)	ORAL	TABLET, EXTENDED RELEASE	60	MG	1	100	45
	morphine	MORPHINE SULFATE (MS CONTIN)	ORAL	TABLET, EXTENDED RELEASE	100	MG	1	60	27
	morphine	MORPHINE SULFATE (MS CONTIN)	ORAL	TABLET, EXTENDED RELEASE	200	MG	1	30	13.5
X	nalbuphine	NALBUPHINE HYDROCHLORIDE	INJECTION	SOLUTION	10	MG/ ML	3	200	90
X	nalbuphine	NALBUPHINE HYDROCHLORIDE	INJECTION	SOLUTION	20	MG/ ML	3	100	45
	oxycodone	OXYCODONE HYDROCHLORIDE	ORAL	SOLUTION	1	MG/ ML	1.5	4000	1800
	oxycodone	OXYCODONE HYDROCHLORIDE	ORAL	SOLUTION	20	MG/ ML	1.5	200	90
	oxycodone	OXYCODONE HYDROCHLORIDE	ORAL	TABLET	7.5	MG	1.5	533.3333333	240
	oxycodone	OXYCODONE HYDROCHLORIDE	ORAL	TABLET, EXTENDED RELEASE 12 HR	10	MG	1.5	400	180
	oxycodone	OXYCODONE HYDROCHLORIDE	ORAL	TABLET, EXTENDED RELEASE 12 HR	15	MG	1.5	266.6666667	120
	oxycodone	OXYCODONE HYDROCHLORIDE	ORAL	TABLET, EXTENDED RELEASE 12 HR	20	MG	1.5	200	90

	oxycodone	OXYCODONE HYDROCHLORIDE	ORAL	TABLET, EXTENDED RELEASE 12 HR	40	MG	1.5	100	45
	oxycodone	OXYCODONE HYDROCHLORIDE	ORAL	TABLET, EXTENDED RELEASE 12 HR	80	MG	1.5	50	22.5
	oxycodone	OXYCODONE HYDROCHLORIDE	ORAL	TABLET	5	MG	1.5	800	360
	oxycodone	OXYCODONE HYDROCHLORIDE	ORAL	TABLET	10	MG	1.5	400	180
	oxycodone	OXYCODONE HYDROCHLORIDE	ORAL	TABLET	15	MG	1.5	266.6666667	120
	oxycodone	OXYCODONE HYDROCHLORIDE	ORAL	TABLET	20	MG	1.5	200	90
	oxycodone	OXYCODONE HYDROCHLORIDE	ORAL	TABLET	30	MG	1.5	133.3333333	60
	oxycodone	OXYCODONE HYDROCHLORIDE/ACETAMINOPHEN	ORAL	SOLUTION	1	MG/ML	1.5	4000	1800
	oxycodone	OXYCODONE HYDROCHLORIDE/ACETAMINOPHEN	ORAL	SOLUTION	2	MG/ML	1.5	2000	900
	oxycodone	OXYCODONE HYDROCHLORIDE/ACETAMINOPHEN	ORAL	TABLET	2.5	MG	1.5	1600	720
	oxycodone	OXYCODONE HYDROCHLORIDE/ACETAMINOPHEN	ORAL	TABLET	5	MG	1.5	800	360
	oxycodone	OXYCODONE HYDROCHLORIDE/ACETAMINOPHEN	ORAL	TABLET	7.5	MG	1.5	533.3333333	240
	oxycodone	OXYCODONE HYDROCHLORIDE/ACETAMINOPHEN	ORAL	TABLET	10	MG	1.5	400	180
	oxycodone	OXYCODONE HYDROCHLORIDE/ASPIRIN	ORAL	TABLET	4.835	MG	1.5	827.3009307	372.2854188
	oxycodone	OXYCODONE HYDROCHLORIDE/IBUPROFEN	ORAL	TABLET	5	MG	1.5	800	360
	oxycodone	OXYCODONE MYRISTATE (Xtampza ER)	ORAL	TABLET, EXTENDED RELEASE 12 HR	9	MG	1.5	444.4444444	200
	oxycodone	OXYCODONE MYRISTATE (Xtampza ER)	ORAL	TABLET, EXTENDED RELEASE 12 HR	13.5	MG	1.5	296.2962963	133.3333333
	oxycodone	OXYCODONE MYRISTATE (Xtampza ER)	ORAL	TABLET, EXTENDED RELEASE 12 HR	18	MG	1.5	222.2222222	100
	oxycodone	OXYCODONE MYRISTATE (Xtampza ER)	ORAL	TABLET, EXTENDED RELEASE 12 HR	27	MG	1.5	148.1481481	66.66666667
	oxycodone	OXYCODONE MYRISTATE (Xtampza ER)	ORAL	TABLET, EXTENDED RELEASE 12 HR	36	MG	1.5	111.1111111	50
	oxymorphone	OXYMORPHONE HYDROCHLORIDE	ORAL	TABLET	5	MG	3	400	180
	oxymorphone	OXYMORPHONE HYDROCHLORIDE	ORAL	TABLET	10	MG	3	200	90
	oxymorphone	OXYMORPHONE HYDROCHLORIDE	ORAL	TABLET, EXTENDED RELEASE 12 HR	5	MG	3	400	180
	oxymorphone	OXYMORPHONE HYDROCHLORIDE	ORAL	TABLET, EXTENDED RELEASE 12 HR	10	MG	3	200	90
	oxymorphone	OXYMORPHONE HYDROCHLORIDE	ORAL	TABLET, EXTENDED RELEASE 12 HR	15	MG	3	133.3333333	60
	oxymorphone	OXYMORPHONE HYDROCHLORIDE	ORAL	TABLET, EXTENDED RELEASE 12 HR	7.5	MG	3	266.6666667	120
X	pentazocine	PENTAZOCINE HYDROCHLORIDE/NALOXONE HYDROCHLORIDE	ORAL	TABLET	50	MG	0.37	324.3243243	145.9459459
	tapentadol	TAPENTADOL HYDROCHLORIDE	ORAL	TABLET	50	MG	0.4	300	135
	tapentadol	TAPENTADOL HYDROCHLORIDE	ORAL	TABLET	75	MG	0.4	200	90
	tapentadol	TAPENTADOL HYDROCHLORIDE	ORAL	TABLET	100	MG	0.4	150	67.5

	tapentadol	TAPENTADOL HYDROCHLORIDE	ORAL	TABLET, EXTENDED RELEASE 12 HR	50	MG	0.4	300	135
	tapentadol	TAPENTADOL HYDROCHLORIDE	ORAL	TABLET, EXTENDED RELEASE 12 HR	100	MG	0.4	150	67.5
	tramadol	TRAMADOL HYDROCHLORIDE	ORAL	CAPSULE,EXT.RELEASE 24 HR BIPHASIC 17-83	300	MG	0.2	100	45
	tramadol	TRAMADOL HYDROCHLORIDE	ORAL	CAPSULE,EXT.RELEASE 24 HR BIPHASIC 25-75	100	MG	0.2	300	135
	tramadol	TRAMADOL HYDROCHLORIDE	ORAL	CAPSULE,EXT.RELEASE 24 HR BIPHASIC 25-75	150	MG	0.2	200	90
	tramadol	TRAMADOL HYDROCHLORIDE	ORAL	CAPSULE,EXT.RELEASE 24 HR BIPHASIC 25-75	200	MG	0.2	150	67.5
	tramadol	TRAMADOL HYDROCHLORIDE	ORAL	SOLUTION	5	MG/ML	0.2	6000	2700
	tramadol	TRAMADOL HYDROCHLORIDE	ORAL	TABLET	50	MG	0.2	600	270
	tramadol	TRAMADOL HYDROCHLORIDE	ORAL	TABLET	100	MG	0.2	300	135
	tramadol	TRAMADOL HYDROCHLORIDE	ORAL	TABLET,EXTENDED RELEASE MULTIPHASE 24 HR	100	MG	0.2	300	135
	tramadol	TRAMADOL HYDROCHLORIDE	ORAL	TABLET,EXTENDED RELEASE MULTIPHASE 24 HR	200	MG	0.2	150	67.5
	tramadol	TRAMADOL HYDROCHLORIDE	ORAL	TABLET,EXTENDED RELEASE MULTIPHASE 24 HR	300	MG	0.2	100	45
	tramadol	TRAMADOL HYDROCHLORIDE/ACETAMINOPHEN	ORAL	TABLET	37.5	MG	0.2	800	360
	tramadol	TRAMADOL HYDROCHLORIDE/CELECOXIB	ORAL	TABLET	44	MG	0.2	1363	613

REVISION TRACKING:

Date	Explanation of Revision(s)
11/01/2024	Revised-Updated References Removed discontinued drugs from 7-day limit impacted drugs chart
11/15/2023	Revised-Minor changes to language Updated references to new CDC 2022 guidelines Updated conversion chart to match new guidelines Drugs Affected list updated to remove opioids no longer included in the Standard Medicare MME 200 program as a result of updated CMS guidance.
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
11/30/2023	P&T Committee Review & Approval
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