North Dakota Medicaid Pharmacy Program Quarterly News

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Welcome to the "North Dakota Medicaid Pharmacy Program Quarterly News," a pharmacy newsletter presented by the North Dakota Department of Health and Human Services and published by Kepro. This newsletter is published as part of a continuing effort to keep the Medicaid provider community informed of important changes in the North Dakota Medicaid Pharmacy Program.

The North Dakota Department of Health and Human Services has contracted with Kepro to review and process prior authorizations (PAs) for medications. For a current list of medications requiring a PA, as well as the necessary forms and criteria, visit www.hidesigns.com/ndmedicaid, or call Kepro at (866) 773-0695 to have this information faxed. An important feature on this website is the NDC Drug Lookup, which allows you to determine if a specific NDC is covered (effective date), reimbursement amount, MAC pricing, copay information, and any limitations (prior authorization or quantity limits).

This newsletter provides information about buprenorphine use in pregnancy and transitioning to Sublocade.

The North Dakota Medicaid Pharmacy Program team appreciates your comments and suggestions regarding this newsletter. To suggest topics for inclusion, please contact Kepro at 1-800-225-6998, or e-mail us at ND_Info@kepro.com.

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Helpful Numbers

PA Help Desk	866-733-0695
To fax PAs	855-207-0250
To report adverse reactions	800-FDA-1088

Inside this issue:

Visit Kepro's North Dakota Department of Health and Human Services Prior Authorization Webpage, *www.hidesigns.com/ndmedicaid*.

Buprenorphine Use in Pregnancy

Buprenorphine is commonly used to treat patients who are diagnosed with opioid use disorder. It is available as a monoproduct or in combination with naloxone in various formulations. The buprenorphine monoproduct has previously been recommended during pregnancy to avoid severe withdrawal and prenatal exposure to naloxone in the case of misuse by snorting or injecting. When taken correctly, a baby will have little to no absorption of naloxone due to very low (<2%) systemic bioavailability when taken transmucosally. Studies show that combination use during gestation does not negatively affect newborn outcomes.

SAMHSA guidance states that pregnancy alone is not an indication to change a member who is stable on an opioid agonist to another opioid agonist. The guidance further states that any change in medication represents a period of vulnerability to return to substance use and the added risk of return to substance use during pregnancy cannot be overstated.

Effective August 1, 2023, to align with SAMHSA guidance, ND Medicaid will be removing pregnancy or breastfeeding as criteria for prior authorization approval of transmucosal buprenorphine monoproduct.

Transitioning to Extended-Release Injectable Buprenorphine

Sublocade is a monthly subcutaneous formulation of buprenorphine which can be initiated following induction with another buprenorphine-containing product. A member must only be stable on transmucosal buprenorphine product for 7 days prior to initiating Sublocade.

Brixadi is a weekly or monthly subcutaneous formulation which can be initiated following a single dose of a transmucosal buprenorphine product.

Considerations for individuals to be on injectable extended-release buprenorphine rather than other buprenorphine agents include patients who are unable to stabilize on transmucosal buprenorphine, patients who have had extensive exposure to highly potent synthetic opioids (e.g., fentanyl), unsafe living environments, or multiple opioid overdoses. Studies have also shown superior results for extended-release injectable buprenorphine in achieving no illicit opioid use. Additionally, extended-release buprenorphine at steady-state offers less fluctuation and higher sustained plasma levels of buprenorphine the transmucosal buprenorphine. Sublocade and certain dosing schedules of Brixadi maintain a trough above 2 ng/mL between doses, which is the minimum needed to achieve withdrawal suppression and blockade of opioid agonist subjective effects in most individuals.

Sublocade achieves steady-state at 4-6 months. Brixadi achieves steady-state at the 4th weekly or monthly dose. Please call for an override by calling provider relations at 1-800-755-2604 to request a 2 month overlap period with oral buprenorphine/naloxone to reduce cravings during imitation of the long-acting injectable product.

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Buprenorphine Use in Pregnancy

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Transitioning from Buprenorphine-Naloxone SL to Sublocade

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