

2022 Pharmacy Opportunities Summarized

Contact: AHPPharmacist@urmc.rochester.edu**New! Cost-effective long-acting insulin: Prefer insulin glargine-yfgn**

Consider preferential use of insulin glargine-yfgn, when covered by the pharmacy benefit. Insulin glargine-yfgn is the generic to Semglee-yfgn®. Branded Semglee-yfgn® and generic insulin glargine-yfgn are interchangeable with Lantus® at the pharmacy without provider approval. It comes in vials and pens and is approximately 50% less expensive than Lantus® and Semglee-yfgn®. To ensure patients are able to receive the least expensive product based on their insurance, write prescriptions for “insulin glargine-yfgn”.

For more information visit [Pharmacy Pearls](#).

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® and made by the same manufacturer but is marketed and sold by another manufacturer in a different package. It comes in vials and pens and is 50% less expensive than Humalog®. To ensure patients can 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 if your EMR allows.

For more information visit [Pharmacy Pearls](#).

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 increases 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](#).

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 (\$5,000 vs. \$6). When changing prescriptions, cancel the Glumetza® prescription at the pharmacy so it is not 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/LAMA/LABA inhaler: Trelegy® (fluticasone/umeclidinum/vilanterol) triple therapy inhaler is a cost-effective and regimen simplifying alternative to the use of multiple component inhalers for patients with COPD.

For patients with COPD, on multiple individual or combination inhalers containing ICS, LABA, and a LAMA (for example fluticasone/salmeterol and tiotropium) consider regimen simplification to Trelegy®. Trelegy® combines 3 separate long-acting medications into one ellipta device inhaler, dosed as 1 puff daily. Switching to Trelegy® may offer reduced co-payments at the pharmacy for patients, save time on device teaching for clinical staff, and fewer dose titration and refill requests for providers.

Cost-effective NSAIDs: Avoid prescribing brand name and combination NSAID products

Avoid brand NSAID products when possible (e.g. Cambia®, Celebrex®, Flector® patch, Arthrotec®). Switch patients who are prescribed combination naproxen/esomeprazole (~\$900 per prescription) or diclofenac/misoprostol (~\$130 per prescription) to individual agents. The least expensive NSAID therapy options include: meloxicam, ibuprofen, naproxen, indomethacin (IR/ER), diclofenac sodium DR, sulindac, ketorolac (IR only), and celecoxib (~\$2-25 per prescription).

Cost-effective HIV PrEP: Prefer generic tenofovir disoproxil fumarate/emtricitabine (Truvada®) in eligible PrEP populations

Preferentially prescribe generic tenofovir disoproxil fumarate/emtricitabine (Truvada®) for HIV PrEP in transgender women and men, cisgender women and MSM, and persons who inject drugs. Truvada® is the preferred PrEP agent given proven efficacy and safety in trials and suitability for use across all PrEP populations. Tenofovir alafenamide/emtricitabine (Descovy®) is a preferred PrEP alternative in transgender women and cisgender MSM with preexisting renal disease or osteoporosis.

For more information visit [Pharmacy Pearls](#).

Cost-effective filling of continuous glucose monitors: Prefer filling at a retail pharmacy

Preferentially send continuous glucose monitor (CGM) sensor, transmitter, and receiver prescriptions to a retail pharmacy rather than a medical supply retailer. Excellus commercial plans will now cover CGMs under the pharmacy benefit with smart logic that will search for approval criteria of appropriate age and history of insulin use. If smart logic is met, prior authorization will not be required. Medicare Advantage plans still require prior authorization for CGM coverage. Please complete the prior authorization prior to sending the prescription to the pharmacy.

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



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