



Division: Pharmacy Policy	<b>Subject: Prior Authorization Criteria</b>
Original Development Date: Original Effective Date: Revision Date:	December 21, 2015 January 15, 2016, March 12, 2018

## METHADONE

LENGTH OF AUTHORIZATION: UP TO 3 MONTHS

### INITIAL REVIEW CRITERIA:

- Patient is  $\geq 18$  years old AND
  - Patient is prescribed methadone for the treatment of severe, chronic pain and is NOT being treated with methadone for the management of opioid addiction AND
  - Methadone is prescribed on a scheduled basis (**not** “as needed”) AND
  - The plan is to discontinue all other long acting opioids upon initiation of therapy with methadone AND
  - The patient has a diagnosis of metastatic cancer OR
  - The patient has a diagnosis of any non-metastatic cancer or chronic non-malignant pain
- ❖ If the patient has a diagnosis of metastatic cancer supported by progress notes, discharge notes, or health conditions:
- Patient has a contraindication or history of intractable pain or intolerable adverse effects associated with all preferred long-acting opioids AND
  - Patient is opioid tolerant as evidenced by recent history (within the past two weeks) of receiving daily opioid analgesics at the following minimum doses for at least one week:
    - ✓ 60 mg oral morphine per day for at least one week
    - ✓ 25 mcg/hour of transdermal fentanyl for at least one week
    - ✓ 30 mg oral oxycodone per day for at least one week
    - ✓ 8 mg oral hydromorphone per day for at least one week
    - ✓ 25 mg of oral oxymorphone per day for at least one week
- ❖ If the patient has a diagnosis of a non-metastatic cancer or chronic non-malignant pain supported by progress notes, discharge notes, or health conditions:
- The prescriber has provided a copy of the signed pain management agreement documenting ongoing evaluations utilizing monitoring systems such as drug screens, pill counts, etc AND
  - Patient has a contraindication or history of intractable pain or intolerable adverse effects associated with all preferred long-acting opioids AND
  - Patient is opioid tolerant as evidenced by recent history (within the past two weeks) of receiving daily opioid analgesics at the following minimum doses for at least one week
    - ✓ 60 mg oral morphine per day for at least one week



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- ✓ 25 mcg/hour of transdermal fentanyl for at least one week
- ✓ 30 mg oral oxycodone per day for at least one week
- ✓ 8 mg oral hydromorphone per day for at least one week
- ✓ 25 mg of oral oxymorphone per day for at least one week

**CONTINUATION OF THERAPY REVIEW CRITERIA:**

- Patient continues to meet all of the initial review criteria AND
- Patient has been compliant with medication refills AND
- Patient has no medication fills for any other long acting opioid AND
- Patient has no medication fills for opioids from any prescriber other than the methadone prescriber AND
- There is no history of behavior indicative of abuse including requests for early refills

**DOSING & ADMINISTRATION:**

- Dosing protocols vary depending on history of previous opioid dosing schedule (consult dose conversion table) but generally begin at no higher than 30 mg- 40 mg per day divided into two or three daily doses. Doses may be titrated up or down every 5 to 7 days depending on response and adverse effects. Due to the need to slowly taper off of Methadone, a one month approval may be granted if tapering off is needed.
- Methadone is available for pain management in the following formulations:
  - Methadone 10 mg/5 mL solution
  - Methadone 10 mg/1 mL concentrated solution
  - Methadone 5 mg/5 mL solution
  - Methadone 5 mg tablet
  - Methadone 10 mg tablet
  - (*\*Note: the 40 mg dispersible tablet for suspension is **not** reimbursed under the Medicaid pharmacy benefit and is only dispensed by licensed methadone maintenance clinics*)