

## METHADONE

Dolophine (methadone oral tablets), Methadone Hydrochloride Intensol (methadone oral concentrate), Methadose Oral Concentrate (methadone oral concentrate), Methadose Dispersible Tablets (tablets for oral suspension)

### Pre - PA Allowance

*Prior authorization is not required if prescribed by an oncologist and/or the member has paid pharmacy claims for an oncology medication(s) in the past 6 months*

**Age** 18 years of age or older

#### Quantity

- Maximum daily limit of methadone without a PA is 90 MME/day.

#### Tablets, Solutions, or Concentrates ≤ 90 MME/day

Drug Strength	Quantity	MME
Dolophine 5mg	3 units per day (Max: 270 tablets per 90 days) <b>OR</b>	70.5 MME/day
Dolophine 10mg	1 unit per day (Max: 90 tablets per 90 days) <b>OR</b>	47 MME/day
Methadone 5mg/5mL (oral solution)	15 units per day (Max: 1350 mL per 90 days) <b>OR</b>	70.5 MME/day
Methadone 10mg/5mL (oral solution)	7 units per day (Max: 630 mL per 90 days) <b>OR</b>	65.8 MME/day
Methadone Intensol 10mg/mL (oral concentrate) Methadose 10mg/mL (oral concentrate)	1 unit per day (Max: 90 mL per 90 days)	47 MME/day

**Maximum daily limit of any combination: 90MME**

### Prior-Approval Requirements

*Prior authorization is not required if prescribed by an oncologist and/or the member has paid pharmacy claims for an oncology medication(s) in the past 6 months*

#### Diagnoses

Patient must have **ONE** of the following:

1. Pain associated with cancer
2. Pain associated with sickle cell disease
3. Treatment associated with hospice, palliative, or end-of-life care

**Age** 18 years of age or older

#### Diagnoses

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Patient must have **ONE** of the following:

1. Pain

**AND ALL** of the following:

- a. Alternative treatment options have been ineffective, not tolerated, or inadequate for controlling the pain (i.e., non-opioid analgesics and other immediate release opioids)
- b. Prescriber agrees to assess the benefits of pain control (i.e., care plan, signs of abuse, severity of pain) after 3 months of therapy
- c. Prescriber agrees to evaluate the patient's response to therapy before changing dose
- d. Prescriber agrees to assess patient for signs and symptoms of serotonin syndrome
- e. Prescriber agrees to participate in the Opioid Analgesic REMS program and to monitor for abuse, misuse, addiction, and overdose and discontinue if necessary (<https://opioidanalgesicrems.com>)
- f. **NO** dual therapy with other opioids
- g. **NO** dual therapy with opioid addiction treatment
- h. **NO** dual therapy with an anti-anxiety benzodiazepine(s)
  - i. Alprazolam (Xanax)
  - ii. Clonazepam (Klonopin)
  - iii. Diazepam (Valium)
  - iv. Lorazepam (Ativan)
  - v. Oxazepam (Serax)
  - vi. Chlordiazepoxide (Librium)
  - vii. Clorazepate dipotassium (Tranxene)
- i. **NO** morphine milligram equivalent (MME) over 200 MME/day  
(e.g., <https://www.mdcalc.com/morphine-milligram-equivalents-mme-calculator>,  
[https://www.cdc.gov/drugoverdose/pdf/calculating\\_total\\_daily\\_dose-a.pdf](https://www.cdc.gov/drugoverdose/pdf/calculating_total_daily_dose-a.pdf),  
<https://www.cdc.gov/opioids/providers/prescribing/app.html>)

2. Opioid addiction

**AND ONE** of the following:

- a. Opioid addiction requiring detoxification treatment
- b. Opioid addiction requiring maintenance treatment in conjunction with appropriate social and medical services

**AND ALL** of the following:

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- Patient will be monitored during therapy for signs and symptoms of abuse/misuse as well as compliance and the potential diversion to others
- Patient is **NOT** taking **exclusively** for pain control
- NO** dual therapy with other opioids
- NO** dual therapy with another medication for opioid addiction
- NO** morphine milligram equivalent (MME) over 200 MME/day  
(e.g., <https://www.mdcalc.com/morphine-milligram-equivalents-mme-calculator>,  
[https://www.cdc.gov/drugoverdose/pdf/calculating\\_total\\_daily\\_dose-a.pdf](https://www.cdc.gov/drugoverdose/pdf/calculating_total_daily_dose-a.pdf),  
<https://www.cdc.gov/opioids/providers/prescribing/app.html>)

## Prior - Approval Limits

### Quantity

- The diagnoses pain associated with cancer, pain associated with sickle cell disease, or treatment associated with hospice, palliative, or end-of-life care **ONLY** are not subject to the maximum MME daily limit
- Maximum daily limit of methadone with a PA is \*200 MME/day.**

### Pain

**Tablets, Solutions, or Concentrates ≤ 200 MME/day**

Opioid	Morphine Milligram Equivalent (MME) Conversion Factor*
Methadone	4.7

**Maximum daily limit of any combination: 200 MME**

### Addiction

**Tablets, Solutions, or Concentrates ≤ 200 MME/day**

Drug Strength	Morphine Milligram Equivalent (MME) Conversion Factor*
Methadone	4.7
Methadose 40mg (tablet for suspension, oral) Methadone 40mg (tablet for suspension, oral) Diskets 40mg (40mg rapid dissolve, oral)	**Should only be dispensed by a methadone clinic**

**Maximum daily limit of any combination: 200 MME**

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\*Multiply the dose for each opioid by the conversion factor to determine the dose in MMEs

\*\*MME limit does not apply to medication supplied by SAMHSA certified methadone clinics

**Duration**      6 months

12 months for pain associated with cancer, pain associated with sickle cell disease, or treatment associated with hospice, palliative, or end-of-life care

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## **Prior – Approval *Renewal* Requirements**

***Prior authorization is not required if prescribed by an oncologist and/or the member has paid pharmacy claims for an oncology medication(s) in the past 6 months***

### **Diagnoses**

Patient must have **ONE** of the following:

1. Pain associated with cancer
2. Pain associated with sickle cell disease
3. Treatment associated with hospice, palliative, or end-of-life care

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**Age**              18 years of age or older

### **Diagnoses**

Patient must have **ONE** of the following:

1. Pain

**AND ALL** of the following:

- a. Prescriber agrees to continue to assess the benefits of pain control (i.e., care plan, signs of abuse, severity of pain) after 3 months of therapy
- b. Prescriber agrees to evaluate patient's response to therapy before changing dose
- c. Prescriber agrees to assess patient for signs and symptoms of serotonin syndrome
- d. Prescriber agrees to participate in the Opioid Analgesic REMS program and to monitor for abuse, misuse, addiction, and overdose and discontinue if necessary (<https://opioidanalgesicrems.com>)
- e. **NO** dual therapy with other opioids

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- f. **NO** dual therapy with opioid addiction treatment
- g. **NO** dual therapy with an anti-anxiety benzodiazepine(s)
  - i. Alprazolam (Xanax)
  - ii. Clonazepam (Klonopin)
  - iii. Diazepam (Valium)
  - iv. Lorazepam (Ativan)
  - v. Oxazepam (Serax)
  - vi. Chlordiazepoxide (Librium)
  - vii. Clorazepate dipotassium (Tranxene)
- h. **NO** morphine milligram equivalent (MME) over 200 MME/day  
(e.g., <https://www.mdcalc.com/morphine-milligram-equivalents-mme-calculator>,  
[https://www.cdc.gov/drugoverdose/pdf/calculating\\_total\\_daily\\_dose-a.pdf](https://www.cdc.gov/drugoverdose/pdf/calculating_total_daily_dose-a.pdf),  
<https://www.cdc.gov/opioids/providers/prescribing/app.html>)

**2. Opioid addiction****AND ALL** of the following:

- a. Opioid addiction requiring maintenance treatment in conjunction with appropriate social and medical services
- b. Patient is **NOT** taking exclusively for pain control
- c. **NO** dual therapy with other opioids
- d. **NO** dual therapy with another medication for opioid addiction
- e. **NO** morphine milligram equivalent (MME) over 200 MME/day  
(e.g., <https://www.mdcalc.com/morphine-milligram-equivalents-mme-calculator>,  
[https://www.cdc.gov/drugoverdose/pdf/calculating\\_total\\_daily\\_dose-a.pdf](https://www.cdc.gov/drugoverdose/pdf/calculating_total_daily_dose-a.pdf),  
<https://www.cdc.gov/opioids/providers/prescribing/app.html>)

**Prior - Approval *Renewal* Limits**

Same as above

**Appendix 1 - List of Serotonergic Medications**

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### Selective Serotonin Reuptake Inhibitors (SSRIs)

paroxetine	Paxil, Paxil CR, Pexeva, Brisdelle
fluvoxamine	Luvox, Luvox CR
fluoxetine	Prozac, Prozac Weekly, Sarafem, Selfemra, Symbyax
sertraline	Zoloft
citalopram	Celexa
escitalopram	Lexapro

### Serotonin-Norepinephrine Reuptake Inhibitors (SNRIs)

venlafaxine	Effexor XR
desvenlafaxine	Pristiq, Khedezla
duloxetine	Cymbalta
milnacipran	Savella

### Tricyclic Antidepressants (TCAs)

amitriptyline	No brand name currently marketed
desipramine	Norpramin
clomipramine	Anafranil
imipramine	Tofranil, Tofranil PM
nortriptyline	Pamelor, Aventyl
protriptyline	Vivactil
doxepin	Zonalon, Silenor
trimipramine	Surmontil

### Monoamine Oxidase Inhibitors (MAOIs)

isocarboxazid	Marplan
phenelzine	Nardil
selegiline	Emsam, Eldepryl, Zelapar
tranylcypromine	Parnate

### Other Psychiatric Medicines

amoxapine	No brand name currently marketed
maprotiline	No brand name currently marketed
nefazodone	No brand name currently marketed
trazodone	Oleptro
buspirone	No brand name currently marketed
vilazodone	Viibryd

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mirtazapine	Remeron, Remeron Soltab
lithium	Lithobid

### Migraine Medicines

almotriptan	Axert
frovatriptan	Frova
naratriptan	Amerge
rizatriptan	Maxalt, Maxalt-MLT
sumatriptan	Imitrex, Imitrex Statdose, Alsuma, Sumavel Dosepro, Zecuity, Treximet
zolmitriptan	Zomig, Zomig-ZMT

### Antiemetics

ondansetron	Zofran, Zofran ODT, Zuplenz
granisetron	Kytril, Sancuso
dolasetron	Anzemet
palonosetron	Aloxi

### Other Serotonergic Medicines

dextromethorphan	Bromfed-DM, Delsym, Mucinex DM, Nuedexta
linezolid	Zyvox
cyclobenzaprine	Amrix
methylene blue	
St. John's wort	
tryptophan	