

Methadone (Pain Management only) Criteria

Indication:

Management of pain severe enough to require daily, around-the-clock, long-term opioid treatment and for which alternative treatment options are inadequate.

Medications:

Brand Name	Generic Name	Dosage Strengths
Methadone®, Diskets®, Dolophine®, Westadone®	methadone	Concentrate,oral: 10mg/ml; solution, oral: 10mg/5ml; 5mg/ml; tablet, oral:5mg, 10mg,40mg tablet for suspension, oral: 40mg (only for detoxification)

Criteria for Authorization:

- Patient is ≥ 18 years of age; **AND**
- Patient has a diagnosis of chronic pain; **AND**
- Patient has documented failure on two other opioids with same FDA indication for pain management; **AND**
- Attestation that the New Hampshire Prescription Drug Monitoring Program (PDMP) has been reviewed within the last 60 days; **AND**
- Confirmation that patient has a written pain agreement
- Hospice, cancer and end of life patients are exempt from prior authorization

Criteria for Denial:

- Failure to meet criteria for authorization
- History of severe asthma or other lung disease
- Concurrent long acting opioid
- Concurrent benzodiazepine, sedative hypnotics or barbiturates

Initial approval period: 6 months

Continued approval: 6 months, provided there is documentation that patient continues to be assessed for pain control.

Dispensing Limits: 150mg/day

References:

Available upon request.

Review:	Reason for Review:	Date Approved:
DUR Board	New	5/31/2016
Commissioner	Approval	6/18/2016
DUR Board	Update	9/27/2018
Commissioner Designee	Approval	11/27/2018