Buprenorphine Utilization

Buprenorphine Use in Pregnancy

- When taken correctly, a baby will have little to no absorption of naloxone due to very low (<2%) systemic bioavailability when taken by transmucosal route.
- Studies show that combination use during gestation does not negatively affect newborn outcomes.
- Substance Abuse and Mental Health Services (SAMHSA) guidance states that pregnancy alone is not an indication to change a member who is stable on an opioid agonist and a change in medication represents a period of vulnerability to return to substance use.
- Effective August 1, 2023, to align with SAMHSA guidance, ND Medicaid removed pregnancy or breastfeeding as criteria for prior authorization approval of transmucosal buprenorphine mono-product.

Transitioning to Extended-Release Injectable Buprenorphine

- Considerations for individuals to be on injectable extended-release buprenorphine include:
  - Inability to stabilize on transmucosal buprenorphine
  - Extensive exposure to highly potent synthetic opioids (e.g., fentanyl)
  - Unsafe living environments
  - Multiple opioid overdoses.
- Studies have also shown superior results for extended-release injectable buprenorphine in achieving no illicit opioid use.
- Extended-release buprenorphine at steady-state offers less fluctuation and higher sustained plasma levels of buprenorphine the transmucosal buprenorphine.
- Sublocade is a monthly subcutaneous formulation of buprenorphine which can be initiated following induction with another buprenorphine-containing product for 7 days.
- Brixadi is a weekly or monthly subcutaneous formulation which can be initiated following a single dose of a transmucosal buprenorphine product.

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