



coordinated care™

Methadone

WA.PHAR.20

Effective: October 1, 2018

Medical necessity

Drug	Medical Necessity
Methadone	<p>Methadone may be considered medically necessary when prescribed for diagnosis of ONE of the following:</p> <ul style="list-style-type: none"> • Active cancer pain • Hospice or palliative care • Chronic non-cancer pain with a history of failure of ALL generic long-acting opiates <p>***This policy does not apply to methadone dispensed from an opiate treatment program</p>

Clinical policy:

Clinical Criteria	
Initial Authorization Criteria	<p>Methadone may be considered for authorization when ONE of the following is met:</p> <ol style="list-style-type: none"> 1. Continuation of current methadone therapy for severe chronic pain 2. Active cancer pain 3. Hospice or palliative care 4. Chronic non-cancer pain with BOTH of the following: <ol style="list-style-type: none"> a. Recent history of failure within the last 12 months, contraindication, or intolerable adverse effects to ALL generic long-acting opioids b. Dose less than or equal to (\leq) 40mg per day <p>Approve for 3 months</p>
Expedited Authorization Criteria	<p>Diagnosis of ONE of the following:</p> <ol style="list-style-type: none"> 1. Active cancer pain 2. Hospice or palliative care
Authorization of doses exceeding 40 mg per day	<p>All dose increases exceeding 40 mg per day require new PA submission for evaluation of medical necessity.</p>

	<p>Dose increases above 40 mg per day require establishment of medical necessity for the dose increase. This must include documentation of clinical benefit at previous doses and clear clinical rationale that the patient is likely to benefit further from the dose increase.</p> <p>Approve for 3 months</p>
Reauthorization Criteria	<p>Methadone may be considered for reauthorization when ONE of the following is met:</p> <ol style="list-style-type: none"> 1. Continues to meet the initial authorization criteria related to diagnosis and dose 2. Compliant with medication refills 3. Documentation of positive clinical benefit over recently used generic long-acting opioids <p>Approve for 6 months</p>

Dosage and quantity limits

Drug Name	Dose and Quantity Limits
Methadone	40mg per day

References

1. Dolophine Tablets [package insert]. Columbus, OH: Roxane Laboratories, Inc.; April 2015.
2. Methadone Injection [package insert]. Rockford, IL: Mylan Institutional LLC; January 2013
3. Methadone Oral Solution [package insert]. Columbus, OH: Roxane Laboratories, Inc.; April 2015.
4. Methadone Intensol Concentrate [package insert]. Columbus, OH: Roxane Laboratories, Inc.; April 2015.
5. Methadose Concentrate [package insert]. Hazelwood, MO: Mallinckrodt Inc.; October 2009.
6. Methadose Tablets [package insert]. Hazelwood, MO: Mallinckrodt Inc.; April 2014.
7. AHFS DI (Adult and Pediatric) [database online]. Hudson, OH: Lexi-Comp, Inc.; http://online.lexi.com/lco/action/index/dataset/complete_ashp [available with subscription]. Accessed June 2015.
8. Micromedex Solutions [database online]. Greenwood Village, CO: Truven Health Analytics Inc. Updated periodically. www.micromedexsolutions.com [available with subscription]. Accessed June 2015.
9. FDA News Release. *SAMHSA and FDA Join to Educate the Public on the Safe Use of Methadone*. Food and Drug Administration Website. <http://www.fda.gov/NewsEvents/Newsroom/PressAnnouncements/ucm149572.htm> Accessed June 2015.
10. Medication-Assisted Treatment for Substance Use Disorders. *Follow Directions: How to Use Methadone Safely*. Division of Pharmacologic Therapies Website. <http://www.dpt.samhsa.gov/methadonesafety/> Accessed June 2015.
11. DEA Methadone Fact Sheet. http://www.justice.gov/dea/druginfo/drug_data_sheets/Methadone.pdf. Accessed June 2015.
12. Methadose Dispersible [package insert]. Hazelwood, MO: Mallinckrodt Inc.; December 2014.