

POLICY AND PROCEDURE

DEPARTMENT: Pharmacy	DOCUMENT NAME: Methadone (Dolophine)
PAGE: 1 of 2	REPLACES DOCUMENT:
APPROVED DATE:	RETIRED:
EFFECTIVE DATE: 11/2017	REVIEWED/REVISED:
PRODUCT TYPE: Medicaid	REFERENCE NUMBER: WA.PHAR.20

SCOPE:

Washington Health Care Authority (HCA), Coordinated Care Health Plan (Plan), and Envolv Pharmacy Solution departments.

PURPOSE:

It is the goal of the Plan to reduce the number of unintentional deaths in Washington State related to overdose of methadone.

POLICY:

The Plan will require authorization for new starts of methadone treatment. This policy does not apply to methadone for opiate use disorder.

PROCEDURE:

Coverage Criteria and Limitations

1. Continuation of current methadone treatment. If current dose is greater than 40mg continuation will be at the prescribed dose, dose escalations will require authorization.
2. Member has tried and failed all generic long-acting opioids; methadone dose will be limited to the mg equivalent dose to the last prescribed long-acting opioid. Methadone dose escalations beyond 40mg will require authorization.
3. Methadone is prescribed for cancer pain
4. Member is in hospice

REVISION LOG:	DATE

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POLICY AND PROCEDURE APPROVAL

The electronic approval retained in Compliance 360, Centene's P&P management software,
is considered equivalent to a physical signature.

Vice President of Medical Management

_____ Electronic Signature on File _____