

METHADONE PA SUMMARY

NOTE: This PA criteria applies to methadone 40 mg dispersible tablets (Diskets, Methadose) and methadone 10 mg/ml oral concentrate (Methadone Hydrochloride Intensol, Methadose). Methadone tablets (5 mg, 10 mg) and methadone oral solution (5 mg/5 ml, 10 mg/5 ml) do not require prior authorization.

LENGTH OF AUTHORIZATION: 6 months

PA CRITERIA:

- ❖ Approvable for the diagnosis of opioid dependence when members are enrolled in a methadone treatment program (opioid treatment program, OTP)

EXCEPTIONS:

- ❖ Exceptions to these conditions of coverage are considered through the prior authorization process.
- ❖ The Prior Authorization process may be initiated by calling **SXC Health Solutions at 1-866-525-5827**.

PA and Appeal Process:

- ❖ For online access to the PA process please go to www.mmis.georgia.gov/portal, highlight the pharmacy link on the top right side of the page, and click on “prior approval process”.

Quantity Level Limitations:

- ❖ For online access to the current Quantity Level Limits please go to www.mmis.georgia.gov/portal, highlight Provider Information and click on Provider Manuals. Scroll to the page with Pharmacy Services Part II and select that manual.