

Attachment B
Prescription Opioids

Please check all the brand names you recall using during the past 12 months. If you do not recall the brand name, just check the generic name.

Generic Names	Brand Names	Please check if you have used during 12 months prior to beginning treatment
Hydrocodone		
	Anexia	
	Hysingla ER	
	Lortab	
	Lorcet	
	Norco	
	Reprexain	
	Vicodin	
	Vicoprofen	
	Zohydro ER	
Oxycodone		
	Oxaydo	
	Oxycet	
	Oxycontin	
	Percocet	
	Percodan	
	Roxicet	
	Roxicodone	
	Xartemis XR	
	Xtampza ER	
Morphine		
	Astramorph PF (injectable)	
	Duramorph (injectable)	
	Embeda	
	Infumorph (injectable)	
	Kadian	
	Morphobond	
	MS Contin	
Pharmaceutical Fentanyl		
	Abstral	
	Actiq	
	Duragesic	
	Fentora	
	Ionsys	
	Lazanda	
	Onsolis	
	Sublimaze	

First Name: _____ Date/Time of Full Interview with MHA: _____

	Subsys	
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Generic Names	Brand Names	Please check if you have used during 12 months prior to beginning treatment
Codeine		
	Florimet with codeine	
	Florinal with codeine	
	Tylenol #3	
	Tylenol #4	
Methadone		
	Dolophine	
	Methadose	
Tramadol		
	Conzip	
	Ultracet	
	Ultram	
	Ultram ER	
Oxymorphone		
	Opana	
	Opana ER	
Hydromorphone		
	Dilaudid	
	Dalaudid-HP	
	Exalgo	
Buprenorphine		
	Belbuca	
	Bunavail	
	Buprenex	
	Butrans	
	Suboxone	
	Zubsolv	
Tapentadol		
	Nucynta	
	Nucynta ER	
Meperidine		
	Demerol	
Butorphanol	(no brand name)	
Pentazocine		
	Talwin	
Alfentanil		
	Alfenta	
Remifentanil		
	Ultiva	
Sufentanil		
	Dsuvia	
	Sufenta	

First Name: _____ Date/Time of Full Interview with MHA: _____

Dihydrocodeine	
	Synalgos-DC

First Name: _____ Date/Time of Full Interview with MHA: _____