



PRIOR AUTHORIZATION POLICY

- POLICY:** Opioids – Methadone Prior Authorization Policy
- Methadone dispersible tablets/oral solution/tablets (e.g., Diskets[®], Methadose[™], generic)

REVIEW DATE: 01/28/2026

INSTRUCTIONS FOR USE

THE FOLLOWING COVERAGE POLICY APPLIES TO HEALTH BENEFIT PLANS ADMINISTERED BY CIGNA COMPANIES. CERTAIN CIGNA COMPANIES AND/OR LINES OF BUSINESS ONLY PROVIDE UTILIZATION REVIEW SERVICES TO CLIENTS AND DO NOT MAKE COVERAGE DETERMINATIONS. REFERENCES TO STANDARD BENEFIT PLAN LANGUAGE AND COVERAGE DETERMINATIONS DO NOT APPLY TO THOSE CLIENTS. COVERAGE POLICIES ARE INTENDED TO PROVIDE GUIDANCE IN INTERPRETING CERTAIN STANDARD BENEFIT PLANS ADMINISTERED BY CIGNA COMPANIES. PLEASE NOTE, THE TERMS OF A CUSTOMER'S PARTICULAR BENEFIT PLAN DOCUMENT [GROUP SERVICE AGREEMENT, EVIDENCE OF COVERAGE, CERTIFICATE OF COVERAGE, SUMMARY PLAN DESCRIPTION (SPD) OR SIMILAR PLAN DOCUMENT] MAY DIFFER SIGNIFICANTLY FROM THE STANDARD BENEFIT PLANS UPON WHICH THESE COVERAGE POLICIES ARE BASED. FOR EXAMPLE, A CUSTOMER'S BENEFIT PLAN DOCUMENT MAY CONTAIN A SPECIFIC EXCLUSION RELATED TO A TOPIC ADDRESSED IN A COVERAGE POLICY. IN THE EVENT OF A CONFLICT, A CUSTOMER'S BENEFIT PLAN DOCUMENT ALWAYS SUPERSEDES THE INFORMATION IN THE COVERAGE POLICIES. IN THE ABSENCE OF A CONTROLLING FEDERAL OR STATE COVERAGE MANDATE, BENEFITS ARE ULTIMATELY DETERMINED BY THE TERMS OF THE APPLICABLE BENEFIT PLAN DOCUMENT. COVERAGE DETERMINATIONS IN EACH SPECIFIC INSTANCE REQUIRE CONSIDERATION OF 1) THE TERMS OF THE APPLICABLE BENEFIT PLAN DOCUMENT IN EFFECT ON THE DATE OF SERVICE; 2) ANY APPLICABLE LAWS/REGULATIONS; 3) ANY RELEVANT COLLATERAL SOURCE MATERIALS INCLUDING COVERAGE POLICIES AND; 4) THE SPECIFIC FACTS OF THE PARTICULAR SITUATION. EACH COVERAGE REQUEST SHOULD BE REVIEWED ON ITS OWN MERITS. MEDICAL DIRECTORS ARE EXPECTED TO EXERCISE CLINICAL JUDGMENT WHERE APPROPRIATE AND HAVE DISCRETION IN MAKING INDIVIDUAL COVERAGE DETERMINATIONS. WHERE COVERAGE FOR CARE OR SERVICES DOES NOT DEPEND ON SPECIFIC CIRCUMSTANCES, REIMBURSEMENT WILL ONLY BE PROVIDED IF A REQUESTED SERVICE(S) IS SUBMITTED IN ACCORDANCE WITH THE RELEVANT CRITERIA OUTLINED IN THE APPLICABLE COVERAGE POLICY, INCLUDING COVERED DIAGNOSIS AND/OR PROCEDURE CODE(S). REIMBURSEMENT IS NOT ALLOWED FOR SERVICES WHEN BILLED FOR CONDITIONS OR DIAGNOSES THAT ARE NOT COVERED UNDER THIS COVERAGE POLICY (SEE "CODING INFORMATION" BELOW). WHEN BILLING, PROVIDERS MUST USE THE MOST APPROPRIATE CODES AS OF THE EFFECTIVE DATE OF THE SUBMISSION. CLAIMS SUBMITTED FOR SERVICES THAT ARE NOT ACCOMPANIED BY COVERED CODE(S) UNDER THE APPLICABLE COVERAGE POLICY WILL BE DENIED AS NOT COVERED. COVERAGE POLICIES RELATE EXCLUSIVELY TO THE ADMINISTRATION OF HEALTH BENEFIT PLANS. COVERAGE POLICIES ARE NOT RECOMMENDATIONS FOR TREATMENT AND SHOULD NEVER BE USED AS TREATMENT GUIDELINES. IN CERTAIN MARKETS, DELEGATED VENDOR GUIDELINES MAY BE USED TO SUPPORT MEDICAL NECESSITY AND OTHER COVERAGE DETERMINATIONS.

CIGNA NATIONAL FORMULARY COVERAGE:

OVERVIEW

Methadone is indicated for the **treatment and maintenance treatment of opioid addiction** (i.e., heroin or other morphine-like drugs).¹ Note that methadone products, when used for the treatment of opioid addiction in detoxification or maintenance programs, shall be dispensed only by opioid treatment programs (and agencies, practitioners, or institutions by formal agreement with the program sponsor) certified by the Substance Abuse and Mental Health Services Administration and approved by the designated state authority. Some methadone formulations have labeled indications for the **management of pain** severe enough to require daily, around-the-clock, long-term opioid treatment and for which alternative treatment options are inadequate; this use is also supported in compendia.^{2,3}

Guidelines

In 2022, the **Centers for Disease Control and Prevention (CDC)** published an updated guideline for prescribing opioids for pain.⁴ Nonopioid therapies are at least as effective as opioids for many common types of acute pain, and nonopioid therapies are preferred for subacute and chronic pain. Clinicians should maximize the use of nonpharmacologic and nonopioid pharmacologic therapies as appropriate for the specific condition and patient and only consider initiating opioid therapy if expected benefits for pain and function are anticipated to outweigh risks to the patient. Multiple noninvasive nonpharmacologic interventions (e.g., aerobic, aquatic, or resistance exercises, weight loss, psychological therapy, spinal manipulation, low-level laser therapy, massage, mindfulness-based stress reduction, yoga, tai chi, qigong, acupuncture, cognitive behavioral therapy, and spinal manipulation) are associated with improvements in pain, function, or both, that are sustained after treatment and are not associated with serious harms. Non-opioid drugs (e.g., tricyclic antidepressants, serotonin and norepinephrine reuptake inhibitor [SNRI] antidepressants, duloxetine, selected antiseizure medications [e.g., pregabalin, gabapentin, oxcarbazepine], capsaicin and lidocaine patches, and nonsteroidal anti-inflammatory drugs [NSAIDs]) are associated with small to moderate improvements in chronic pain and function for certain chronic pain conditions.

Before initiating opioid therapy for patients with pain, clinicians should discuss with patients the realistic benefits and known risks of opioid therapy.⁴ Before starting ongoing opioid therapy for patients with subacute or chronic pain, clinicians should work with patients to establish treatment goals for pain and function and consider how opioid therapy will be discontinued if benefits do not outweigh risks. When opioids are initiated, clinicians should prescribe the lowest effective dosage of immediate-release opioids for no longer than needed for the expected duration of pain severe enough to require opioids. During ongoing opioid therapy, clinicians should collaborate with patients to evaluate and carefully weigh the benefits and risks of continuing opioid therapy and exercise care when increasing, continuing, or reducing opioid dosage. The guideline recommends that clinicians should not initiate opioid treatment with long-acting (LA) opioids for patients who are opioid-naïve and should not prescribe LA opioids for intermittent use. LA opioids should be reserved for severe, continuous pain. Before starting and periodically during continuation of opioid therapy, clinicians should evaluate the risk for opioid-related harms and should work with patients to incorporate relevant strategies to mitigate risk, including offering naloxone and reviewing potential interactions with any other prescribed medications or substances used. When prescribing initial opioid therapy and periodically during opioid therapy, clinicians should review the patient's history of controlled substance prescriptions using state prescription drug monitoring program (PDMP) data to determine whether the patient is receiving opioid dosages or combinations that put the patient at high risk for overdose. When prescribing opioids for subacute or chronic pain, clinicians should consider the benefits and risks of toxicology testing to assess for prescribed medications as well as other prescribed and nonprescribed controlled substances.

The 2020 **American Society of Hematology** guideline for the management of acute and chronic pain in patients with sickle cell disease states that pain causes

significant morbidity for those living with sickle cell disease and manifests as acute intermittent pain, chronic daily pain, and acute-on-chronic pain.⁵ For adults and children with chronic pain who are receiving chronic opioid therapy, are functioning well, and have perceived benefit, the guideline suggests shared decision making for continuation of chronic opioid therapy. For adults and children with chronic pain who are receiving chronic opioid therapy, are functioning poorly, or are at high risk for aberrant opioid use or toxicity, the guideline suggests against continuation of chronic opioid therapy.

POLICY STATEMENT

Prior Authorization is recommended for prescription benefit coverage of methadone. Methadone is a CII controlled substance which can be misused and abused. All approvals are provided for the duration noted below. Because of the specialized skills required for evaluation and diagnosis of patients with sickle cell disease as well as the monitoring required for adverse events and long-term efficacy, approval requires methadone to be prescribed by or in consultation with a hematologist for patients with this diagnosis. .

- **Methadone dispersible tablets/oral solution/tablets (e.g., Diskets[®], Methadose[™], generic)**

is(are) covered as medically necessary when the following criteria is(are) met for FDA-approved indication(s) or other uses with supportive evidence (if applicable):

FDA-Approved Indications

- 1. Pain Severe Enough to Require Daily, Around-the-Clock, Long-Term Opioid Treatment.** Approve for 1 year if the patient meets ONE of the following (A, B, C, or D):
 - A)** Patient has a cancer diagnosis; OR
 - B)** Patient is in a hospice program, end-of-life care, or palliative care; OR
 - C)** Patient meets BOTH of the following (i and ii):
 - i.** Patient has diagnosis of sickle cell disease; AND
 - ii.** The medication is prescribed by or in consultation with a hematologist; OR
 - D)** Patient meets ALL of the following (i, ii, iii, iv, v, vi, and vii):
 - i.** Patient is not opioid-naïve; AND
 - ii.** According to the prescriber, non-opioid therapies have been optimized and are being used in conjunction with opioid therapy; AND
Note: Examples of non-opioid therapies include non-opioid medications (e.g., nonsteroidal anti-inflammatory drugs, tricyclic antidepressants, serotonin and norepinephrine reuptake inhibitors, antiseizure medications), physical therapy, exercise therapy, weight loss, and cognitive behavioral therapy.
 - iii.** According to the prescriber, patient's history of controlled substance prescriptions has been checked using the state prescription drug monitoring program (PDMP); AND

- iv. According to the prescriber, risks (e.g., addiction, overdose) and realistic benefits of opioid therapy have been discussed with the patient; AND
- v. According to the prescriber, treatment plan (including goals for pain and function) is in place and reassessments (including pain levels and function) are scheduled at regular intervals; AND
- vi. According to the prescriber, need for a naloxone prescription has been assessed and naloxone has been ordered, if necessary; AND
- vii. According to the prescriber, need for periodic toxicology testing has been assessed and ordered, if necessary.

2. Opioid Addiction (Dependence). Approve methadone for 1 year if the patient meets ONE of the following (A or B):

- A)** Methadone is dispensed by an opioid treatment program certified by the Substance Abuse and Mental Health Services Administration and approved by the designated state authority; OR
- B)** Methadone is being prescribed during an emergency period of ≤ 3 days while definitive care for the addiction is being sought in an appropriately licensed facility.

CONDITIONS NOT COVERED

- **Methadone dispersible tablets/oral solution/tablets (e.g., Diskets[®], Methadose[™], generic)**

is(are) considered not medically necessary for ANY other use(s) including the following (this list may not be all inclusive; criteria will be updated as new published data are available):

- 1. Acute Pain.** According to the CDC guideline for prescribing opioids for chronic pain, clinicians should not prescribe extended-release/long-acting opioids for the treatment of acute pain due to the longer half-lives and longer duration of effects (e.g., respiratory depression) with extended-release/long-acting opioids.⁴

REFERENCES

1. Diskets[®] tablets for oral suspension [prescribing information]. Berkeley Heights, NJ: Hikma; December 2023.
2. Methadone hydrochloride concentrate (Intensol) [prescribing information]. Berkeley Heights, NJ: Hikma; April 2025.
3. Micromedex[®] Solutions. Merative US. Available at: <https://www.micromedexsolutions.com/home/dispatch/>. Accessed on January 22, 2026. Search term: methadone.
4. Dowell D, Ragan KR, Jones CM, et al. CDC Clinical Practice Guideline for Prescribing Opioids for Pain - United States, 2022. *MMWR Recomm Rep.* 2022;71(3):1-95.
5. Brandow AM, Carroll CP, Creary S, et al. American Society of Hematology 2020 guidelines for sickle cell disease: management of acute and chronic pain. *Blood Adv.* 2020;4(12):2656-2701.

HISTORY

Type of Revision	Summary of Changes	Review Date
New Policy	--	01/17/2024
Annual Revision	No criteria changes.	01/29/2025
Annual Revision	<p>Dolophine (brand): Removed from product list (obsolete \geq 3 years).</p> <p>Appendix A: The list of targeted STCs to identify cancer medications was updated to add the following codes: I738, I746, I832, I938, I996, J253, J521, J733, K108, K186. Of note, the intent of the policy is that new STCs roll into the coding as they become available; Appendix A is updated periodically for visibility.</p> <p>Appendix B: The list of targeted ICD-10 codes to identify cancer-related diagnoses was updated to include D49 (neoplasms of unspecified behavior).</p>	01/28/2026

APPENDIX A

Note: This list is not inclusive. As new STCs become available, they will roll into this policy and the list will be updated periodically.

STC*	STC Description
0470	ANTINEOPLASTIC - ALKYLATING AGENTS
0471	ANTINEOPLASTIC - ANTIMETABOLITES
0472	ANTINEOPLASTIC - VINCA ALKALOIDS
0473	ANTIBIOTIC ANTINEOPLASTICS
0475	ANTINEOPLASTICS, MISCELLANEOUS
6323	ANTINEOPLASTIC - ANTIANDROGENIC AGENTS
7235	ANTINEOPLASTICS ANTIBODY/ANTIBODY-DRUG COMPLEXES
7977	ANTINEOPLASTIC IMMUNOMODULATOR AGENTS
8254	ANTINEOPLASTIC LHRH(GNRH) AGONIST, PITUITARY SUPPR.
8460	ANTINEOPLASTIC LHRH(GNRH) ANTAGONIST,PITUIT.SUPPRS
8569	ANTINEOPLASTIC EGF RECEPTOR BLOCKER MCLON ANTIBODY
8585	ANTINEOPLAST HUM VEGF INHIBITOR RECOMB MC ANTIBODY
9150	ANTINEOPLASTIC SYSTEMIC ENZYME INHIBITORS
B759	ANTINEOPLAST, HISTONE DEACETYLASE (HDAC) INHIBITORS
C232	ANTINEOPLASTIC - MTOR KINASE INHIBITORS
C370	ANTINEOPLASTIC - EPOTHILONES AND ANALOGS
C532	ANTINEOPLASTIC - TOPOISOMERASE I INHIBITORS
C593	ANTINEOPLASTIC - AROMATASE INHIBITORS
D426	ANTINEOPLASTIC - IMMUNOTHERAPY, THERAPEUTIC VAC
D560	ANTINEOPLASTIC - HALICHONDRIIN B ANALOGS
D687	CYTOTOXIC T-LYMPHOCYTE ANTIGEN (CTLA-4) RMC ANTIBODY
E039	ANTINEOPLASTIC - JANUS KINASE (JAK) INHIBITORS
E150	ANTINEOPLASTIC - HEDGEHOG PATHWAY INHIBITOR
E600	ANTINEOPLASTIC - VEGF-A,B AND PLGF INHIBITORS
F495	ANTINEOPLASTIC - INTERLEUKIN-6(IL-6)INHIB,ANTIBODY
F501	ANTINEOPLASTIC - VEGFR ANTAGONIST
F665	ANTINEOPLASTIC, ANTI-PROGRAMMED DEATH-1 (PD-1) MAB
G545	ANTINEOPLASTIC - IMMUNOTHERAPY, VIRUS-BASED AGENTS
G575	ANTINEOPLASTIC - MEK1 AND MEK2 KINASE INHIBITORS
G590	ANTINEOPLASTIC - ANTI-CD38 MONOCLONAL ANTIBODY
G607	ANTINEOPLASTIC - ANTI-SLAMF7 MONOCLONAL ANTIBODY
G802	ANTINEOPLASTIC- B CELL LYMPHOMA-2(BCL-2) INHIBITORS
G857	ANTI-PROGRAMMED CELL DEATH-LIGAND 1 (PD-L1) MAB
H018	ANTINEOPLASTIC, PDGFR-ALPHA BLOCKER MC ANTIBODY
H214	ANTINEOPLASTIC COMB-KINASE AND AROMATASE INHIBIT
H289	ANTINEOPLASTIC-ISOCITRATE DEHYDROGENASE INHIBITORS
H309	ANTINEOPLASTIC - ANTIBIOTIC AND ANTIMETABOLITE
H317	ANTINEOPLASTIC - CD22 ANTIBODY-CYTOTOXIC ANTIBIOTIC
H324	ANTINEOPLASTIC- CD19 DIR. CAR-T CELL IMMUNOTHERAPY
H329	ANTINEOPLASTIC - CD33 ANTIBODY-CYTOTOXIC ANTIBIOTIC
H617	ANTINEOPLASTIC - BRAF KINASE INHIBITORS
H768	ANTINEOPLASTIC-CD22 DIRECT ANTIBODY/CYTOTOXIN CONJ

H868	ANTINEOPLASTIC-CD123-DIRECTED CYTOTOXIN CONJUGATE
I054	ANTINEOPLASTIC-SELECT INHIB OF NUCLEAR EXP (SINE)
I264	ANTINEOPLASTIC - PROTEIN METHYLTRANSFERASE INHIBITORS
I482	ANTINEOPLASTIC - CD19 (B LYMPHOCYTE) MC ANTIBODY
I738	ANTINEOPLASTIC - EGFR AND MET RECEPTOR INHIB, MAB
I746	ANTINEOPLASTIC - KRAS PROTEIN INHIBITOR
I832	ANTINEOPLASTIC-HYPOXIA INDUCIBLE FACTOR (HIF) INH
I938	ANTINEOPLASTIC - IMMUNOTHERAPY, T-CELL ENGAGER
I996	ANTINEOPLASTIC-IMMUNOTHERAPY CHECKPOINT INHIB COMB
J253	ANTINEOPLASTIC - GENE THERAPY AGENTS
J521	ANTINEOPLASTIC-ENZYME INHIB, ANTIANDROGEN COMB.
J733	ANTINEOPLASTIC - INTERLEUKIN-15 RECEPTOR AGONISTS
K108	ANTINEOPLASTIC - SYSTEMIC ENZYME INHIBITORS COMBS
K186	ANTINEOPLASTIC SYSTEMIC ENZYME ACTIVATORS

* Excluding topical products.

APPENDIX B

ICD-10 Codes
Cancer-related codes
C00.* to D09.*
D3A.* to D49.*
E34.0*
Q85.0*

*Indicates the inclusion of subheadings.

"Cigna Companies" refers to operating subsidiaries of The Cigna Group. All products and services are provided exclusively by or through such operating subsidiaries, including Cigna Health and Life Insurance Company, Connecticut General Life Insurance Company, Evernorth Behavioral Health, Inc., Cigna Health Management, Inc., and HMO or service company subsidiaries of The Cigna Group. © 2026 The Cigna Group.