Louisiana Fee-for-Service Medicaid
Methadone

The *Louisiana Uniform Prescription Drug Prior Authorization Form* should be utilized to request authorization for methadone when dispensed by an outpatient retail pharmacy for a pain-related diagnosis. NOTE: Methadone products, when used for the treatment of opioid addiction in detoxification or maintenance programs, shall only be dispensed by opioid treatment programs certified by the Substance Abuse and Mental Health Services Administration.

Initial and Reauthorization Approval Criteria for Methadone

ALL of the following are required:

- There is no preferred alternative that is the exact same chemical entity, formulation, strength, etc.; **AND**
- The recipient age is:
  - At least 18 years old, but not older than 64 years old on the date of the request; **OR**
  - Outside of the ages stated in the previous bullet and medical justification is provided; **AND**
- All of the following are true, and **each item is stated on the request**:
  - The recipient has been screened and **does not have a diagnosis of substance abuse or opioid dependence**; **AND**
  - The recipient is evaluated and monitored at least quarterly for the development of addiction, abuse or misuse, and **the request includes the most recent evaluation date**; **AND**
  - The recipient has a diagnosis of **pain**, which is **severe enough to require daily, around-the-clock, long-term opioid treatment**; **AND**
  - Alternative treatment options have been inadequate in treating the recipient's pain and each failed treatment is listed on the request; **AND**
  - Methadone is **not being used on an as-needed basis**; **AND**
  - The Louisiana Board of Pharmacy Prescription Monitoring Program (PMP AWARE) is accessed each time a prescription for methadone is written for the recipient, and **the most recent date that the PMP was accessed is written on the request and initialed by the prescriber**; **AND**
  - An **Opioid Treatment Agreement is on file in the recipient's chart or electronic medical record**, signed by both the recipient and the methadone prescriber, that states:
    - The recipient will not use alcohol, benzodiazepines, or other CNS depressants while taking methadone; **AND**
  - The recipient does not have **significant respiratory depression, acute or severe asthma, or paralytic ileus**; **AND**
  - The recipient does not have **hepatic or renal impairment**; **AND**
- **ONE** of the following is required and is stated on the request:
  - The recipient has had *treatment failure* with at least two preferred long-acting opioids within the previous 90-day period; **OR**
  - The recipient has had an *intolerable side effect* to **ALL** preferred long-acting opioids; **OR**
  - The recipient has *documented contraindication(s)* to **ALL** preferred long-acting opioids that are appropriate to use for the condition being treated; **OR**
  - The request is to *continue established therapy for a recipient with cancer, palliative end-of-life care, second and third degree burns and corrosions, or sickle-cell crisis*; **OR**
  - An active Morphine Milligram Equivalent (MME) override approval for the recipient's current cumulative MME is in place; **AND**

- By submitting the authorization request, the prescriber attests to the following:
    - The prescribing information for the requested medication has been thoroughly reviewed, including any Black Box Warning, Risk Evaluation and Mitigation Strategy (REMS), contraindications, minimum age requirements, recommended dosing, and prior treatment requirements; **AND**
    - The prescribing provider has completed an opioid REMS-compliant education program or has advanced training on the use of methadone for the management of chronic pain; **AND**
    - All laboratory testing and clinical monitoring recommended in the prescribing information have been completed as of the date of the request and will be repeated as recommended, including the following:
        - monitoring for respiratory depression at initiation of methadone therapy and with all dosage increases; **AND**
        - screening for cardiac risk factors and cardiac conduction abnormalities, including baseline electrocardiography (ECG), when indicated, with QT interval not to exceed 500 milliseconds; **AND**
    - the recipient has utilized short-acting narcotic analgesic agents for at least two weeks for this condition; **AND**
    - The recipient has no concomitant drug therapies or disease states that limit the use of methadone and will not be receiving methadone in combination with any medication that is contraindicated or not recommended per FDA labeling.

Duration of Authorization Approval for Methadone

Initial and reauthorization approval for cancer diagnosis: 12 months
Initial and reauthorization approval for non-cancer diagnosis for long-term care recipients: 6 months
Initial and reauthorization approval for non-cancer diagnosis: 4 months

ALL narcotic analgesics have Black Box Warnings and are subject to *Risk Evaluation Mitigation Strategy* (REMS) under FDA safety regulations.

Additional edits may apply at Point-of-Sale (POS). Override options may be available. For more information, refer to the Louisiana Department of Health Pharmacy Benefits Management Services Manual at https://www.lamedicaid.com/provweb1/Providermanuals/manuals/PHARMACY/PHARMACY.pdf

Methadone has a **quantity limit** (See Table 1). **NOTE**: Quantity limits do not apply to long-acting narcotic analgesics when prescribed for cancer, palliative end-of-life care, second and third degree burns and corrosions, and sickle-cell crisis. (See Table 2).

Table 1. Methadone 30-day Quantity Limits

Generic	30-Day Quantity Limit
Methadone	45 units

Table 2. Diagnosis Codes Exempt from Quantity Limits for Most Narcotic Analgesics

Diagnosis Description	Diagnosis Code
Cancer	C00*-C96*
Palliative End-of-Life Care	Z51.5
Second- or Third-Degree Burns or Corrosions	T20.2*-T20.3*, T20.6*-T20.7*, T21.2*-T21.3*, T21.6*-T21.7*, T22.2*-T22.3*, T22.6*-T22.7*, T23.2*-T23.3*, T23.6*-T23.7*, T24.2*-T24.3*, T24.6*-T24.7*, T25.2*-T25.3*, T25.6*-T25.7*
Sickle-Cell Crisis	D57.0*, D57.21*, D57.41*, D57.81*

* any number or letter or combination of **UP TO FOUR** numbers and letters of an assigned ICD-10 diagnosis code

References

Chou, R. (2014). *Methadone Safety: A Clinical Practice Guideline From the American Pain Society and College on Problems of Drug Dependence, in Collaboration With the Heart Rhythm Society.* [online] Jpain.org. Available at: https://www.jpain.org/article/S1526-5900(14)00522-7/pdf [Accessed 11 Dec. 2018].

Louisiana Department of Health. Provider Memorandum September 7, 2017. *Louisiana Fee for Service (FFS) Medicaid 90 Morphine Milligram Equivalent (MME) per Day Limit*. Retrieved from https://www.lamedicaid.com/provweb1/Pharmacy/FFS_provider_memo_90_MME_with_3_pg_wksht.pdf

Methadone [package insert]. Eatontown, NJ: West-Ward Pharmaceuticals Corp; 2018. Retrieved from https://dailymed.nlm.nih.gov/dailymed/fda/fdaDrugXsl.cfm?setid=8c363f90-c378-48ae-abbc-aeb25c9bf5cb&type=display

U.S. Food and Drug Administration (FDA). Risk Evaluation and Mitigation Strategies (REMS). 18 Sept 2018. Retrieved from https://www.accessdata.fda.gov/scripts/cder/rems/index.cfm