

Understanding Methadone Maintenance Treatment Under the Steady-State System

What is methadone?

Methadone is a synthetic opioid that is used as a medication to treat: (1) opioid addiction, (2) opioid detoxification, and (3) chronic pain. When used to treat opioid addiction, it is referred to as “methadone for maintenance treatment” or MMT. Methadone is taken orally as a pill, tablet, or liquid. When dosed properly, methadone reduces cravings for opioids without creating euphoria, sedation, or an analgesic effect. ⁱ

Who can receive methadone for maintenance treatment (MMT)?

Federal regulations stipulate that to be eligible for MMT, patients must demonstrate at least a one-year history of opioid dependence.ⁱⁱ Patients must generally be at least 18 years old (although certain circumstances allow patients to be at least 16 years old) in order to receive MMT.ⁱⁱⁱ

Where can a patient receive MMT?

MMT can typically only be dispensed through an opioid treatment program (OTP) certified by the Substance Abuse and Mental Health Services Administration (SAMHSA). Exceptions are made in the event of an emergency (whereby a hospital can dispense MMT) and for office-based physicians who maintain a formal relationship with an OTP (this form of treatment is sometimes referred to as office-based opioid treatment (OBOT)).^{iv, v} In 2016 there were 1,447 public and private accredited and SAMHSA-certified OTPs in the United States.^{vi}

How long do patients receive MMT?

Treatment lengths vary by patient, but in general the minimum length of treatment for MMT is 12 months.^{vii} Many patients will receive MMT for much longer, however. Long-term MMT is safe, and patients can remain on continuous treatment for decades.

How is methadone different from the two other FDA-approved opioid treatment medications, buprenorphine and naltrexone?

Both methadone and buprenorphine are delivered orally in order to reduce cravings for opioids. However, because of differences in the chemical makeup of methadone and buprenorphine, buprenorphine causes less physical dependence and is less likely to cause overdose or respiratory depression.^{viii} Also, while methadone is generally administered only in OTPs, buprenorphine is subject to separate regulations and can be delivered outside of the OTP in settings such as at physician offices, community hospitals, and correctional facilities.^{ix} Naltrexone also reduces opioid cravings, but works differently in the body than both buprenorphine and methadone. Naltrexone can be prescribed by any healthcare provider who is licensed to prescribe medications.^x Naltrexone is delivered as an extended-release injection.

Can a person who receives methadone switch to one of the two other FDA-approved opioid treatment medications, buprenorphine or naltrexone?

Switching from methadone to buprenorphine or naltrexone can only be done gradually through a tapering process that takes at least one week. Patients must experience mild to moderate withdrawal before starting treatment with buprenorphine or naltrexone.^{xi, xii}

What happens if a person abruptly stops taking methadone?

Prolonged use of methadone results in physical dependence. When a person abruptly stops taking methadone, their body enters withdrawal. Symptoms of withdrawal can include lethargy, anxiety, restlessness, perspiration, chills, fever, muscle pain, severe nausea, vomiting, cramps, and diarrhea, paranoia, and hallucinations. These symptoms can last for several days and can be life-threatening. To cope with the effects of withdrawal, individuals may seek medical attention from emergency providers. In addition, if access to methadone is restricted individuals may seek out illicit opioids such as heroin in order to avoid experiencing withdrawal.

How is MMT paid for?

MMT treatment is financed by a combination of sources including public insurance, private insurance, and self-pay. The payment structure for MMT varies by state and by OTP.

Public Sources:

- *Medicaid:* Medicaid coverage of addiction treatment varies from state to state. States can opt to have their Medicaid programs not cover MMT. In states that do not authorize their Medicaid programs to pay for MMT, patients who only have insurance coverage through Medicaid cannot use that coverage to pay for MMT. In states that have opted to allow Medicaid to cover MMT, the amount of coverage varies.
- *Medicare:* MMT may be covered by Medicare Part B. Patients receiving MMT through Medicare pay a deductible and copayment for their treatment.^{xiii}
- *SAMHSA Block Grant:* The Substance Abuse and Mental Health Services Administration (SAMHSA) Substance Abuse Prevention and Treatment (SAPT) block grant can be used to provide funding to OTPs for MMT. However, states are not required to use grant funds in this manner and may allocate these funds differently.

Private Sources:

- *Private Insurance:* Private insurance companies provide varied coverage of MMT, with some covering all costs associated with treatment and others providing no coverage.
- *Self-Pay:* MMT patients can pay for all or part of their treatment out-of-pocket.

What is the federal government's role in methadone maintenance treatment?

- FDA:
 - Establishes requirements for manufacturing, labeling, and dispensing of methadone
- DEA:
 - Maintains registry of Narcotic Treatment Programs (NTPs). Practitioners wishing to administer and dispense methadone (an approved Schedule II controlled substance) for maintenance and detoxification treatment must obtain a separate DEA registration as an NTP
 - Maintains a list of all registered physicians who dispense/administer methadone for maintenance/detoxification

- Establishes requirements for methadone’s production, distribution, and dispensing
- SAMHSA:
 - Accredits and certifies OTPs
 - Provides Substance Abuse Prevention and Treatment (SAPT) block grant funding, which can be used to fund OTPs provided that states meet the requirements of the substance abuse block grant program (requirements found here: <http://www.samhsa.gov/grants/block-grants/sabg>).
- CMS:
 - Medicaid provides reimbursement for methadone treatment, provided that states opt to include Methadone treatment within those programs
 - Medicare provides reimbursement for methadone maintenance treatment through its part B program.

What is the State government’s role in methadone maintenance treatment?

States may impose additional requirements for provision of MMT above those established by the federal government. These requirements, which vary among the states, include differences in admission criteria for OTPs, staffing criteria for OTPs, the possible addition of patient registries, requiring drug screenings for patients enrolled in OTPs above the federally established minimums (8 times throughout the year), and setting a lower threshold for the maximum allowance of take-home methadone medication per federal regulations (a two day supply).^{xiv} States also have a role in determining what types of federal funds will be used to pay for MMT. The decisions states make about how to regulate MMT and use federal funds greatly impacts how patients in different states experience MMT provision.

i <https://www.drugpolicy.org/docUploads/aboutmethadone.pdf>
 ii <http://www.aafp.org/afp/2001/0615/p2404.html>
 iii <http://www.aafp.org/afp/2001/0615/p2404.html>
 iv [https://www.whitehouse.gov/sites/default/files/ondcp/recovery/medication assisted treatment 9-21-20121.pdf](https://www.whitehouse.gov/sites/default/files/ondcp/recovery/medication_assisted_treatment_9-21-20121.pdf)
 v http://www.methadone.org/library/obot_resources.html
 vi <http://dpt2.samhsa.gov/treatment/directory.aspx>
 vii <https://www.drugabuse.gov/sites/default/files/pdf/partb.pdf>
 viii <https://www.drugabuse.gov/sites/default/files/pdf/partb.pdf>
 ix <http://www.samhsa.gov/medication-assisted-treatment/treatment/buprenorphine>
 x https://www.naabt.org/education/pharmacology_of_buprenorphine.cfm
 xi https://www.naabt.org/faq_answers.cfm?ID=35
 xii <http://www.samhsa.gov/medication-assisted-treatment/treatment/naltrexone>
 xiii <https://www.medicare.gov/coverage/outpatient-mental-health-care.htm> |
 xiv <http://www.ncbi.nlm.nih.gov/books/NBK232175/>