

New Hampshire Medicaid Fee-for-Service Program Methadone (Pain Management Only) Criteria

Approval Date: December 3, 2019

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: 10 mg/ml; Solution, oral: 10 mg/5 ml; 5 mg/ml; Tablet, oral: 5 mg, 10 mg, 40 mg; Tablet for suspension, oral: 40 mg (only for detoxification)

Criteria for Authorization

Hospice, cancer, and end-of-life patients are **exempt** from prior authorization.

1. Patient is ≥ 18 years of age; **AND**
2. Patient has a diagnosis of chronic pain; **AND**
3. Attestation that non-opioid treatment has been maximized or is contraindicated; **AND**
4. Patient has documented failure on two other opioids with same FDA indication for pain management; **AND**
5. Attestation that the New Hampshire Prescription Drug Monitoring Program (PDMP) has been reviewed within the last 60 days; **AND**
6. Attestation that the prescriber has reviewed with the patient the risks associated with continuing high-dose opioids; **AND**
7. Confirmation that patient has a written pain agreement; **AND**
8. Attestation that the prescriber has discussed with the patient to attempt to taper the dose slowly at an individualized pace; **AND**
9. Attestation that the prescriber is monitoring the patient to mitigate overdose risk; **AND**

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10. Confirmation that the patient will be prescribed concurrent naloxone.

Criteria for Denial

1. Failure to meet criteria for authorization; **OR**
2. History of severe asthma or other lung disease; **OR**
3. Concurrent long-acting opioid; **OR**
4. Concurrent benzodiazepine, sedative hypnotics, or barbiturates.

Initial approval period: Six months

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

Dispensing Limits: 150 mg/day

References

Available upon request.

Revision History

Reviewed by	Reason for Review	Date Approved
DUR Board	New	05/31/2016
Commissioner	Approval	06/18/2016
DUR Board	Update	09/27/2018
Commissioner Designee	Approval	11/27/2018
DUR Board	Update	10/28/2019
Commissioner Designee	Approval	12/03/2019