Topic: Methadone Prescribed for Pain

Due to safety concerns, HFS is removing methadone products for the treatment of pain from the Illinois HFS Preferred Drug List (PDL) effective **April 5, 2016.**[1]

Background

The American Academy of Pain Medicine, the Centers for Medicare and Medicaid Services, and the Illinois Drug Utilization Review Board recommend removal of methadone as a preferred analgesic.[2-4] HFS adheres to published methadone safety guidelines and the CDC guidelines for prescribing opioids for chronic pain.[5-6]

Oral methadone is a long-acting opioid that has a duration of analgesic action of 6 or more hours and an elimination half-life of 8 to 59 hours.[7] Based on its pharmacokinetic and metabolic profile, methadone may remain in the body for up to 130 hours, but its analgesic effect wears off sooner. To achieve analgesia, patients have been dosed more frequently than prescribed.[8] Methadone has black box warnings about respiratory depression and prolongation of the QTc interval, side effects that can be exacerbated by interactions with concomitant drug therapy. These side effects have resulted in death, even with appropriate dosing of methadone.[7] Methadone accumulation and long half-life lead to adverse effects that may result in accidental overdose.[8] At least 15,500 overdose deaths were due to prescription painkillers in the United States in 2009. Methadone was involved in more than 30% of these overdoses, although only 2% of prescriptions filled were for methadone.[3,9,10]

Next steps

After methadone is removed from the PDL on April 5, 2016, requests for methadone for the treatment of pain will require prior approval. In the next few weeks, prescribers will receive a call and fax from HFS pharmacy staff with specific information related to patients in their practice who have recently filled methadone for pain. Prescribers will be asked to provide clinical data to help in the determination of appropriateness of chronic opioid therapy and safety of methadone therapy. Please respond as soon as possible with requests for information to facilitate uninterrupted pain management as appropriate. If necessary, HFS will work with prescribers to convert patients to preferred long-acting opioid therapy or to taper the patient off opioid therapy and optimize other pain therapy.

References:

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