

## 2020 Opportunities Summarized

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### Cost-effective rapid-acting insulin: Prefer insulin lispro

Consider preferential use of the authorized generic, insulin lispro, when covered by the pharmacy benefit. Insulin lispro (Imclone manufacturer) is the authorized generic to Humalog®, which means it is the same molecule as Humalog®, made by the same manufacturer, but marketed and sold by another manufacturer in a different package. It comes in vials and pens and is 50% less expensive than Humalog®. Patients who will see cost savings are those in the deductible and donut-hole phases of insurance coverage, as well as cash-paying patients. To ensure patients are able to receive the least expensive product based on their insurance, write prescriptions for “insulin lispro” and consider writing “please dispense as generic insulin lispro (Imclone mfg.) if covered” in the notes section of the prescription if your EMR allows.

For more information visit Pharmacy Pearls: <https://ahpnetwork.com/pearlshumalog/>

### 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 statins: Avoid brand and high cost statins

Avoid the use of Atoprev®, Crestor®, fluvastatin, fluvastatin ER, Lipitor®, Livalo®, and Zocor®. The cost of these agents ranges from ~\$100-\$870/month versus the numerous generic statins available, which range from ~\$4-20/month. Available generics include moderate- and high-intensity treatment options, as well as medications that are considered lower risk for causing muscle-related side effects and drug interactions (e.g., pravastatin). Additionally, payers are less likely to cover these more expensive statins, and they cost more for cash-paying patients or those with high deductibles.

### 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 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 7<sup>th</sup> 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://ahpnetwork.com/march2019ppadhd/>

## 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.

For more information visit Pharmacy Pearls: <https://ahpnetwork.com/jun2019pharmpearls/>

## 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/>

## Cost-effective beta-1 selective beta-blockers: Avoid Bystolic®

Consider preferential use of metoprolol succinate, metoprolol tartrate, atenolol or bisoprolol before utilizing Bystolic®. The cost of Bystolic® is ~\$150/month versus the numerous generic beta-1 selective beta-blockers available, which range from ~\$3-25/month. Studies have shown no appreciable difference in effect on lowering both systolic and diastolic pressures between these agents. In terms of cost to the patient, Bystolic® is generally tier 3 while the others are available at a lower cost as tier 1.

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



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