Updated May 2019

Pharmacy Initiatives

2019 Opportunities Summarized

Cost-effective ADHD treatment: Avoid Brand Stimulants

Initiate ADHD treatment with generic stimulants whenever possible. The choice of initial agent should be based on age, duration of effect, side effects and comorbidities, ability to swallow, patient or caregiver preference, cost, and coverage. In general, brand stimulants are more costly than generics. Vyvanse is one example of a commonly used brand stimulant in the AHP network, ranking as the 7th highest brand agent for overall spend in 2018. The average 30-day cash price for Vyvanse is $377 compared to $201 for generic Adderall XR or $165 for generic Metadate ER tablets.
For more information visit Pharmacy Pearls: https://ahpnBetwork.com/march2019ppadhd/

Cost-effective PPIs: Avoid Dexilant (dexlansoprazole)

Change Dexilant to generic PPIs (omeprazole, pantoprazole). For patients on Dexilant for nocturnal reflux, a cheaper alternative is a generic or OTC PPI dosed in the morning and H2RA dosed at bedtime. All PPIs heal ulcers and help with GERD symptoms, but Dexilant is brand-only and more expensive than generic options ($339-Dexilant vs. $20-omeprazole vs. $75-pantoprazole) and less well covered by insurance plans; changing to generic PPIs typically saves patients $20 per monthly prescription.
For more information visit Pharmacy Pearls: https://ahpnetwork.com/dexilant-vs-other-ppis/

Avoid using GLP-1 agonists and DPP-4 inhibitors in combination

Do not use GLP-1 agonists and DPP-4 inhibitors in combination for type 2 diabetes. This combination has been associated with minimal additive benefit (A1c reduction 0.3%) and may increase the risk of serious side effects (e.g., pancreatitis). For patients on this combination, consider discontinuing the DPP-4 inhibitor as GLP-1 agonists produce more potent A1c reduction, may promote weight loss and reduce cardiovascular risks/improve outcomes.
For more information visit Pharmacy Pearls: https://ahpnetwork.com/some-diabetes-drugs-used-in-combination-provide-no-added-benefit/

Cost-effective metformin: Avoid Glumetza (metformin extended release, modified)

Change all metformin extended release (mod) (Glumetza) prescriptions to metformin extended release (Glucophage XR). Write prescriptions for Glucophage XR (DAW0) for ease of ordering in the EMR, this product will be substituted at the pharmacy for the cheaper generic formulation. There is no clinical benefit of Glumetza over Glucophage XR and the price difference for a 30 day supply is staggering ($3600 vs. $34). When changing prescriptions, cancel the Glumetza prescription at the pharmacy so it isn't refilled in error. Providers often order Glumetza, unaware of the cost, and EMR modifications (removing Glumetza from preference lists) are helpful to avoid inadvertent prescribing.

Cost-effective ICS/LABA Inhalers: Prefer generic fluticasone/salmeterol formulations or Symbicort

Preferentially prescribe generic fluticasone/salmeterol Diskus ($205), Wixela Inhub ($193), fluticasone salmeterol RespiClick (AirDuo) ($90) or Symbicort ($376). There are two new fluticasone/salmeterol generic inhalers: Wixela Inhub and fluticasone/salmeterol inhalation. They offer up to a 70% price reduction from Advair, are less expensive compared to Symbicort, Breo, and Dulera and are Tier 1 on most plans.

Consider deprescribing long-term PPIs prescribed without indication
Ensure patients on long-term PPI therapy have an appropriate long-term indication, if not consider dose reduction, on-demand therapy or deprescribing. The AGA offers best practice advice on risk vs. benefit of long-term PPIs https://www.ncbi.nlm.nih.gov/pubmed/28257716. There are publically available deprescribing algorithms (deprescribing.org) that help identify appropriate patients and offer an approach to deprescribing.

Cost-effective long-acting Insulin: Prefer Basaglar (insulin glargine)
Consider preferential use of the biologic follow-on long-acting insulin, Basaglar (insulin glargine). Alternatively, patients can utilize Walmart-brand ReliOn NPH insulin for cost savings as it retails for $25 per 100 mL vial. Recent review data suggests that basal insulin analogs do not differ substantially in their glucose-lowering ability. Patients often struggle with costs of insulin products and Basaglar can provide a much-needed cost savings to many. You may need to *write for Basaglar (DAW1)* to ensure it transmits correctly to pharmacies.
For more information visit Pharmacy Pearls: https://ahpnetwork.com/september-2018-pharmacy-pearls-insulin/

Cost-effective Inhaled Nasal Corticosteroids: Avoid Mometasone furoate (Nasonex)
Utilize generic (OTC or RX) fluticasone propionate nasal spray as the preferred intranasal corticosteroid in patients who are not on medications that are potent inhibitors of CYP3A4 (e.g., azole antifungals, protease inhibitors). For those on CYP3A4 inhibitors, Nasacort (triamcinolone) may be an alternative option. Mometasone is available by prescription only and comes at an average cash price of $225; fluticasone propionate is available OTC at an average cash price of $30 and is generally Tier 1 if covered by insurance. Both can be dosed once daily and there is no compelling evidence that one agent is more effective than another.
For more information visit Pharmacy Pearls: https://ahpnetwork.com/ppallergicrhinitis/

Avoid Test Strips Use for Type 2 Diabetes in patients not on agents associated with hypoglycemia
Don't routinely recommend daily home glucose monitoring for patients who have T2DM and are not using insulin or sulfonylureas, per Choosing Wisely recommendations from the American Academy of Family Medicine and the Society of General Internal Medicine. Daily finger sticks have no benefit in T2DM patients not on insulin or medications associated with hypoglycemia. Mindful and judicious prescribing of test strips reduces fraud (resale value $35-60/100 count box) and waste from the healthcare system and saves the patient money. Rather, reserve SMBG in patients with T2DM not on insulin for periods of dose titration or changes in a patient's diet or schedule.

Cost-effective Migraine Management: Prefer ibuprofen or sumatriptan and reserve CGRP monoclonal antibodies
Initiate ibuprofen or sumatriptan tablets first-line for acute migraine. There are no data to support the efficacy or safety of one triptan over another. Selection should be based on onset, duration of action, and cost, along with patient-specific response and side effects. *Reserve CGRP monoclonal antibodies for patients who can't tolerate or have inadequate response to a minimum 6-week trial of at least 2 other preventative agents (antihypertensive, antiepileptic or antidepressant) for episodic migraine.* CGRP monoclonal antibodies are not considered first-line for migraine prevention due to lack of long-term safety data and high cost.
For more information visit Pharmacy Pearls: https://ahpnetwork.com/march2019ppadhd/
AHP migraine guideline: https://ahpnetwork.com/wp-content/uploads/2019/03/Migraine-Best-Practices-FINAL.pdf

For more insight on our pharmacy initiatives or to schedule a pharmacy visit, please contact us:

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