

Quarter 1

WINTER 2025

Appropriate Use of Commonly Prescribed Agents

Medications should be prescribed according to approved use, guideline recommendations, and individual pharmacokinetics. Needlessly complex treatment regimens may contribute to non-adherence, side effects, and suboptimal treatment response.¹ Below, you'll find examples of medications frequently prescribed outside of recommended use and relevant prescribing considerations.

For more in-depth information regarding ND Medicaid utilization parameters and coverage guidance, review the Monitoring Program for Psychotropic Medications at:

<https://ndmedicaid.acentra.com/coverage-guidance-helpful-links/#coverage-guidance>

Long Half-Life Drugs: Multiple Doses per Day are NOT Covered

Aripiprazole should be dosed once daily due to its 75-hour half-life.²

Olanzapine should be dosed once daily due to its 30-hour half-life and can be taken in the evening if sedation is a concern.²

Time to steady state is longer when the half-life is longer. Half-life length should be considered when making dose or drug regimen changes.

Appropriate Trial: Early Drug Changes may NOT be Covered if Subtherapeutic Dose or Duration

Guanfacine should be trialed for 1 to 2 weeks to evaluate for initial response and up to 4 to 8 weeks to see full effects.^{2,3}

Desvenlafaxine 50 mg per day is the minimum therapeutic dose for adults. The 25 mg strength is intended for gradual dose reduction when discontinuing desvenlafaxine and is not covered for maintenance therapy.²

An adequate trial is imperative to ensure a drug is not unnecessarily ruled out as a treatment option. Patients should be educated to set expectations for the onset of effect, anticipated benefits, and goal maintenance dose.

Guideline-Based Treatment: Monotherapy is Expected (when indicated)

Clozapine is recommended first-line for treatment-resistant schizophrenia (TRS).^{2,4,5}

- TRS is defined as failure to respond to at least 2 antipsychotic medications of adequate doses and adherence for at least 6 weeks.
- Once TRS is identified, clozapine is recommended as monotherapy prior to initiating multiple antipsychotics.⁵
- FDA no longer expects participation in the Clozapine REMS and will work with clozapine manufacturers to update the prescribing information and eliminate the REMS in coming months.⁶

Adverse Effects: Mitigation Strategies are Expected

North Dakota Medicaid Pharmacy Program Quarterly News

Published Quarterly by Acentra Health

Ziprasidone side effects, such as insomnia and agitation, generally improve with rapid dose escalation and time.²

- Ziprasidone must be taken twice daily and with food (at least 500-kcal) to be adequately absorbed.⁷
- Daily dosing will result in unbalanced levels throughout the day, increasing the possibility of adverse effects and wearing off.

How to Titrate Metformin

Metformin remains a first-line therapy for type 2 diabetes, and new guidelines recommend metformin for the prevention of antipsychotic-induced weight gain.^{8,9}

Proper titration is essential to minimize gastrointestinal side effects. A general approach to titration is as follows:²

- **Starting dose:** Begin with 500 mg once or twice daily with food.
- **Titration:** After 1-2 weeks, if well tolerated, gradually increase the dose in 500-mg increments to the target dose, depending on patient response and tolerance.
- **Gastrointestinal side effects:** If a patient experiences persistent nausea, diarrhea, or abdominal discomfort, consider temporarily reducing the dose, titrating more slowly, or switching to the extended-release formulation.⁸

Muscle Relaxants: Managing Sedation^{10,11}

While muscle relaxants are commonly used for musculoskeletal conditions, their sedative effects can be problematic for patients. If sedation is a concern, consider the following:

- **Methocarbamol** is known for having less sedative effects compared to other muscle relaxants.
- **Tizanidine** and **cyclobenzaprine** have more sedative effects, which may be beneficial for patients with insomnia related to muscle spasm.

The American Pain Society and the American College of Physicians recommend acetaminophen and non-steroidal anti-inflammatory drugs (NSAIDs) as first-line therapy for acute low back pain instead of muscle relaxants.¹⁰

- When used for acute musculoskeletal pain, muscle relaxants should be limited to short-term use (2-3 weeks) to avoid dependence and side effects.
- Always assess individual patient factors, as sedative effects can vary based on dosage, other medications, and patient tolerance.

New Drug and Criteria Updates

Erzofri has been added as a preferred long-acting injectable antipsychotic agent.

- This is an alternative for Invega Sustenna.
- Erzofri requires one injection (351 mg) for the initial dose, whereas Invega Sustenna requires two injections (234 mg on day 1 and 156 mg on day 8) for initiation dosing.

GLP-1 Agonists for Metabolic Dysfunction-Associated Steatohepatitis (MASH)¹²

- Victoza, Ozempic, Saxenda, and Wegovy have been added as covered agents for treatment of MASH.
- Victoza is preferred and does not require prior authorization.

North Dakota Medicaid Pharmacy Program Quarterly News

Published Quarterly by Acentra Health

- Updated criteria can be found in the [North Dakota Preferred Drug List \(PDL\)](#).

North Dakota Medicaid Quarterly Academic Detailing

Academic detailing provides education for healthcare professionals about important topics relating to the North Dakota Medicaid Pharmacy Program. Please visit the link for [Academic Detailing](#) to see dates for upcoming webinars, topics to be discussed, and to sign up to be added to the Teams meeting invitation for the webinars. The webinar dates for 2025 are below:

- March 19, 2025
- June 18, 2025
- September TBD
- December 17, 2025

References:

1. Neiman AB, Ruppar T, Ho M, et al. CDC Grand Rounds: Improving medication adherence for chronic disease management—innovations and opportunities. *MMWR Morb Mortal Wkly Rep*. 2017;66:1-6. doi:10.15585/mmwr.mm6645a2
2. Aripiprazole, Guanfacine, Ziprasidone, Olanzapine, Clozapine, Metformin, Desvenlafaxine. Red Book. IBM Micromedex Solutions. Truven Health Analytics, Inc. Ann Arbor, MI. <https://www.micromedexsolutions.com>
3. Chan E. Pharmacology of drugs used to treat attention deficit hyperactivity disorder in children and adolescents. In: Case SM, Furst DE, Ridby WF, eds. UpToDate [Internet]. Waltham, MA: UpToDate; September 19, 2024. Available from: www.uptodate.com.
4. Kane J. Treatment-resistant schizophrenia. In: Case SM, Furst DE, Ridby WF, eds. UpToDate [Internet]. Waltham, MA: UpToDate; August 15, 2024. Available from: www.uptodate.com.
5. Correll CU, et al. A guideline and checklist for initiating and managing clozapine treatment in patients with treatment-resistant schizophrenia. *CNS Drugs*. 2022;36(7):659-679. Available from: <https://pubmed.ncbi.nlm.nih.gov/articles/PMC9243911/>.
6. U.S. Food and Drug Administration. Frequently Asked Questions on Clozapine REMS Modification. FDA website. <https://www.fda.gov/drugs/postmarket-drug-safety-information-patients-and-providers/frequently-asked-questions-clozapine-rems-modification>. Accessed March 6, 2025.
7. Gandelman K, Alderman JA, Glue P, Lombardo I, LaBadie RR, Versavel M, Preskorn SH. The impact of calories and fat content of meals on oral ziprasidone absorption: a randomized, open-label, crossover trial. *J Clin Psychiatry*. 2009;70(1):58-62. doi:10.4088/jcp.08m04104.
8. American Diabetes Association Professional Practice Committee. 9. Pharmacologic approaches to glycemic treatment: standards of care in diabetes—2025. *Diabetes Care*. 2025;48(Suppl 1):S181-S206. doi:10.2337/dc25-S009.
9. Carolan A, Hynes-Ryan C, Agarwal SM, et al. Metformin for the prevention of antipsychotic-induced weight gain: guideline development and consensus validation. *Schizophr Bull*. 2024;36(7):sbae205. doi:10.1093/schbul/sbae205.
10. See S, Ginzburg R. Choosing a skeletal muscle relaxant. *Am Fam Physician*. 2008;78(3):365-370.
11. Witenko C, Moorman-Li R, Motycka C, et al. Considerations for the appropriate use of skeletal muscle relaxants for the management of acute low back pain. *P T*. 2014;39(6):427-435.
12. Halsey G. Semaglutide 2.4 mg: shows superior improvement in liver fibrosis, MASH resolution in pivotal phase 3 trial. *Patient Care Online*. 2024. Available from: <https://www.patientcareonline.com/view/semaglutide-2-4-mg-shows-superior-improvement-in-liver-fibrosis-mash-resolution-in-pivotal-phase-3-trial>.

North Dakota Medicaid Pharmacy Program Quarterly News

Published Quarterly by Acentra Health

The “North Dakota Medicaid Pharmacy Program Quarterly News” is a pharmacy newsletter presented by the North Dakota Department of Health and Human Services and published by Acentra Health. 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 Acentra Health 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 <https://ndmedicaid.acentra.com/> or call Acentra Health 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).

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



Helpful Numbers	
PA Help Desk	866-773-0695
To fax PAs	855-207-0250
To report adverse reactions	800-FDA-1088

Stay Informed:

Quarter 2 Newsletter:

Biosimilars
Skyrizi vs. Stelara

Upcoming DUR Board Meetings:

Wednesday, June 4, 2025 at 1:00 PM