Washington State Health Care Authority

Methadone

Medical policy no. 65.10.00.50-3 Effective: August 1, 2026

Related medical policies:

Policy Number	Policy Name
65.10.00	Analgesics: Opioid Agonists

Note: *New-to-market drugs included in this class based on the Apple Health Preferred Drug List are non-preferred and subject to this prior authorization (PA) criteria. Non-preferred agents in this class require an inadequate response or documented intolerance due to severe adverse reaction or contraindication to at least TWO preferred agents. If there is only one preferred agent in the class documentation of inadequate response to ONE preferred agent is needed. If a drug within this policy receives a new indication approved by the Food and Drug Administration (FDA), medical necessity for the new indication will be determined on a case-by-case basis following FDA labeling.*

To see the list of the current Apple Health Preferred Drug List (AHPDL), please visit: https://www.hca.wa.gov/assets/billers-and-providers/apple-health-preferred-drug-list.xlsx

Medical necessity

Drug	*Medical Necessity*
Methadone	Methadone prescriptions require prior authorization. Expedited authorization codes 85000000540 and 85000000541 do not apply to methadone products. Methadone may be considered medically necessary when approved under prior authorization by the clinical criteria or by one of the exceptions listed below. **Note:** This criteria does not apply to methadone dispensed from an opiate treatment program.

Clinical policy

Clinical Criteria	
Treatment of chronic pain	**For initial prescriptions for patients with a diagnosis of chronic non-cancer pain**, providers must submit the following documentation**:** 1. **ONE** of the following is met: a. Continuation of current methadone therapy for severe chronic pain; **OR** b. For non-cancer pain: trial and failure of ALL generic long-acting opioids within the last 12 months, unless contraindicated, or experienced intolerable adverse effects; **OR**

	c. For cancer pain, or for patients in hospice, receiving palliative care, or end of life care: trial and failure of two preferred long-acting opioids within the last 12 months, unless contraindicated or experienced intolerable adverse effects 2. Dose less than or equal to 20 mg per day; ○ For doses greater than 20 mg per day, documentation of clinical benefit at previous doses and clear clinical rationale that the patient is likely to benefit from further dose increases is required, and the criteria under **Policy 65.10.00** for **Maximum Daily Morphine Equivalent (MME)** applies; ○ For use in combination with any other opioid prescription, MME will be calculated as part of the prior authorization criteria, and if the dose exceeds 120 MME per day, the criteria under **Policy 65.10.00** for **Maximum Daily Morphine Equivalent (MME)** applies; If ALL of the criteria is met, the request may be approved for **12 months**. Reauthorization requests may be approved for **12 months** if patient continues to meet all of the initial criteria and demonstrates clinically meaningful improvements in pain and/or function.

Dosage and quantity limits

Drug Name	Dose and Quantity Limits
Methadone	20 mg per day

Coding

HCPCS Code	Description
S0109	Methadone, oral, 5 mg
J1230	Injection, methadone hcl, up to 10 mg

Background

The opioid agonists is a class of medications that is reserved for the treatment of severe pain that cannot be managed by non-pharmacologic therapies or other pharmacologic treatments. Methadone is a long-acting opioid agonist that has strong binding affinity to mu-opioid receptors, meaning that it can be used to provide analgesia or for the treatment of opioid use disorder.

References

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3. Methadone Oral Solution [package insert]. Columbus, OH: Roxane Laboratories, Inc.; April 2015.
4. Methadone Intensol Concentrate [package insert]. Columbus, OH: Roxane Laboratories, Inc.; April 2015.
5. Methadose Concentrate [package insert]. Hazelwood, MO: Mallinckrodt Inc.; October 2009.
6. Methadose Tablets [package insert].Hazelwood, MO: Mallinckrodt Inc.; April 2014.

7. AHFS DI (Adult and Pediatric) [database online]. Hudson, OH: Lexi-Comp, Inc.; http://online.lexi.com/lco/action/index/dataset/complete_ashp [available with subscription]. Accessed June 2015.
8. Micromedex Solutions [database online]. Greenwood Village, CO: Truven Health Analytics Inc. Updated periodically. www.micromedexsolutions.com [available with subscription]. Accessed June 2015.
9. FDA News Release. *SAMHSA and FDA Join to Educate the Public on the Safe Use of Methadone.* Food and Drug Administration Website. http://www.fda.gov/NewsEvents/Newsroom/PressAnnouncements/ucm149572.htm Accessed June 2015.
10. Medication-Assisted Treatment for Substance Use Disorders. *Follow Directions: How to Use Methadone Safely.* Division of Pharmacologic Therapies Website. http://www.dpt.samhsa.gov/methadonesafety/ Accessed June 2015.
11. DEA Methadone Fact Sheet. http://www.justice.gov/dea/druginfo/drug_data_sheets/Methadone.pdf. Accessed June 2015.
12. Methadose Dispersible [package insert]. Hazelwood, MO: Mallinckrodt Inc.; December 2014.

History

Approved Date	Effective Date	Version	Action and Summary of Changes
6/8/2026	8/1/2026	65.10.00.50-3	-Removed expedited authorization criteria, it does not apply to Methadone. -Incorporated cancer pain, hospice, palliative care, and end of life care into the criteria for methadone eligibility. -Reformatted throughout for clarity and consistency

Date	Action and Summary of Changes
12.3.2024	• Note and related medical policies updated to reflect current language and formatting • Changed initial and reauthorization approval duration to 12 months
09.18.2019	Updated to match other opioid policies
07.30.2019	Updated to include MME limit due to changes in 65.10.00
10.21.2015	New Policy