METHADONE  
RX501.031

COVERAGE:

Policy for Detoxification Treatment

Coverage will be provided for Detoxification Treatment based on the following criteria:

1. Treatment must be received from a program, whether an outpatient facility or a private practitioner, which has received the approval of the Food and Drug Administration and the State Authority.

2. Detoxification treatment means the dispensing of a narcotic drug in decreasing doses to an individual to alleviate adverse physiological or psychological effects incident to withdrawal from the continuous or sustained use of a narcotic drug and as a method of bringing the individual to a narcotic drug free state within such period. There are two types of detoxification treatment:
   - Short-term - a period not in excess of 30 days
   - Long-term - a period more than 30 days, but not in excess of 180 days

For short-term and long-term detoxification, the narcotic drug (i.e. methadone) is required to be administered by the program physician or by an authorized agent of the physician, supervised by and under the order of the physician.

3. Standards for short-term detoxification treatment:
   a. Take-home medication is not allowed during short-term detoxification.
   b. A history of 1 year physiologic dependence is not required for admission to short-term detoxification.
   c. Patients who have been determined by the program physician to be currently physiologically narcotic dependent may be placed in short-term detoxification treatment, regardless of age.
   d. No test or analysis is required except for the initial drug screening test or analysis.
   e. A primary counselor must be assigned by the program to monitor a patient's progress toward the goal of short-term detoxification and possible drug-free treatment referral.
   f. Short-term detoxification treatment is not recommended for a pregnant patient.
NOTE:

A patient is required to wait at least 7 days between concluding a short-term detoxification treatment episode and beginning another. Before a short-term detoxification attempt is repeated, the program physician shall document that the patient continues to be or is again, physiologically dependent on narcotic drugs.

4. Standards for long-term detoxification treatment:

   a. In long-term detoxification treatment it is required that the patient be under observation while ingesting the drug daily or at least 6 days a week, for the duration of the long-term detoxification treatment.

   b. A history of 1 year physiologic dependence is not required for admission to long-term detoxification.

   c. The program physician shall document in the patient's record that short-term detoxification is not a sufficiently long enough treatment course to provide the patient with the additional program services he or she deems necessary for the patient's rehabilitation. The program physician shall document this information in the patient's record before long-term detoxification may begin.

   d. Patients who have been determined by the program physician to be currently physiologically dependent on narcotics may be placed in long-term detoxification treatment, regardless of age.

   e. Initial treatment plan and periodic treatment plan evaluations are required. Periodic evaluation should occur monthly.

   f. Long-term detoxification is not recommended for a pregnant patient.

NOTE:

A patient is required to wait at least 7 days between concluding a long-term treatment episode and beginning another. Before a long-term detoxification attempt is repeated, the program physician shall document in the patient's records that the patient continues to be or is again physiologically dependent on narcotic drugs. The provisions of these requirements apply to both inpatient and ambulatory long-term detoxification treatment.

5. Medication Regimen

Oral administration is preferred. The parental form may be used initially if the patient is unable to ingest oral medication.

Usual dose regimen: (may be varied in some cases with documentation)
A single dose of 15 to 20 mg initially. When patients are dependent on high doses, may be necessary to exceed these levels.

Forty (40) mg per day in single or divided doses will usually constitute an adequate stabilizing dosage level. (Some physicians, however, have recommended doses of 50–70 mg per day)

Stabilization may continue for 2 to 3 days and then the amount of methadone normally will be gradually decreased. (Rate of decreasing dose will be determined for each patient).

If methadone is administered for more than three (3) weeks, the procedure is considered to have moved from detoxification or treatment of acute withdrawal syndrome to maintenance treatment.

**Policy Considerations:**

In order for coverage to be provided for Methadone detoxification, documentation is required that patients are involved in supportive outpatient or inpatient treatment services provided by psychiatrists – addictionologists, psychologists, licensed professional counselors, and/or certified social workers/advanced clinical practitioners.

Coverage will not be provided for maintenance therapy

**DESCRIPTION**

**ACTIONS/CLINICAL PHARMACOLOGY:**

Methadone Hydrochloride is a synthetic narcotic analgesic with multiple actions quantitatively similar to those of morphine, the most prominent of which involve the central nervous system and organs composed of smooth muscle. The principal actions of therapeutic value are analgesia and sedation and detoxification or temporary maintenance in narcotic addiction. The methadone abstinence syndrome, although qualitatively similar to that of morphine, differs in that the onset is slower, the course is more prolonged, and the symptoms are less severe.

When administered orally, methadone is approximately one-half as potent as when given parenterally. Oral administration results in a delay of the onset, a lowering of the peak, and an increase in the duration of analgesic effect.

**INDICATIONS AND USAGE:**

Methadone Hydrochloride is indicated for relief of severe pain, for detoxification treatment of narcotic addiction, and for temporary maintenance treatment of narcotic addiction.
DISCLAIMER:

State and federal law, as well as contract language, including definitions and specific inclusions/exclusions, takes precedence over Medical Policy and must be considered first in determining coverage. The member’s contract benefits in effect on the date that services are rendered must be used. Any benefits are subject to the payment of premiums for the date on which services are rendered. Medical technology is constantly evolving, and we reserve the right to review and update Medical Policy periodically. HMO Blue Texas physicians who are contracted/affiliated with a capitated IPA/medical group must contact the IPA/medical group for information regarding HMO claims/reimbursement information and other general polices and procedures.

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