

NC Medicaid Preferred Drug List- Opioid Analgesics and Combination Therapy

Daily MME of Common Dosages Prescribed/Dispensed

<i>Medication Name</i>	<i>Mg Strength</i>	<i>NC Medicaid / NCTracks MME Conversion Factor</i>	<i>Qty Dispensed</i>	<i>Days Supply</i>	<i>MME per day*</i>
Butrans® Patch (generic buprenorphine)	5mcg/hr	12.6	4	28	9
	7.5mcg/hr		4	28	14
	10mcg/hr		4	28	18
Embeda® ER Capsule (morphine/naloxone)	20/0.8	1	30	30	20
	30/1.2		30	30	30
	50/2		30	30	50
fentanyl transdermal patch (brand Duragesic®)	12mcg	7.2	10	30	30
	25mcg		10	30	60
	50mcg		10	30	120
	75mcg		10	30	180
Kadian® Capsule (generic morphine ER)	10mg	1	30	30	10
	20mg		30	30	20
	30mg		30	30	30
	40mg		30	30	40
morphine sulfate ER tablet (generic for MS Contin®)	30mg	1	60	30	60
	60mg		60	30	120
OxyContin® Tablet (generic oxycodone ER)	10mg	1.5	60	30	30
	20mg		60	30	60
	40mg		60	30	120
Fentora® Buccal Tablet (generic fentanyl)	100mcg	0.13	120	30	52
	200mcg		120	30	104

Medication Name	Mg Strength	NC Medicaid / NCTracks MME Conversion Factor	Qty Dispensed	Days Supply	MME per day*
hydrocodone-acetaminophen solution (generic for Hycet®, Lorcet®, Lortab®, Norco®, Vicodin®)	7.5/500-15ml (0.5mg hydrocodone/ml)	1	473ml 473ml	10 30	24 8
hydrocodone-acetaminophen tablet (generic for Hycet®, Lorcet®, Lortab®, Norco®, Vicodin®)	5/325 10/325	1	40 40	10 10	20 40
hydrocodone-ibuprofen tablet (generic for Ibudone®, Repraxin®)	5/200 10/200	1	120 120	30 30	20 40
hydromorphone tablet (generic for Dilaudid® Tablet)	2mg 4mg	3.75	120 120	30 30	30 60
morphine solution (generic for MSIR®)	10mg/5ml (2mg/ml)	1	473ml	8	120
morphine tablet (generic for MSIR®)	15mg 30mg	1	60 60	10 10	90 180
oxycodone concentrated solution (generic for Roxicodone® Intensol)	20mg/ml	1.5	30ml	7	129
oxycodone solution (generic for Roxicodone®)	5mg/5ml (1mg/ml)	1.5	500ml	12	63
oxycodone tablet (generic for Roxicodone®)	5mg 10mg	1.5	120 120	30 30	30 60
oxycodone-acetaminophen capsules (generic for Tylox®)	5/500	1.5	20 120	5 30	30 30

Medication Name	Mg Strength	NC Medicaid / NCTracks MME Conversion Factor	Qty Dispensed	Days Supply	MME per day*
oxycodone-acetaminophen tablets (generic for Percocet®)	5/325 10/325	1.5	40 40	5 5	60 120
Xylon® (branded generic for Repraxin®) (generic hydrocodone/ibuprofen)	10/200	1	40 120	5 30	80 40
codeine-acetaminophen solution (generic for Tylenol with Codeine®)	36/360-15ml (2.4mg/ml Codeine)	0.15	240ml 473ml	4 10	22 17
codeine-acetaminophen tablet (generic for Tylenol with Codeine®)	30/300 (#3) 60/300 (#4)	0.15	40 40	10 10	18 36
tramadol tablet (generic for Ultram®)	50mg	0.1	40	5	40
tramadol-acetaminophen tablet (generic for Ultracet®)	37.5/325	0.1	40	5	30

***MME/Day = (qty dispensed/days supply X MG of agent in dosage form) X MME conversion factor (MME rounded up to nearest whole number)**

(CDC Recommends 90 MME/day or below for patient safety – NC Medicaid Opioid Safety Policy threshold is 90 MME/day or below to avoid PA request submission)

Additional MME Calculator References:

Washington State Agency Medical Directors: <http://www.agencymeddirectors.wa.gov/calculator/dosecalculator.htm>

CDC MME Calculation Guidance: https://www.cdc.gov/drugoverdose/pdf/calculating_total_daily_dose-a.pdf

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