

Opioids for Review

Drug Ingredient	Brand Example	Exempt/Non-Exempt*	Special Fill**	Peri-Op***	Drug Class	Dosage Form	Strength	Unique Pharmaceutical Identifier(s) (RxCIU)
aspirin/caffeine/dihydrocodeine bitartrate	SYNALGOS-DC	Non-Exempt	Not applicable	Not applicable	Analgesics - Opioid	Capsule	356.4MG, 30MG, 16MG	1234872
buprenorphine	BUTRANS	Non-Exempt	Not applicable	Not applicable	Analgesics - Opioid	Patch	5 MCG/HR	904880
buprenorphine	BUTRANS	Non-Exempt	Not applicable	Not applicable	Analgesics - Opioid	Patch	7.5 MCG/HR	1542997
buprenorphine	BUTRANS	Non-Exempt	Not applicable	Not applicable	Analgesics - Opioid	Patch	10 MCG/HR	904870
buprenorphine	BUTRANS	Non-Exempt	Not applicable	Not applicable	Analgesics - Opioid	Patch	15 MCG/HR	1432969
buprenorphine	BUTRANS	Non-Exempt	Not applicable	Not applicable	Analgesics - Opioid	Patch	20 MCG/HR	904876
buprenorphine hcl	BELBUCA	Non-Exempt	Not applicable	Not applicable	Analgesics - Opioid	Film	75 MCG	1716077
buprenorphine hcl	BELBUCA	Non-Exempt	Not applicable	Not applicable	Analgesics - Opioid	Film	150 MCG	1716057
buprenorphine hcl	BELBUCA	Non-Exempt	Not applicable	Not applicable	Analgesics - Opioid	Film	300 MCG	1716065
buprenorphine hcl	BELBUCA	Non-Exempt	Not applicable	Not applicable	Analgesics - Opioid	Film	450 MCG	1716069
buprenorphine hcl	BELBUCA	Non-Exempt	Not applicable	Not applicable	Analgesics - Opioid	Film	600 MCG	1716073
buprenorphine hcl	BELBUCA	Non-Exempt	Not applicable	Not applicable	Analgesics - Opioid	Film	750 MCG	1716081
buprenorphine hcl	BELBUCA	Non-Exempt	Not applicable	Not applicable	Analgesics - Opioid	Film	900 MCG	1716086
butorphanol tartrate	STADOL	Non-Exempt	Not applicable	Not applicable	Analgesics - Opioid	Spray - nasal	10 MG/ML	886634
codeine sulfate	Not applicable	Non-Exempt	Not applicable	Not applicable	Analgesics - Opioid	Tablet	15 MG	997170
codeine sulfate	Not applicable	Non-Exempt	Not applicable	Not applicable	Analgesics - Opioid	Tablet	30 MG	997287
codeine sulfate	Not applicable	Non-Exempt	Not applicable	Not applicable	Analgesics - Opioid	Tablet	60 MG	997296
codeine phosphate/acetaminophen	TYLENOL #3, TYLENOL #4	Non-Exempt	Not applicable	Not applicable	Analgesics - Opioid	Tablet	300 MG-30 MG	993781
codeine phosphate/acetaminophen	TYLENOL #3, TYLENOL #4	Non-Exempt	Not applicable	Not applicable	Analgesics - Opioid	Tablet	300 MG-60 MG	993890
fentanyl	DURAGESIC	Non-Exempt	Not applicable	Not applicable	Analgesics - Opioid	Patch, Extended Release	12.5 MCG/HR	577057
fentanyl	DURAGESIC	Non-Exempt	Not applicable	Not applicable	Analgesics - Opioid	Patch, Extended Release	25 MCG/HR	245134
fentanyl	DURAGESIC	Non-Exempt	Not applicable	Not applicable	Analgesics - Opioid	Patch, Extended Release	50 MCG/HR	245135
fentanyl	DURAGESIC	Non-Exempt	Not applicable	Not applicable	Analgesics - Opioid	Patch, Extended Release	75 MCG/HR	197696
fentanyl	DURAGESIC	Non-Exempt	Not applicable	Not applicable	Analgesics - Opioid	Patch, Extended Release	100 MCG/HR	245136
fentanyl citrate oral transmucosal	ACTIQ	Non-Exempt	Not applicable	Not applicable	Analgesics - Opioid	Lozenge/Troche	0.2 MG	310295
fentanyl citrate oral transmucosal	ACTIQ	Non-Exempt	Not applicable	Not applicable	Analgesics - Opioid	Lozenge/Troche	0.4 MG	310297
fentanyl citrate oral transmucosal	ACTIQ	Non-Exempt	Not applicable	Not applicable	Analgesics - Opioid	Lozenge/Troche	0.6 MG	313992
fentanyl citrate oral transmucosal	ACTIQ	Non-Exempt	Not applicable	Not applicable	Analgesics - Opioid	Lozenge/Troche	0.8 MG	313993
fentanyl citrate oral transmucosal	ACTIQ	Non-Exempt	Not applicable	Not applicable	Analgesics - Opioid	Lozenge/Troche	1.2 MG	310293
fentanyl citrate oral transmucosal	ACTIQ	Non-Exempt	Not applicable	Not applicable	Analgesics - Opioid	Lozenge/Troche	1.6 MG	310294
fentanyl citrate oral transmucosal	FENTORA	Non-Exempt	Not applicable	Not applicable	Analgesics - Opioid	Tablet	100 MCG	1053647
fentanyl citrate oral transmucosal	FENTORA	Non-Exempt	Not applicable	Not applicable	Analgesics - Opioid	Tablet	200 MCG	1053652

Opioids for Review

Drug Ingredient	Brand Example	Exempt/Non-Exempt*	Special Fill**	Peri-Op***	Drug Class	Dosage Form	Strength	Unique Pharmaceutical Identifier(s) (RxCIU)
fentanyl citrate oral transmucosal	FENTORA	Non-Exempt	Not applicable	Not applicable	Analgesics - Opioid	Tablet	400 MCG	1053658
fentanyl citrate oral transmucosal	FENTORA	Non-Exempt	Not applicable	Not applicable	Analgesics - Opioid	Tablet	600 MCG	1053661
fentanyl citrate oral transmucosal	FENTORA	Non-Exempt	Not applicable	Not applicable	Analgesics - Opioid	Tablet	800 MCG	1053664
hydrocodone bitartrate	ZOHYDRO ER	Non-Exempt	Not applicable	Not applicable	Analgesics - Opioid	Capsule, Extended Release	10 MG	1860491
hydrocodone bitartrate	ZOHYDRO ER	Non-Exempt	Not applicable	Not applicable	Analgesics - Opioid	Capsule, Extended Release	15 MG	1860493
hydrocodone bitartrate	ZOHYDRO ER	Non-Exempt	Not applicable	Not applicable	Analgesics - Opioid	Capsule, Extended Release	20 MG	1860495
hydrocodone bitartrate	ZOHYDRO ER	Non-Exempt	Not applicable	Not applicable	Analgesics - Opioid	Capsule, Extended Release	30 MG	1860497
hydrocodone bitartrate	ZOHYDRO ER	Non-Exempt	Not applicable	Not applicable	Analgesics - Opioid	Capsule, Extended Release	40 MG	1860499
hydrocodone bitartrate	ZOHYDRO ER	Non-Exempt	Not applicable	Not applicable	Analgesics - Opioid	Capsule, Extended Release	50 MG	1860501
hydrocodone bitartrate	HYSINGLA ER	Non-Exempt	Not applicable	Not applicable	Analgesics - Opioid	Tablet, Extended Release	20 MG	1595730
hydrocodone bitartrate	HYSINGLA ER	Non-Exempt	Not applicable	Not applicable	Analgesics - Opioid	Tablet, Extended Release	30 MG	1595740
hydrocodone bitartrate	HYSINGLA ER	Non-Exempt	Not applicable	Not applicable	Analgesics - Opioid	Tablet, Extended Release	40 MG	1595746
hydrocodone bitartrate	HYSINGLA ER	Non-Exempt	Not applicable	Not applicable	Analgesics - Opioid	Tablet, Extended Release	60 MG	1595752
hydrocodone bitartrate	HYSINGLA ER	Non-Exempt	Not applicable	Not applicable	Analgesics - Opioid	Tablet, Extended Release	80 MG	1595758
hydrocodone bitartrate	HYSINGLA ER	Non-Exempt	Not applicable	Not applicable	Analgesics - Opioid	Tablet, Extended Release	100 MG	1595764
hydrocodone bitartrate	HYSINGLA ER	Non-Exempt	Not applicable	Not applicable	Analgesics - Opioid	Tablet, Extended Release	120 MG	1595770
hydrocodone bitartrate/acetaminophen	NORCO, VICODIN, XODOL	Non-Exempt	4 Days	4 Days	Analgesics - Opioid	Tablet	300 MG-5 MG	856987
hydrocodone bitartrate/acetaminophen	NORCO, VICODIN, XODOL	Non-Exempt	4 Days	4 Days	Analgesics - Opioid	Tablet	300 MG-7.5 MG	856992
hydrocodone bitartrate/acetaminophen	NORCO, VICODIN, XODOL	Non-Exempt	4 Days	4 Days	Analgesics - Opioid	Tablet	300 MG-10 MG	856980
hydrocodone bitartrate/acetaminophen	NORCO, VICODIN, XODOL	Non-Exempt	4 Days	4 Days	Analgesics - Opioid	Tablet	325 MG-2.5 MG	857391
hydrocodone bitartrate/acetaminophen	NORCO, VICODIN, XODOL	Non-Exempt	4 Days	4 Days	Analgesics - Opioid	Tablet	325 MG-5 MG	857002
hydrocodone bitartrate/acetaminophen	NORCO, VICODIN, XODOL	Non-Exempt	4 Days	4 Days	Analgesics - Opioid	Tablet	325 MG-7.5 MG	857005
hydrocodone bitartrate/acetaminophen	NORCO, VICODIN, XODOL	Non-Exempt	4 Days	4 Days	Analgesics - Opioid	Tablet	325 MG-10 MG	856999
hydrocodone bitartrate/ibuprofen	REPREXAIN	Non-Exempt	Not applicable	Not applicable	Analgesics - Opioid	Tablet	2.5 MG-200 MG	858770
hydrocodone bitartrate/ibuprofen	REPREXAIN	Non-Exempt	Not applicable	Not applicable	Analgesics - Opioid	Tablet	5 MG-200 MG	858778
hydrocodone bitartrate/ibuprofen	VICOPROFEN	Non-Exempt	Not applicable	Not applicable	Analgesics - Opioid	Tablet	7.5 MG-200 MG	858798
hydrocodone bitartrate/ibuprofen	REPREXAIN	Non-Exempt	Not applicable	Not applicable	Analgesics - Opioid	Tablet	10 MG-200 MG	859315
hydromorphone hcl	DILAUDID	Non-Exempt	Not applicable	Not applicable	Analgesics - Opioid	Solution	1 MG/ML	897657
hydromorphone hcl	DILAUDID	Non-Exempt	Not applicable	Not applicable	Analgesics - Opioid	Tablet	2 MG	897696
hydromorphone hcl	DILAUDID	Non-Exempt	Not applicable	Not applicable	Analgesics - Opioid	Tablet	4 MG	897702
hydromorphone hcl	DILAUDID	Non-Exempt	Not applicable	Not applicable	Analgesics - Opioid	Tablet	8 MG	897710
levorphanol tartrate	LEVO-DROMORAN	Non-Exempt	Not applicable	Not applicable	Analgesics - Opioid	Tablet	2 MG	197873

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meperidine hcl	DEMEROL	Non-Exempt	Not applicable	Not applicable	Analgesics - Opioid	Tablet	50 MG	861467
meperidine hcl	DEMEROL	Non-Exempt	Not applicable	Not applicable	Analgesics - Opioid	Tablet	100 MG	861455
methadone hcl	DOLOPHINE	Non-Exempt	Not applicable	Not applicable	Analgesics - Opioid	Solution	5 MG/5 ML	864761
methadone hcl	DOLOPHINE	Non-Exempt	Not applicable	Not applicable	Analgesics - Opioid	Tablet	5 MG	864718
methadone hcl	DOLOPHINE	Non-Exempt	Not applicable	Not applicable	Analgesics - Opioid	Tablet	10 MG	864706
morphine sulfate	Not applicable	Non-Exempt	4 Days	4 Days	Analgesics - Opioid	Solution	10 MG/5 ML	892589
morphine sulfate	Not applicable	Non-Exempt	4 Days	4 Days	Analgesics - Opioid	Solution	20 MG/5 ML	894780
morphine sulfate	Not applicable	Non-Exempt	4 Days	4 Days	Analgesics - Opioid	Solution	20 MG/ML	892625
morphine sulfate	Not applicable	Non-Exempt	4 Days	4 Days	Analgesics - Opioid	Tablet	15 MG	892582
morphine sulfate	Not applicable	Non-Exempt	4 Days	4 Days	Analgesics - Opioid	Tablet	30 MG	893672
morphine sulfate extended release	KADIAN	Non-Exempt	Not applicable	Not applicable	Analgesics - Opioid	Capsule, Extended Release	10 MG	892494
morphine sulfate extended release	KADIAN	Non-Exempt	Not applicable	Not applicable	Analgesics - Opioid	Capsule, Extended Release	20 MG	892596
morphine sulfate extended release	KADIAN	Non-Exempt	Not applicable	Not applicable	Analgesics - Opioid	Capsule, Extended Release	30 MG	892345
morphine sulfate extended release	KADIAN	Non-Exempt	Not applicable	Not applicable	Analgesics - Opioid	Capsule, Extended Release	40 MG	1300736
morphine sulfate extended release	KADIAN	Non-Exempt	Not applicable	Not applicable	Analgesics - Opioid	Capsule, Extended Release	50 MG	894801
morphine sulfate extended release	KADIAN	Non-Exempt	Not applicable	Not applicable	Analgesics - Opioid	Capsule, Extended Release	60 MG	892352
morphine sulfate extended release	KADIAN	Non-Exempt	Not applicable	Not applicable	Analgesics - Opioid	Capsule, Extended Release	70 MG	1303740
morphine sulfate extended release	KADIAN	Non-Exempt	Not applicable	Not applicable	Analgesics - Opioid	Capsule, Extended Release	80 MG	894814
morphine sulfate extended release	KADIAN	Non-Exempt	Not applicable	Not applicable	Analgesics - Opioid	Capsule, Extended Release	100 MG	892554
morphine sulfate extended release	KADIAN	Non-Exempt	Not applicable	Not applicable	Analgesics - Opioid	Capsule, Extended Release	130 MG	1303729
morphine sulfate extended release	KADIAN	Non-Exempt	Not applicable	Not applicable	Analgesics - Opioid	Capsule, Extended Release	150 MG	894933
morphine sulfate extended release	KADIAN	Non-Exempt	Not applicable	Not applicable	Analgesics - Opioid	Capsule, Extended Release	200 MG	892643
morphine sulfate extended release	AVINZA	Non-Exempt	Not applicable	Not applicable	Analgesics - Opioid	Capsule, Extended Release, 24	30 MG	892342
morphine sulfate extended release	AVINZA	Non-Exempt	Not applicable	Not applicable	Analgesics - Opioid	Capsule, Extended Release, 24	45 MG	894942
morphine sulfate extended release	AVINZA	Non-Exempt	Not applicable	Not applicable	Analgesics - Opioid	Capsule, Extended Release, 24	60 MG	892349
morphine sulfate extended release	AVINZA	Non-Exempt	Not applicable	Not applicable	Analgesics - Opioid	Capsule, Extended Release, 24	75 MG	894970
morphine sulfate extended release	AVINZA	Non-Exempt	Not applicable	Not applicable	Analgesics - Opioid	Capsule, Extended Release, 24	90 MG	892355
morphine sulfate extended release	AVINZA	Non-Exempt	Not applicable	Not applicable	Analgesics - Opioid	Capsule, Extended Release, 24	120 MG	892297
morphine sulfate extended release	MS CONTIN	Non-Exempt	Not applicable	Not applicable	Analgesics - Opioid	Tablet, Extended Release	15 MG	891881
morphine sulfate extended release	MS CONTIN	Non-Exempt	Not applicable	Not applicable	Analgesics - Opioid	Tablet, Extended Release	30 MG	891888
morphine sulfate extended release	MS CONTIN	Non-Exempt	Not applicable	Not applicable	Analgesics - Opioid	Tablet, Extended Release	60 MG	895247
morphine sulfate extended release	MS CONTIN	Non-Exempt	Not applicable	Not applicable	Analgesics - Opioid	Tablet, Extended Release	100 MG	891874

Opioids for Review

Drug Ingredient	Brand Example	Exempt/Non-Exempt*	Special Fill**	Peri-Op***	Drug Class	Dosage Form	Strength	Unique Pharmaceutical Identifier(s) (RxCIU)
morphine sulfate extended release	MS CONTIN	Non-Exempt	Not applicable	Not applicable	Analgesics - Opioid	Tablet, Extended Release	200 MG	892646
oxycodone	XTAMPZA ER	Non-Exempt	?	?	Analgesics - Opioid	Capsule, Extended Release	9 MG	1790527
oxycodone	XTAMPZA ER	Non-Exempt	?	?	Analgesics - Opioid	Capsule, Extended Release	13.5 MG	1791558
oxycodone	XTAMPZA ER	Non-Exempt	?	?	Analgesics - Opioid	Capsule, Extended Release	18 MG	1791567
oxycodone	XTAMPZA ER	Non-Exempt	?	?	Analgesics - Opioid	Capsule, Extended Release	27 MG	1791574
oxycodone	XTAMPZA ER	Non-Exempt	?	?	Analgesics - Opioid	Capsule, Extended Release	36 MG	1791580
oxycodone hcl	Not applicable	Non-Exempt	4 Days	4 Days	Analgesics - Opioid	Capsule	5 MG	1049696
oxycodone hcl	ROXICODONE	Non-Exempt	4 Days	4 Days	Analgesics - Opioid	Solution	5 MG/5 ML	1049604
oxycodone hcl	OXYFAST	Non-Exempt	?	?	Analgesics - Opioid	Solution (concentrate)	100 MG/5 ML	1049615
oxycodone hcl	ROXICODONE, OXAYDO	Non-Exempt	4 Days	4 Days	Analgesics - Opioid	Tablet	5 MG	1049683
oxycodone hcl	OXAYDO	Non-Exempt	4 Days	4 Days	Analgesics - Opioid	Tablet	7.5 MG	1113314
oxycodone hcl	Not applicable	Non-Exempt	4 Days	4 Days	Analgesics - Opioid	Tablet	10 MG	1049502
oxycodone hcl	ROXICODONE	Non-Exempt	4 Days	4 Days	Analgesics - Opioid	Tablet	15 MG	1049611
oxycodone hcl	ROXICODONE	Non-Exempt	4 Days	4 Days	Analgesics - Opioid	Tablet	30 MG	1049618
oxycodone hcl	OXYCONTIN	Non-Exempt	4 Days	4 Days	Analgesics - Opioid	Tablet, Extended Release	10 MG	1860157
oxycodone hcl	OXYCONTIN	Non-Exempt	4 Days	4 Days	Analgesics - Opioid	Tablet, Extended Release	15 MG	1860154
oxycodone hcl	OXYCONTIN	Non-Exempt	4 Days	4 Days	Analgesics - Opioid	Tablet, Extended Release	20 MG	1860129
oxycodone hcl	OXYCONTIN	Non-Exempt	4 Days	4 Days	Analgesics - Opioid	Tablet, Extended Release	30 MG	1860151
oxycodone hcl	OXYCONTIN	Non-Exempt	4 Days	4 Days	Analgesics - Opioid	Tablet, Extended Release	40 MG	1860137
oxycodone hcl	OXYCONTIN	Non-Exempt	4 Days	4 Days	Analgesics - Opioid	Tablet, Extended Release	60 MG	1860127
oxycodone hcl	OXYCONTIN	Non-Exempt	4 Days	4 Days	Analgesics - Opioid	Tablet, Extended Release	80 MG	1860148
oxycodone/acetaminophen	PERCOCET	Non-Exempt	4 Days	4 Days	Analgesics - Opioid	Tablet	325 MG-2.5 MG	1049635
oxycodone/acetaminophen	PERCOCET	Non-Exempt	4 Days	4 Days	Analgesics - Opioid	Tablet	325 MG-5 MG	1049221
oxycodone/acetaminophen	PERCOCET	Non-Exempt	4 Days	4 Days	Analgesics - Opioid	Tablet	325 MG-7.5 MG	1049225
oxycodone/acetaminophen	PERCOCET	Non-Exempt	4 Days	4 Days	Analgesics - Opioid	Tablet	325 MG-10 MG	1049214
oxycodone/aspirin	PERCODAN	Non-Exempt	Not applicable	Not applicable	Analgesics - Opioid	Tablet	325 MG-4.8355 MG	848768
oxycodone/ibuprofen	COMBUNOX	Non-Exempt	Not applicable	Not applicable	Analgesics - Opioid	Tablet	400 MG - 5MG	1049589
oxymorphone hcl	OPANA	Non-Exempt	Not applicable	Not applicable	Analgesics - Opioid	Tablet	5 MG	977939
oxymorphone hcl	OPANA	Non-Exempt	Not applicable	Not applicable	Analgesics - Opioid	Tablet	10 MG	977942
oxymorphone hcl	OPANA, OPANA ER	Non-Exempt	Not applicable	Not applicable	Analgesics - Opioid	Tablet, Extended Release	5 MG	977923
oxymorphone hcl	OPANA, OPANA ER	Non-Exempt	Not applicable	Not applicable	Analgesics - Opioid	Tablet, Extended Release	7.5 MG	977929
oxymorphone hcl	OPANA, OPANA ER	Non-Exempt	Not applicable	Not applicable	Analgesics - Opioid	Tablet, Extended Release	10 MG	977874

Opioids for Review

Drug Ingredient	Brand Example	Exempt/Non-Exempt*	Special Fill**	Peri-Op***	Drug Class	Dosage Form	Strength	Unique Pharmaceutical Identifier(s) (RxCUI)
oxymorphone hcl	OPANA, OPANA ER	Non-Exempt	Not applicable	Not applicable	Analgesics - Opioid	Tablet, Extended Release	15 MG	977894
oxymorphone hcl	OPANA, OPANA ER	Non-Exempt	Not applicable	Not applicable	Analgesics - Opioid	Tablet, Extended Release	20 MG	977902
oxymorphone hcl	OPANA, OPANA ER	Non-Exempt	Not applicable	Not applicable	Analgesics - Opioid	Tablet, Extended Release	30 MG	977909
oxymorphone hcl	OPANA, OPANA ER	Non-Exempt	Not applicable	Not applicable	Analgesics - Opioid	Tablet, Extended Release	40 MG	977915
pentazocine/naloxone hcl	TALWIN NX	Non-Exempt	Not applicable	Not applicable	Analgesics - Opioid	Tablet	50 MG/0.5 MG	312289
tapentadol	NUCYNTA	Non-Exempt	Not applicable	Not applicable	Analgesics - Opioid	Tablet	50 MG	825411
tapentadol	NUCYNTA	Non-Exempt	Not applicable	Not applicable	Analgesics - Opioid	Tablet	75 MG	825413
tapentadol	NUCYNTA	Non-Exempt	Not applicable	Not applicable	Analgesics - Opioid	Tablet	100 MG	825409
tapentadol	NUCYNTA	Non-Exempt	Not applicable	Not applicable	Analgesics - Opioid	Tablet, Extended Release	50 MG	1148809
tapentadol	NUCYNTA	Non-Exempt	Not applicable	Not applicable	Analgesics - Opioid	Tablet, Extended Release	100 MG	1148797
tapentadol	NUCYNTA	Non-Exempt	Not applicable	Not applicable	Analgesics - Opioid	Tablet, Extended Release	150 MG	1148800
tapentadol	NUCYNTA	Non-Exempt	Not applicable	Not applicable	Analgesics - Opioid	Tablet, Extended Release	200 MG	1148803
tapentadol	NUCYNTA	Non-Exempt	Not applicable	Not applicable	Analgesics - Opioid	Tablet, Extended Release	250 MG	1148807
tramadol hcl	ULTRAM	Non-Exempt	4 Days	4 Days	Analgesics - Opioid	Tablet	50 MG	835603
tramadol hcl	CONZIP	Non-Exempt	4 Days	4 Days	Analgesics - Opioid	Capsule	100 MG	1148478
tramadol hcl	CONZIP	Non-Exempt	4 Days	4 Days	Analgesics - Opioid	Capsule	200 MG	1148485
tramadol hcl	CONZIP	Non-Exempt	4 Days	4 Days	Analgesics - Opioid	Capsule	300 MG	1148489
tramadol hcl	ULTRAM ER	Non-Exempt	4 Days	4 Days	Analgesics - Opioid	Tablet, Extended Release	100 MG	833709
tramadol hcl	ULTRAM ER	Non-Exempt	4 Days	4 Days	Analgesics - Opioid	Tablet, Extended Release	200 MG	833711
tramadol hcl	ULTRAM ER	Non-Exempt	4 Days	4 Days	Analgesics - Opioid	Tablet, Extended Release	300 MG	833713
tramadol hcl/ac	ULTRACET	Non-Exempt	4 Days	4 Days	Analgesics - Opioid	Tablet	325 MG-37.5 MG	836395

Opioid MME per Day

Drug Ingredient	Brand Example	Special Fill**	Peri-Op***	Dosage Form	Strength	Dosing	MG/DOSE	DOSES/DAY	TOTAL DAILY DOSE (mg)	MME Conversion Factor	TOTAL DAILY MME
aspirin/caffeine/dihydrocodeine bitartrate	SYNALGOS-DC	Not applicable	Not applicable	Capsule	356.4MG, 30MG, 16MG	2 every 4 hours	16	12	192	0.25	48
buprenorphine	BUTRANS	Not applicable	Not applicable	Patch	5 MCG/HR	4 patches per 28 days	5	0.14	0.71	12.6	9
buprenorphine	BUTRANS	Not applicable	Not applicable	Patch	7.5 MCG/HR	4 patches per 28 days	7.5	0.14	1.07	12.6	13.5
buprenorphine	BUTRANS	Not applicable	Not applicable	Patch	10 MCG/HR	4 patches per 28 days	10	0.14	1.43	12.6	18
buprenorphine	BUTRANS	Not applicable	Not applicable	Patch	15 MCG/HR	4 patches per 28 days	15	0.14	2.14	12.6	27
buprenorphine	BUTRANS	Not applicable	Not applicable	Patch	20 MCG/HR	4 patches per 28 days	20	0.14	2.86	12.6	36
buprenorphine hcl	BELBUCA	Not applicable	Not applicable	Film	75 MCG	1 film every 12 hours	75	2	150	0.03	4.5
buprenorphine hcl	BELBUCA	Not applicable	Not applicable	Film	150 MCG	1 film every 12 hours	150	2	300	0.03	9
buprenorphine hcl	BELBUCA	Not applicable	Not applicable	Film	300 MCG	1 film every 12 hours	300	2	600	0.03	18
buprenorphine hcl	BELBUCA	Not applicable	Not applicable	Film	450 MCG	1 film every 12 hours	450	2	900	0.03	27
buprenorphine hcl	BELBUCA	Not applicable	Not applicable	Film	600 MCG	1 film every 12 hours	600	2	1200	0.03	36
buprenorphine hcl	BELBUCA	Not applicable	Not applicable	Film	750 MCG	1 film every 12 hours	750	2	1500	0.03	45
buprenorphine hcl	BELBUCA	Not applicable	Not applicable	Film	900 MCG	1 film every 12 hours	900	2	1800	0.03	54
butorphanol tartrate	STADOL	Not applicable	Not applicable	Spray - nasal	10 MG/ML	1 spray every 6 hours	1	4	4	7	28
codeine sulfate	Not applicable	Not applicable	Not applicable	Tablet	15 MG	1 every 6 hours	15	4	60	0.15	9
codeine sulfate	Not applicable	Not applicable	Not applicable	Tablet	30 MG	1 every 6 hours	30	4	120	0.15	18
codeine sulfate	Not applicable	Not applicable	Not applicable	Tablet	60 MG	1 every 6 hours	60	4	240	0.15	36
codeine phosphate/acetaminophen	TYLENOL #3, TYLENOL #4	Not applicable	Not applicable	Tablet	300 MG-30 MG	1 every 6 hours	30	4	120	0.15	18
codeine phosphate/acetaminophen	TYLENOL #3, TYLENOL #4	Not applicable	Not applicable	Tablet	300 MG-60 MG	1 every 6 hours	60	4	240	0.15	36
fentanyl	DURAGESIC	Not applicable	Not applicable	Patch, Extended Release	12.5 MCG/HR	10 patches per 30 days	12.5	0.33	4.17	7.2	30
fentanyl	DURAGESIC	Not applicable	Not applicable	Patch, Extended Release	25 MCG/HR	10 patches per 30 days	25	0.33	8.33	7.2	60
fentanyl	DURAGESIC	Not applicable	Not applicable	Patch, Extended Release	50 MCG/HR	10 patches per 30 days	50	0.33	16.67	7.2	120
fentanyl	DURAGESIC	Not applicable	Not applicable	Patch, Extended Release	75 MCG/HR	10 patches per 30 days	75	0.33	25.00	7.2	180
fentanyl	DURAGESIC	Not applicable	Not applicable	Patch, Extended Release	100 MCG/HR	10 patches per 30 days	100	0.33	33.33	7.2	240
fentanyl citrate oral transmucosal	ACTIQ	Not applicable	Not applicable	Lozenge/Troche	0.2 MG	max 4 per 24 hours	200	4	800	0.13	104
fentanyl citrate oral transmucosal	ACTIQ	Not applicable	Not applicable	Lozenge/Troche	0.4 MG	max 4 per 24 hours	400	4	1600	0.13	208
fentanyl citrate oral transmucosal	ACTIQ	Not applicable	Not applicable	Lozenge/Troche	0.6 MG	max 4 per 24 hours	600	4	2400	0.13	312
fentanyl citrate oral transmucosal	ACTIQ	Not applicable	Not applicable	Lozenge/Troche	0.8 MG	max 4 per 24 hours	800	4	3200	0.13	416
fentanyl citrate oral transmucosal	ACTIQ	Not applicable	Not applicable	Lozenge/Troche	1.2 MG	max 4 per 24 hours	1200	4	4800	0.13	624
fentanyl citrate oral transmucosal	ACTIQ	Not applicable	Not applicable	Lozenge/Troche	1.6 MG	max 4 per 24 hours	1600	4	6400	0.13	832
fentanyl citrate oral transmucosal	FENTORA	Not applicable	Not applicable	Tablet	100 MCG	max 4 per 24 hours	100	4	400	0.13	52
fentanyl citrate oral transmucosal	FENTORA	Not applicable	Not applicable	Tablet	200 MCG	max 4 per 24 hours	200	4	800	0.13	104
fentanyl citrate oral transmucosal	FENTORA	Not applicable	Not applicable	Tablet	400 MCG	max 4 per 24 hours	400	4	1600	0.13	208
fentanyl citrate oral transmucosal	FENTORA	Not applicable	Not applicable	Tablet	600 MCG	max 4 per 24 hours	600	4	2400	0.13	312
fentanyl citrate oral transmucosal	FENTORA	Not applicable	Not applicable	Tablet	800 MCG	max 4 per 24 hours	800	4	3200	0.13	416
hydrocodone bitartrate	ZOHYDRO ER	Not applicable	Not applicable	Capsule, Extended Release	10 MG	1 every 12 hours	10	2	20	1	20
hydrocodone bitartrate	ZOHYDRO ER	Not applicable	Not applicable	Capsule, Extended Release	15 MG	1 every 12 hours	15	2	30	1	30
hydrocodone bitartrate	ZOHYDRO ER	Not applicable	Not applicable	Capsule, Extended Release	20 MG	1 every 12 hours	20	2	40	1	40
hydrocodone bitartrate	ZOHYDRO ER	Not applicable	Not applicable	Capsule, Extended Release	30 MG	1 every 12 hours	30	2	60	1	60

Opioid MME per Day

Drug Ingredient	Brand Example	Special Fill**	Peri-Op***	Dosage Form	Strength	Dosing	MG/DOSE	DOSES/DAY	TOTAL DAILY DOSE (mg)	MME Conversion Factor	TOTAL DAILY MME
hydrocodone bitartrate	ZOXYDRO ER	Not applicable	Not applicable	Capsule, Extended Release	40 MG	1 every 12 hours	40	2	80	1	80
hydrocodone bitartrate	ZOXYDRO ER	Not applicable	Not applicable	Capsule, Extended Release	50 MG	1 every 12 hours	50	2	100	1	100
hydrocodone bitartrate	HYSINGLA ER	Not applicable	Not applicable	Tablet, Extended Release	20 MG	1 every 12 hours	20	2	40	1	40
hydrocodone bitartrate	HYSINGLA ER	Not applicable	Not applicable	Tablet, Extended Release	30 MG	1 every 12 hours	30	2	60	1	60
hydrocodone bitartrate	HYSINGLA ER	Not applicable	Not applicable	Tablet, Extended Release	40 MG	1 every 12 hours	40	2	80	1	80
hydrocodone bitartrate	HYSINGLA ER	Not applicable	Not applicable	Tablet, Extended Release	60 MG	1 every 12 hours	60	2	120	1	120
hydrocodone bitartrate	HYSINGLA ER	Not applicable	Not applicable	Tablet, Extended Release	80 MG	1 every 12 hours	80	2	160	1	160
hydrocodone bitartrate	HYSINGLA ER	Not applicable	Not applicable	Tablet, Extended Release	100 MG	1 every 12 hours	100	2	200	1	200
hydrocodone bitartrate	HYSINGLA ER	Not applicable	Not applicable	Tablet, Extended Release	120 MG	1 every 12 hours	120	2	240	1	240
hydrocodone bitartrate/acetaminophen	NORCO, VICODIN, XODOL	4 Days	4 Days	Tablet	300 MG-5 MG	1 every 6 hours	5	4	20	1	20
hydrocodone bitartrate/acetaminophen	NORCO, VICODIN, XODOL	4 Days	4 Days	Tablet	300 MG-7.5 MG	1 every 6 hours	7.5	4	30	1	30
hydrocodone bitartrate/acetaminophen	NORCO, VICODIN, XODOL	4 Days	4 Days	Tablet	300 MG-10 MG	1 every 6 hours	10	4	40	1	40
hydrocodone bitartrate/acetaminophen	NORCO, VICODIN, XODOL	4 Days	4 Days	Tablet	325 MG-2.5 MG	1 every 6 hours	2.5	4	10	1	10
hydrocodone bitartrate/acetaminophen	NORCO, VICODIN, XODOL	4 Days	4 Days	Tablet	325 MG-5 MG	1 every 6 hours	5	4	20	1	20
hydrocodone bitartrate/acetaminophen	NORCO, VICODIN, XODOL	4 Days	4 Days	Tablet	325 MG-7.5 MG	1 every 6 hours	7.5	4	30	1	30
hydrocodone bitartrate/acetaminophen	NORCO, VICODIN, XODOL	4 Days	4 Days	Tablet	325 MG-10 MG	1 every 6 hours	10	4	40	1	40
hydrocodone bitartrate/ibuprofen	REPREXAIN	Not applicable	Not applicable	Tablet	2.5 MG-200 MG	1 every 6 hours	2.5	4	10	1	10
hydrocodone bitartrate/ibuprofen	REPREXAIN	Not applicable	Not applicable	Tablet	5 MG-200 MG	1 every 6 hours	5	4	20	1	20
hydrocodone bitartrate/ibuprofen	VICOPROFEN	Not applicable	Not applicable	Tablet	7.5 MG-200 MG	1 every 6 hours	7.5	4	30	1	30
hydrocodone bitartrate/ibuprofen	REPREXAIN	Not applicable	Not applicable	Tablet	10 MG-200 MG	1 every 6 hours	10	4	40	1	40
hydromorphone hcl	DILAUDID	Not applicable	Not applicable	Solution	1 MG/ML	2 ml every 6 hours	2	4	8	4	32
hydromorphone hcl	DILAUDID	Not applicable	Not applicable	Tablet	2 MG	1 every 6 hours	2	4	8	4	32
hydromorphone hcl	DILAUDID	Not applicable	Not applicable	Tablet	4 MG	1 every 6 hours	4	4	16	4	64
hydromorphone hcl	DILAUDID	Not applicable	Not applicable	Tablet	8 MG	1 every 6 hours	8	4	32	4	128
levorphanol tartrate	LEVO-DROMORAN	Not applicable	Not applicable	Tablet	2 MG	1 every 6 hours	2	4	8	11	88
meperidine hcl	DEMEROL	Not applicable	Not applicable	Tablet	50 MG	1 every 6 hours	50	4	200	0.1	20
meperidine hcl	DEMEROL	Not applicable	Not applicable	Tablet	100 MG	1 every 6 hours	100	4	400	0.1	40
methadone hcl	DOLOPHINE	Not applicable	Not applicable	Solution	5 MG/5 ML	5 ml every 8 hours	5	3	15	3	45
methadone hcl	DOLOPHINE	Not applicable	Not applicable	Tablet	5 MG	1 every 8 hours	5	3	15	3	45
methadone hcl	DOLOPHINE	Not applicable	Not applicable	Tablet	10 MG	1 every 8 hours	10	3	30	3	90
morphine sulfate	Not applicable	4 Days	4 Days	Solution	10 MG/5 ML	5 ml every 6 hours	10	4	40	1	40
morphine sulfate	Not applicable	4 Days	4 Days	Solution	20 MG/5 ML	5 ml every 6 hours	20	4	80	1	80
morphine sulfate	Not applicable	4 Days	4 Days	Solution	20 MG/ML	1 ml every 6 hours	20	4	80	1	80
morphine sulfate	Not applicable	4 Days	4 Days	Tablet	15 MG	1 every 6 hours	15	4	60	1	60
morphine sulfate	Not applicable	4 Days	4 Days	Tablet	30 MG	1 every 6 hours	30	4	120	1	120
morphine sulfate extended release	KADIAN	Not applicable	Not applicable	Capsule, Extended Release	10 MG	1 every 12 hours	10	2	20	1	20
morphine sulfate extended release	KADIAN	Not applicable	Not applicable	Capsule, Extended Release	20 MG	1 every 12 hours	20	2	40	1	40
morphine sulfate extended release	KADIAN	Not applicable	Not applicable	Capsule, Extended Release	30 MG	1 every 12 hours	30	2	60	1	60
morphine sulfate extended release	KADIAN	Not applicable	Not applicable	Capsule, Extended Release	40 MG	1 every 12 hours	40	2	80	1	80

Opioid MME per Day

Drug Ingredient	Brand Example	Special Fill**	Peri-Op***	Dosage Form	Strength	Dosing	MG/DOSE	DOSES/DAY	TOTAL DAILY DOSE (mg)	MME Conversion Factor	TOTAL DAILY MME
morphine sulfate extended release	KADIAN	Not applicable	Not applicable	Capsule, Extended Release	50 MG	1 every 12 hours	50	2	100	1	100
morphine sulfate extended release	KADIAN	Not applicable	Not applicable	Capsule, Extended Release	60 MG	1 every 12 hours	60	2	120	1	120
morphine sulfate extended release	KADIAN	Not applicable	Not applicable	Capsule, Extended Release	70 MG	1 every 12 hours	70	2	140	1	140
morphine sulfate extended release	KADIAN	Not applicable	Not applicable	Capsule, Extended Release	80 MG	1 every 12 hours	80	2	160	1	160
morphine sulfate extended release	KADIAN	Not applicable	Not applicable	Capsule, Extended Release	100 MG	1 every 12 hours	100	2	200	1	200
morphine sulfate extended release	KADIAN	Not applicable	Not applicable	Capsule, Extended Release	130 MG	1 every 12 hours	130	2	260	1	260
morphine sulfate extended release	KADIAN	Not applicable	Not applicable	Capsule, Extended Release	150 MG	1 every 12 hours	150	2	300	1	300
morphine sulfate extended release	KADIAN	Not applicable	Not applicable	Capsule, Extended Release	200 MG	1 every 12 hours	200	2	400	1	400
morphine sulfate extended release	AVINZA	Not applicable	Not applicable	Capsule, Extended Release, 24 HR	30 MG	1 every 24 hours	30	1	30	1	30
morphine sulfate extended release	AVINZA	Not applicable	Not applicable	Capsule, Extended Release, 24 HR	45 MG	1 every 24 hours	45	1	45	1	45
morphine sulfate extended release	AVINZA	Not applicable	Not applicable	Capsule, Extended Release, 24 HR	60 MG	1 every 24 hours	60	1	60	1	60
morphine sulfate extended release	AVINZA	Not applicable	Not applicable	Capsule, Extended Release, 24 HR	75 MG	1 every 24 hours	75	1	75	1	75
morphine sulfate extended release	AVINZA	Not applicable	Not applicable	Capsule, Extended Release, 24 HR	90 MG	1 every 24 hours	90	1	90	1	90
morphine sulfate extended release	AVINZA	Not applicable	Not applicable	Capsule, Extended Release, 24 HR	120 MG	1 every 24 hours	120	1	120	1	120
morphine sulfate extended release	MS CONTIN	Not applicable	Not applicable	Tablet, Extended Release	15 MG	1 every 12 hours	15	2	30	1	30
morphine sulfate extended release	MS CONTIN	Not applicable	Not applicable	Tablet, Extended Release	30 MG	1 every 12 hours	30	2	60	1	60
morphine sulfate extended release	MS CONTIN	Not applicable	Not applicable	Tablet, Extended Release	60 MG	1 every 12 hours	60	2	120	1	120
morphine sulfate extended release	MS CONTIN	Not applicable	Not applicable	Tablet, Extended Release	100 MG	1 every 12 hours	100	2	200	1	200
morphine sulfate extended release	MS CONTIN	Not applicable	Not applicable	Tablet, Extended Release	200 MG	1 every 12 hours	200	2	400	1	400
oxycodone	XTAMPZA ER	?	?	Capsule, Extended Release	9 MG	1 every 12 hours	10	2	20	1.5	30
oxycodone	XTAMPZA ER	?	?	Capsule, Extended Release	13.5 MG	1 every 12 hours	15	2	30	1.5	45
oxycodone	XTAMPZA ER	?	?	Capsule, Extended Release	18 MG	1 every 12 hours	20	2	40	1.5	60
oxycodone	XTAMPZA ER	?	?	Capsule, Extended Release	27 MG	1 every 12 hours	30	2	60	1.5	90
oxycodone	XTAMPZA ER	?	?	Capsule, Extended Release	36 MG	1 every 12 hours	40	2	80	1.5	120
oxycodone hcl	Not applicable	4 Days	4 Days	Capsule	5 MG	1 every 6 hours	5	4	20	1.5	30
oxycodone hcl	ROXICODONE	4 Days	4 Days	Solution	5 MG/5 ML	5 ml every 6 hours	5	4	20	1.5	30
oxycodone hcl	OXYFAST	?	?	Solution (concentrate)	100 MG/5 ML	1 ml every 6 hours	20	4	80	1.5	120
oxycodone hcl	ROXICODONE, OXAYDO	4 Days	4 Days	Tablet	5 MG	1 every 6 hours	5	4	20	1.5	30
oxycodone hcl	OXAYDO	4 Days	4 Days	Tablet	7.5 MG	1 every 6 hours	7.5	4	30	1.5	45
oxycodone hcl	Not applicable	4 Days	4 Days	Tablet	10 MG	1 every 6 hours	10	4	40	1.5	60
oxycodone hcl	ROXICODONE	4 Days	4 Days	Tablet	15 MG	1 every 6 hours	15	4	60	1.5	90
oxycodone hcl	ROXICODONE	4 Days	4 Days	Tablet	30 MG	1 every 6 hours	30	4	120	1.5	180
oxycodone hcl	OXYCONTIN	4 Days	4 Days	Tablet, Extended Release	10 MG	1 every 12 hours	10	2	20	1.5	30
oxycodone hcl	OXYCONTIN	4 Days	4 Days	Tablet, Extended Release	15 MG	1 every 12 hours	15	2	30	1.5	45
oxycodone hcl	OXYCONTIN	4 Days	4 Days	Tablet, Extended Release	20 MG	1 every 12 hours	20	2	40	1.5	60
oxycodone hcl	OXYCONTIN	4 Days	4 Days	Tablet, Extended Release	30 MG	1 every 12 hours	30	2	60	1.5	90
oxycodone hcl	OXYCONTIN	4 Days	4 Days	Tablet, Extended Release	40 MG	1 every 12 hours	40	2	80	1.5	120
oxycodone hcl	OXYCONTIN	4 Days	4 Days	Tablet, Extended Release	60 MG	1 every 12 hours	60	2	120	1.5	180
oxycodone hcl	OXYCONTIN	4 Days	4 Days	Tablet, Extended Release	80 MG	1 every 12 hours	80	2	160	1.5	240

Opioid MME per Day

Drug Ingredient	Brand Example	Special Fill**	Peri-Op***	Dosage Form	Strength	Dosing	MG/DOSE	DOSES/DAY	TOTAL DAILY DOSE (mg)	MME Conversion Factor	TOTAL DAILY MME
oxycodone/acetaminophen	PERCOCET	4 Days	4 Days	Tablet	325 MG-2.5 MG	1 every 6 hours	2.5	4	10	1.5	15
oxycodone/acetaminophen	PERCOCET	4 Days	4 Days	Tablet	325 MG-5 MG	1 every 6 hours	5	4	20	1.5	30
oxycodone/acetaminophen	PERCOCET	4 Days	4 Days	Tablet	325 MG-7.5 MG	1 every 6 hours	7.5	4	30	1.5	45
oxycodone/acetaminophen	PERCOCET	4 Days	4 Days	Tablet	325 MG-10 MG	1 every 6 hours	10	4	40	1.5	60
oxycodone/aspirin	PERCODAN	Not applicable	Not applicable	Tablet	325 MG-4.8355 MG	1 every 6 hours	4.8355	4	19.342	1.5	29.013
oxycodone/ibuprofen	COMBUNOX	Not applicable	Not applicable	Tablet	400 MG - 5MG	1 every 6 hours	5	4	20	1.5	30
oxymorphone hcl	OPANA	Not applicable	Not applicable	Tablet	5 MG	1 every 6 hours	5	4	20	3	60
oxymorphone hcl	OPANA	Not applicable	Not applicable	Tablet	10 MG	1 every 6 hours	10	4	40	3	120
oxymorphone hcl	OPANA ER	Not applicable	Not applicable	Tablet, Extended Release	5 MG	1 every 12 hours	5	2	10	3	30
oxymorphone hcl	OPANA ER	Not applicable	Not applicable	Tablet, Extended Release	7.5 MG	1 every 12 hours	7.5	2	15	3	45
oxymorphone hcl	OPANA ER	Not applicable	Not applicable	Tablet, Extended Release	10 MG	1 every 12 hours	10	2	20	3	60
oxymorphone hcl	OPANA ER	Not applicable	Not applicable	Tablet, Extended Release	15 MG	1 every 12 hours	15	2	30	3	90
oxymorphone hcl	OPANA ER	Not applicable	Not applicable	Tablet, Extended Release	20 MG	1 every 12 hours	20	2	40	3	120
oxymorphone hcl	OPANA ER	Not applicable	Not applicable	Tablet, Extended Release	30 MG	1 every 12 hours	30	2	60	3	180
oxymorphone hcl	OPANA ER	Not applicable	Not applicable	Tablet, Extended Release	40 MG	1 every 12 hours	40	2	80	3	240
pentazocine/haloxone hcl	TALWIN NX	Not applicable	Not applicable	Tablet	50 MG/0.5 MG	1 every 4 hours	50	6	300	0.37	111
tapentadol	NUCYNTA	Not applicable	Not applicable	Tablet	50 MG	1 every 6 hours	50	4	200	0.4	80
tapentadol	NUCYNTA	Not applicable	Not applicable	Tablet	75 MG	1 every 6 hours	75	4	300	0.4	120
tapentadol	NUCYNTA	Not applicable	Not applicable	Tablet	100 MG	1 every 6 hours	100	4	400	0.4	160
tapentadol	NUCYNTA	Not applicable	Not applicable	Tablet, Extended Release	50 MG	1 every 12 hours	50	2	100	0.4	40
tapentadol	NUCYNTA	Not applicable	Not applicable	Tablet, Extended Release	100 MG	1 every 12 hours	100	2	200	0.4	80
tapentadol	NUCYNTA	Not applicable	Not applicable	Tablet, Extended Release	150 MG	1 every 12 hours	150	2	300	0.4	120
tapentadol	NUCYNTA	Not applicable	Not applicable	Tablet, Extended Release	200 MG	1 every 12 hours	200	2	400	0.4	160
tapentadol	NUCYNTA	Not applicable	Not applicable	Tablet, Extended Release	250 MG	1 every 12 hours	250	2	500	0.4	200
tramadol hcl	ULTRAM	4 Days	4 Days	Tablet	50 MG	1 every 6 hours	50	4	200	0.1	20
tramadol hcl	CONZIP	4 Days	4 Days	Capsule	100 MG	1 per day	100	1	100	0.1	10
tramadol hcl	CONZIP	4 Days	4 Days	Capsule	200 MG	1 per day	200	1	200	0.1	20
tramadol hcl	CONZIP	4 Days	4 Days	Capsule	300 MG	1 per day	300	1	300	0.1	30
tramadol hcl	ULTRAM ER	4 Days	4 Days	Tablet, Extended Release	100 MG	1 per day	100	1	100	0.1	10
tramadol hcl	ULTRAM ER	4 Days	4 Days	Tablet, Extended Release	200 MG	1 per day	200	1	200	0.1	20
tramadol hcl	ULTRAM ER	4 Days	4 Days	Tablet, Extended Release	300 MG	1 per day	300	1	300	0.1	30
tramadol hcl/ac	ULTRACET	4 Days	4 Days	Tablet	325 MG-37.5 MG	1 every 6 hours	37.5	4	150	0.1	15

Opioid Costs Per Day

Drug Ingredient	Brand Example	Dosage Form	Strength	Dosing	DOSES or ML/DAY	Generic Cost per dose	Generic Cost per day	Brand Cost per dose	Brand Cost per day
aspirin/caffeine/dihydrocodeine bitartrate	SYNALGOS-DC	Capsule	356.4MG, 30MG, 16MG	2 every 4 hours	12	1.5395	\$ 18.47	1.7130	\$ 20.56
buprenorphine	BUTRANS	Patch	5 MCG/HR	4 patches per 28 days	0.14	50.2754	\$ 7.18	70.0917	\$ 10.01
buprenorphine	BUTRANS	Patch	7.5 MCG/HR	4 patches per 28 days	0.14	72.3075	\$ 10.33	99.1986	\$ 14.17
buprenorphine	BUTRANS	Patch	10 MCG/HR	4 patches per 28 days	0.14	74.9870	\$ 10.71	105.8909	\$ 15.13
buprenorphine	BUTRANS	Patch	15 MCG/HR	4 patches per 28 days	0.14	114.5800	\$ 16.37	152.5406	\$ 21.79
buprenorphine	BUTRANS	Patch	20 MCG/HR	4 patches per 28 days	0.14	140.6250	\$ 20.09	186.7285	\$ 26.68
buprenorphine hcl	BELBUCA	Film	75 MCG	1 film every 12 hours	2	Not applicable	Not applicable	5.3076	\$ 10.62
buprenorphine hcl	BELBUCA	Film	150 MCG	1 film every 12 hours	2	Not applicable	Not applicable	5.3224	\$ 10.64
buprenorphine hcl	BELBUCA	Film	300 MCG	1 film every 12 hours	2	Not applicable	Not applicable	8.3449	\$ 16.69
buprenorphine hcl	BELBUCA	Film	450 MCG	1 film every 12 hours	2	Not applicable	Not applicable	11.4147	\$ 22.83
buprenorphine hcl	BELBUCA	Film	600 MCG	1 film every 12 hours	2	Not applicable	Not applicable	12.0964	\$ 24.19
buprenorphine hcl	BELBUCA	Film	750 MCG	1 film every 12 hours	2	Not applicable	Not applicable	12.6584	\$ 25.32
buprenorphine hcl	BELBUCA	Film	900 MCG	1 film every 12 hours	2	Not applicable	Not applicable	13.0773	\$ 26.15
butorphanol tartrate	STADOL	Spray - nasal	10 MG/ML	1 spray every 6 hours	4	11.8567	\$ 47.43	Not applicable	Not applicable
codeine sulfate	Not applicable	Tablet	15 MG	1 every 6 hours	4	0.7190	\$ 2.88	Not applicable	Not applicable
codeine sulfate	Not applicable	Tablet	30 MG	1 every 6 hours	4	0.3798	\$ 1.52	Not applicable	Not applicable
codeine sulfate	Not applicable	Tablet	60 MG	1 every 6 hours	4	1.0404	\$ 4.16	Not applicable	Not applicable
codeine phosphate/acetaminophen	TYLENOL #3, TYLENOL #4	Tablet	300 MG-30 MG	1 every 6 hours	4	0.1086	\$ 0.43	1.2293	\$ 4.92
codeine phosphate/acetaminophen	TYLENOL #3, TYLENOL #4	Tablet	300 MG-60 MG	1 every 6 hours	4	0.2424	\$ 0.97	2.1723	\$ 8.69
fentanyl	DURAGESIC	Patch, Extended Release	12.5 MCG/HR	10 patches per 30 days	0.33	7.8794	\$ 2.63	36.8052	\$ 12.27
fentanyl	DURAGESIC	Patch, Extended Release	25 MCG/HR	10 patches per 30 days	0.33	2.6809	\$ 0.89	43.9958	\$ 14.67
fentanyl	DURAGESIC	Patch, Extended Release	50 MCG/HR	10 patches per 30 days	0.33	4.2575	\$ 1.42	80.3405	\$ 26.78
fentanyl	DURAGESIC	Patch, Extended Release	75 MCG/HR	10 patches per 30 days	0.33	5.9714	\$ 1.99	123.3158	\$ 41.11
fentanyl	DURAGESIC	Patch, Extended Release	100 MCG/HR	10 patches per 30 days	0.33	6.7859	\$ 2.26	163.1221	\$ 54.37
fentanyl citrate oral transmucosal	ACTIQ	Lozenge/Troche	0.2 MG	max 4 per 24 hours	4	Not applicable	Not applicable	68.6200	\$ 274.48
fentanyl citrate oral transmucosal	ACTIQ	Lozenge/Troche	0.4 MG	max 4 per 24 hours	4	Not applicable	Not applicable	86.8500	\$ 347.40
fentanyl citrate oral transmucosal	ACTIQ	Lozenge/Troche	0.6 MG	max 4 per 24 hours	4	Not applicable	Not applicable	106.4400	\$ 425.76
fentanyl citrate oral transmucosal	ACTIQ	Lozenge/Troche	0.8 MG	max 4 per 24 hours	4	Not applicable	Not applicable	125.9900	\$ 503.96
fentanyl citrate oral transmucosal	ACTIQ	Lozenge/Troche	1.2 MG	max 4 per 24 hours	4	Not applicable	Not applicable	163.7767	\$ 655.11
fentanyl citrate oral transmucosal	ACTIQ	Lozenge/Troche	1.6 MG	max 4 per 24 hours	4	Not applicable	Not applicable	202.0267	\$ 808.11
fentanyl citrate oral transmucosal	FENTORA	Tablet, Buccal	100 MCG	max 4 per 24 hours	4	Not applicable	Not applicable	53.8179	\$ 215.27
fentanyl citrate oral transmucosal	FENTORA	Tablet, Sublingual	200 MCG	max 4 per 24 hours	4	Not applicable	Not applicable	67.9964	\$ 271.99
fentanyl citrate oral transmucosal	FENTORA	Tablet	400 MCG	max 4 per 24 hours	4	Not applicable	Not applicable	96.7209	\$ 386.88

Opioid Costs Per Day

Drug Ingredient	Brand Example	Dosage Form	Strength	Dosing	DOSES or ML/DAY	Generic Cost per dose	Generic Cost per day	Brand Cost per dose	Brand Cost per day
fentanyl citrate oral transmucosal	FENTORA	Tablet	600 MCG	max 4 per 24 hours	4	Not applicable	Not applicable	125.2136	\$ 500.85
fentanyl citrate oral transmucosal	FENTORA	Tablet	800 MCG	max 4 per 24 hours	4	Not applicable	Not applicable	153.2445	\$ 612.98
hydrocodone bitartrate	ZOHYDRO ER	Capsule, Extended Release	10 MG	1 every 12 hours	2	Not applicable	Not applicable	8.8905	\$ 17.78
hydrocodone bitartrate	ZOHYDRO ER	Capsule, Extended Release	15 MG	1 every 12 hours	2	Not applicable	Not applicable	9.4260	\$ 18.85
hydrocodone bitartrate	ZOHYDRO ER	Capsule, Extended Release	20 MG	1 every 12 hours	2	Not applicable	Not applicable	9.7477	\$ 19.50
hydrocodone bitartrate	ZOHYDRO ER	Capsule, Extended Release	30 MG	1 every 12 hours	2	Not applicable	Not applicable	10.0892	\$ 20.18
hydrocodone bitartrate	ZOHYDRO ER	Capsule, Extended Release	40 MG	1 every 12 hours	2	Not applicable	Not applicable	10.4182	\$ 20.84
hydrocodone bitartrate	ZOHYDRO ER	Capsule, Extended Release	50 MG	1 every 12 hours	2	Not applicable	Not applicable	10.8486	\$ 21.70
hydrocodone bitartrate	HYSINGLA ER	Tablet, Extended Release	20 MG	1 every 12 hours	2	Not applicable	Not applicable	9.0912	\$ 18.18
hydrocodone bitartrate	HYSINGLA ER	Tablet, Extended Release	30 MG	1 every 12 hours	2	Not applicable	Not applicable	13.3291	\$ 26.66
hydrocodone bitartrate	HYSINGLA ER	Tablet, Extended Release	40 MG	1 every 12 hours	2	Not applicable	Not applicable	17.8137	\$ 35.63
hydrocodone bitartrate	HYSINGLA ER	Tablet, Extended Release	60 MG	1 every 12 hours	2	Not applicable	Not applicable	24.7527	\$ 49.51
hydrocodone bitartrate	HYSINGLA ER	Tablet, Extended Release	80 MG	1 every 12 hours	2	Not applicable	Not applicable	33.2927	\$ 66.59
hydrocodone bitartrate	HYSINGLA ER	Tablet, Extended Release	100 MG	1 every 12 hours	2	Not applicable	Not applicable	44.1217	\$ 88.24
hydrocodone bitartrate	HYSINGLA ER	Tablet, Extended Release	120 MG	1 every 12 hours	2	Not applicable	Not applicable	48.8948	\$ 97.79
hydrocodone bitartrate/acetaminophen	VICODIN	Tablet	300 MG-5 MG	1 every 6 hours	4	0.3892	\$ 1.56	1.6473	\$ 6.59
hydrocodone bitartrate/acetaminophen	VICODIN	Tablet	300 MG-7.5 MG	1 every 6 hours	4	0.6542	\$ 2.62	1.8036	\$ 7.21
hydrocodone bitartrate/acetaminophen	VICODIN	Tablet	300 MG-10 MG	1 every 6 hours	4	0.5368	\$ 2.15	2.3269	\$ 9.31
hydrocodone bitartrate/acetaminophen	NORCO	Tablet	325 MG-2.5 MG	1 every 6 hours	4	2.8076	\$ 11.23	Not applicable	\$ 11.23
hydrocodone bitartrate/acetaminophen	NORCO	Tablet	325 MG-5 MG	1 every 6 hours	4	0.0847	\$ 0.34	2.9586	\$ 11.83
hydrocodone bitartrate/acetaminophen	NORCO	Tablet	325 MG-7.5 MG	1 every 6 hours	4	0.1089	\$ 0.44	3.4388	\$ 13.76
hydrocodone bitartrate/acetaminophen	NORCO	Tablet	325 MG-10 MG	1 every 6 hours	4	0.1188	\$ 0.48	4.7646	\$ 19.06
hydrocodone bitartrate/ibuprofen	REPREXAIN	Tablet	2.5 MG-200 MG	1 every 6 hours	4	Not applicable	Not applicable	Not applicable	Not applicable
hydrocodone bitartrate/ibuprofen	REPREXAIN	Tablet	5 MG-200 MG	1 every 6 hours	4	2.8530	\$ 11.41	3.5765	\$ 14.31
hydrocodone bitartrate/ibuprofen	VICOPROFEN	Tablet	7.5 MG-200 MG	1 every 6 hours	4	0.2469	\$ 0.99	Not applicable	Not applicable
hydrocodone bitartrate/ibuprofen	REPREXAIN	Tablet	10 MG-200 MG	1 every 6 hours	4	2.2548	\$ 9.02	4.7171	\$ 18.87
hydromorphone hcl	DILAUDID	Solution	1 MG/ML	2 ml every 6 hours	8	0.2325	\$ 1.86	0.9504	\$ 7.60
hydromorphone hcl	DILAUDID	Tablet	2 MG	1 every 6 hours	4	0.0710	\$ 0.28	2.1954	\$ 8.78
hydromorphone hcl	DILAUDID	Tablet	4 MG	1 every 6 hours	4	0.0822	\$ 0.33	3.5839	\$ 14.34
hydromorphone hcl	DILAUDID	Tablet	8 MG	1 every 6 hours	4	0.2593	\$ 1.04	5.9297	\$ 23.72
levorphanol tartrate	LEVO-DROMORAN	Tablet	2 MG	1 every 6 hours	4	44.5000	\$ 178.00	Not applicable	Not applicable
meperidine hcl	DEMEROL	Tablet	50 MG	1 every 6 hours	4	0.6663	\$ 2.67	Not applicable	Not applicable
meperidine hcl	DEMEROL	Tablet	100 MG	1 every 6 hours	4	1.4486	\$ 5.79	4.3509	\$ 17.40

Opioid Costs Per Day

Drug Ingredient	Brand Example	Dosage Form	Strength	Dosing	DOSES or ML/DAY	Generic Cost per dose	Generic Cost per day	Brand Cost per dose	Brand Cost per day
methadone hcl	DOLOPHINE	Solution	5 MG/5 ML	5 ml every 8 hours	15	0.0638	\$ 0.96	Not applicable	Not applicable
methadone hcl	DOLOPHINE	Tablet	5 MG	1 every 8 hours	3	0.1224	\$ 0.37	0.3637	\$ 1.09
methadone hcl	DOLOPHINE	Tablet	10 MG	1 every 8 hours	3	0.0914	\$ 0.27	0.5908	\$ 1.77
morphine sulfate	Not applicable	Solution	10 MG/5 ML	5 ml every 6 hours	20	0.0402	\$ 0.80	Not applicable	Not applicable
morphine sulfate	Not applicable	Solution	20 MG/5 ML	5 ml every 6 hours	20	0.1297	\$ 2.59	Not applicable	Not applicable
morphine sulfate	Not applicable	Solution	20 MG/ML	1ml every 6 hours	4	0.2934	\$ 1.17	Not applicable	Not applicable
morphine sulfate	Not applicable	Tablet	15 MG	1 every 6 hours	4	0.3757	\$ 1.50	Not applicable	Not applicable
morphine sulfate	Not applicable	Tablet	30 MG	1 every 6 hours	4	0.6496	\$ 2.60	Not applicable	Not applicable
morphine sulfate extended release	KADIAN	Capsule, Extended Release	10 MG	1 every 12 hours	2	2.7788	\$ 5.56	9.6815	\$ 19.36
morphine sulfate extended release	KADIAN	Capsule, Extended Release	20 MG	1 every 12 hours	2	3.2543	\$ 6.51	10.6928	\$ 21.39
morphine sulfate extended release	KADIAN	Capsule, Extended Release	30 MG	1 every 12 hours	2	1.8592	\$ 3.72	11.6377	\$ 23.28
morphine sulfate extended release	KADIAN	Capsule, Extended Release	40 MG	1 every 12 hours	2	Not applicable	Not applicable	15.5170	\$ 31.03
morphine sulfate extended release	KADIAN	Capsule, Extended Release	50 MG	1 every 12 hours	2	5.7422	\$ 11.48	19.4462	\$ 38.89
morphine sulfate extended release	KADIAN	Capsule, Extended Release	60 MG	1 every 12 hours	2	7.1951	\$ 14.39	23.2757	\$ 46.55
morphine sulfate extended release	KADIAN	Capsule, Extended Release	70 MG	1 every 12 hours	2	Not applicable	Not applicable	Not applicable	Not applicable
morphine sulfate extended release	KADIAN	Capsule, Extended Release	80 MG	1 every 12 hours	2	12.1222	\$ 24.24	31.0012	\$ 62.00
morphine sulfate extended release	KADIAN	Capsule, Extended Release	100 MG	1 every 12 hours	2	12.6512	\$ 25.30	38.2455	\$ 76.49
morphine sulfate extended release	KADIAN	Capsule, Extended Release	130 MG	1 every 12 hours	2	Not applicable	Not applicable	Not applicable	Not applicable
morphine sulfate extended release	KADIAN	Capsule, Extended Release	150 MG	1 every 12 hours	2	Not applicable	Not applicable	Not applicable	Not applicable
morphine sulfate extended release	KADIAN	Capsule, Extended Release	200 MG	1 every 12 hours	2	Not applicable	Not applicable	78.5800	\$ 157.16
morphine sulfate extended release	AVINZA	Capsule, Extended Release, 24 HR	30 MG	1 every 24 hours	1	4.5837	\$ 4.58	Not applicable	Not applicable
morphine sulfate extended release	AVINZA	Capsule, Extended Release, 24 HR	45 MG	1 every 24 hours	1	6.7964	\$ 6.80	Not applicable	Not applicable
morphine sulfate extended release	AVINZA	Capsule, Extended Release, 24 HR	60 MG	1 every 24 hours	1	8.9010	\$ 8.90	Not applicable	Not applicable
morphine sulfate extended release	AVINZA	Capsule, Extended Release, 24 HR	75 MG	1 every 24 hours	1	11.3272	\$ 11.33	Not applicable	Not applicable
morphine sulfate extended release	AVINZA	Capsule, Extended Release, 24 HR	90 MG	1 every 24 hours	1	13.3834	\$ 13.38	Not applicable	Not applicable
morphine sulfate extended release	AVINZA	Capsule, Extended Release, 24 HR	120 MG	1 every 24 hours	1	15.7910	\$ 15.79	Not applicable	Not applicable
morphine sulfate extended release	MS CONTIN	Tablet, Extended Release	15 MG	1 every 12 hours	2	0.1806	\$ 0.36	3.9714	\$ 7.94
morphine sulfate extended release	MS CONTIN	Tablet, Extended Release	30 MG	1 every 12 hours	2	0.3002	\$ 0.60	7.5466	\$ 15.09
morphine sulfate extended release	MS CONTIN	Tablet, Extended Release	60 MG	1 every 12 hours	2	0.5807	\$ 1.16	14.7257	\$ 29.45
morphine sulfate extended release	MS CONTIN	Tablet, Extended Release	100 MG	1 every 12 hours	2	1.0150	\$ 2.03	21.8022	\$ 43.60
morphine sulfate extended release	MS CONTIN	Tablet, Extended Release	200 MG	1 every 12 hours	2	2.1437	\$ 4.29	36.2984	\$ 72.60
oxycodone	XTAMPZA ER	Capsule, Extended Release	9 MG	1 every 12 hours	2	Not applicable	Not applicable	4.2805	\$ 8.56
oxycodone	XTAMPZA ER	Capsule, Extended Release	13.5 MG	1 every 12 hours	2	Not applicable	Not applicable	6.3213	\$ 12.64

Opioid Costs Per Day

Drug Ingredient	Brand Example	Dosage Form	Strength	Dosing	DOSES or ML/DAY	Generic Cost per dose	Generic Cost per day	Brand Cost per dose	Brand Cost per day
oxycodone	XTAMPZA ER	Capsule, Extended Release	18 MG	1 every 12 hours	2	Not applicable	Not applicable	8.0112	\$ 16.02
oxycodone	XTAMPZA ER	Capsule, Extended Release	27 MG	1 every 12 hours	2	Not applicable	Not applicable	11.1274	\$ 22.25
oxycodone	XTAMPZA ER	Capsule, Extended Release	36 MG	1 every 12 hours	2	Not applicable	Not applicable	13.6336	\$ 27.27
oxycodone hcl	Not applicable	Capsule	5 MG	1 every 6 hours	4	0.7412	\$ 2.96	Not applicable	Not applicable
oxycodone hcl	ROXICODONE	Solution	5 MG/5 ML	5 ml every 6 hours	20	0.1202	\$ 2.40	Not applicable	Not applicable
oxycodone hcl	OXYFAST	Solution (concentrate)	100 MG/5 ML	1 ml every 6 hours	4	2.2356	\$ 8.94	Not applicable	Not applicable
oxycodone hcl	ROXICODONE, OXAYDO	Tablet	5 MG	1 every 6 hours	4	0.0757	\$ 0.30	7.3434	\$ 29.37
oxycodone hcl	OXAYDO	Tablet	7.5 MG	1 every 6 hours	4	Not applicable	Not applicable	10.5582	\$ 42.23
oxycodone hcl	Not applicable	Tablet	10 MG	1 every 6 hours	4	0.1276	\$ 0.51	Not applicable	Not applicable
oxycodone hcl	ROXICODONE	Tablet	15 MG	1 every 6 hours	4	0.1364	\$ 0.55	5.1945	\$ 20.78
oxycodone hcl	ROXICODONE	Tablet	30 MG	1 every 6 hours	4	0.2558	\$ 1.02	10.1962	\$ 40.78
oxycodone hcl	OXYCONTIN	Tablet, Extended Release	10 MG	1 every 12 hours	2	2.4187	\$ 4.84	3.8692	\$ 7.74
oxycodone hcl	OXYCONTIN	Tablet, Extended Release	15 MG	1 every 12 hours	2	Not applicable	Not applicable	5.6803	\$ 11.36
oxycodone hcl	OXYCONTIN	Tablet, Extended Release	20 MG	1 every 12 hours	2	4.5106	\$ 9.02	7.2097	\$ 14.42
oxycodone hcl	OXYCONTIN	Tablet, Extended Release	30 MG	1 every 12 hours	2	Not applicable	Not applicable	10.0271	\$ 20.05
oxycodone hcl	OXYCONTIN	Tablet, Extended Release	40 MG	1 every 12 hours	2	6.9010	\$ 13.80	12.3342	\$ 24.67
oxycodone hcl	OXYCONTIN	Tablet, Extended Release	60 MG	1 every 12 hours	2	Not applicable	Not applicable	17.4954	\$ 34.99
oxycodone hcl	OXYCONTIN	Tablet, Extended Release	80 MG	1 every 12 hours	2	9.6781	\$ 19.36	21.6846	\$ 43.37
oxycodone/acetaminophen	PERCOCET	Tablet	325 MG-2.5 MG	1 every 6 hours	4	1.6882	\$ 6.75	11.8457	\$ 47.38
oxycodone/acetaminophen	PERCOCET	Tablet	325 MG-5 MG	1 every 6 hours	4	0.0886	\$ 0.35	15.9321	\$ 63.73
oxycodone/acetaminophen	PERCOCET	Tablet	325 MG-7.5 MG	1 every 6 hours	4	0.1677	\$ 0.67	17.9113	\$ 71.65
oxycodone/acetaminophen	PERCOCET	Tablet	325 MG-10 MG	1 every 6 hours	4	0.2414	\$ 0.97	22.5308	\$ 90.12
oxycodone/aspirin	PERCODAN	Tablet	325 MG-4.8355 MG	1 every 6 hours	4	0.5986	\$ 2.39	Not applicable	Not applicable
oxycodone/ibuprofen	COMBUNOX	Tablet	400 MG - 5MG	1 every 6 hours	4	1.0613	\$ 4.25	Not applicable	Not applicable
oxymorphone hcl	OPANA	Tablet	5 MG	1 every 6 hours	4	1.0303	\$ 4.12	7.5642	\$ 30.26
oxymorphone hcl	OPANA	Tablet	10 MG	1 every 6 hours	4	1.1421	\$ 4.57	13.7340	\$ 54.94
oxymorphone hcl	OPANA ER	Tablet, Extended Release	5 MG	1 every 12 hours	2	1.5900	\$ 3.18	2.6130	\$ 5.23
oxymorphone hcl	OPANA ER	Tablet, Extended Release	7.5 MG	1 every 12 hours	2	2.9012	\$ 5.80	3.8152	\$ 7.63
oxymorphone hcl	OPANA ER	Tablet, Extended Release	10 MG	1 every 12 hours	2	3.1288	\$ 6.26	5.0178	\$ 10.04
oxymorphone hcl	OPANA ER	Tablet, Extended Release	15 MG	1 every 12 hours	2	4.3303	\$ 8.66	6.9583	\$ 13.92
oxymorphone hcl	OPANA ER	Tablet, Extended Release	20 MG	1 every 12 hours	2	5.4838	\$ 10.97	8.8995	\$ 17.80
oxymorphone hcl	OPANA ER	Tablet, Extended Release	30 MG	1 every 12 hours	2	8.0428	\$ 16.09	12.8095	\$ 25.62
oxymorphone hcl	OPANA ER	Tablet, Extended Release	40 MG	1 every 12 hours	2	9.1268	\$ 18.25	16.7197	\$ 33.44

Opioid Costs Per Day

Drug Ingredient	Brand Example	Dosage Form	Strength	Dosing	DOSES or ML/DAY	Generic Cost per dose	Generic Cost per day	Brand Cost per dose	Brand Cost per day
pentazocine/naloxone hcl	TALWIN NX	Tablet	50 MG/0.5 MG	1 every 4 hours	6	2.0620	\$ 12.37	Not applicable	Not applicable
tapentadol	NUCYNTA	Tablet	50 MG	1 every 6 hours	4	Not applicable	Not applicable	6.3615	\$ 25.45
tapentadol	NUCYNTA	Tablet	75 MG	1 every 6 hours	4	Not applicable	Not applicable	7.4328	\$ 29.73
tapentadol	NUCYNTA	Tablet	100 MG	1 every 6 hours	4	Not applicable	Not applicable	9.9064	\$ 39.63
tapentadol	NUCYNTA	Tablet, Extended Release	50 MG	1 every 12 hours	2	Not applicable	Not applicable	6.5871	\$ 13.17
tapentadol	NUCYNTA	Tablet, Extended Release	100 MG	1 every 12 hours	2	Not applicable	Not applicable	12.2044	\$ 24.41
tapentadol	NUCYNTA	Tablet, Extended Release	150 MG	1 every 12 hours	2	Not applicable	Not applicable	15.6709	\$ 31.34
tapentadol	NUCYNTA	Tablet, Extended Release	200 MG	1 every 12 hours	2	Not applicable	Not applicable	19.8828	\$ 39.77
tapentadol	NUCYNTA	Tablet, Extended Release	250 MG	1 every 12 hours	2	Not applicable	Not applicable	24.9030	\$ 49.81
tramadol hcl	ULTRAM	Tablet	50 MG	1 every 6 hours	4	0.0214	\$ 0.09	3.2979	\$ 13.19
tramadol hcl	CONZIP	Capsule	100 MG	1 per day	1	Not applicable	Not applicable	10.5500	\$ 10.55
tramadol hcl	CONZIP	Capsule	200 MG	1 per day	1	Not applicable	Not applicable	13.8260	\$ 13.83
tramadol hcl	CONZIP	Capsule	300 MG	1 per day	1	Not applicable	Not applicable	19.1240	\$ 19.12
tramadol hcl	ULTRAM ER	Tablet, Extended Release	100 MG	1 per day	1	1.2744	\$ 1.27	Not applicable	Not applicable
tramadol hcl	ULTRAM ER	Tablet, Extended Release	200 MG	1 per day	1	2.2942	\$ 2.29	Not applicable	Not applicable
tramadol hcl	ULTRAM ER	Tablet, Extended Release	300 MG	1 per day	1	2.2566	\$ 2.26	Not applicable	Not applicable
tramadol hcl/ac	ULTRACET	Tablet	325 MG-37.5 MG	1 every 6 hours	4	0.1512	\$ 0.60	2.7593	\$ 11.04