



Department of Health and Human Services
MaineCare Services
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To: MaineCare Providers
From: Roger Bondeson – Director of Operations
Date: April 21, 2016
Re: Methadone

This is an important notice about prescribing for Methadone for pain management.

Effective May 1, 2016, based on recent guidance from the U.S. Centers for Disease Control and Prevention (CDC), MaineCare Services will be moving methadone to non-preferred status on the MaineCare Preferred Drug List (PDL).

The U.S. CDC states that methadone represents only about 2% of opioid prescriptions written but is associated with one-third of deaths (*CDC Vital Signs 2012*). According to the American Academy of Pain Medicine (AAPM), methadone shows up in mortality reports with greater frequency than should be expected given the small number of prescriptions written compared with other opioids. As a result, the AAPM has recommended that methadone should not be designated as a preferred analgesic by any insurance payer, whether public or private.

Additionally, in March 2016, the U.S. CDC released new guidelines for prescribing opioids for chronic pain, in which the guidance stated that evidence on long-term opioid therapy for chronic pain outside end-of-life care remains limited, with insufficient evidence to determine long-term benefits versus no opioid therapy, though evidence suggest risk for serious harms that appears to be dose-dependent.

Methadone will only be available without a Prior Authorization (PA) for patients treated for or dying from cancer, hospice patients, or similar conditions as supported by clinical documentation. The PA forms and clinical criteria can be found at www.mainearepdl.org.

Established users must have a trial and failure of at least two preferred drugs for at least two weeks each. You will be allowed 180 days to transition patients to a preferred product.

If you have any questions, please contact GHS at 1-888-420-9711.