Excellus Pharmacy Initiatives

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2025 Pharmacy Opportunities Summarized

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Cost-effective diabetes regimen: Prefer combination DPP-4 inhibitors and SGLT-2 inhibitors

Consider preferential use of the combination DPP-4 and SGLT-2 inhibitors when covered by the pharmacy benefit. Trijardy® (empagliflozin, linagliptin, and metformin) and Glyxambi® (empagliflozin and linagliptin) are considered cost saving options over individual agents. The combination therapy is typically a single tier 2 or 3 copay vs multiple tier 2 or 3 copays for individually prescribed DPP-4 inhibitors and SGLT-2 inhibitors. Additionally, this switch may improve adherence by reducing pill burden.

Duplication of therapy: Avoid using GLP-1 agonists and DPP-4 inhibitors in combination

Do not use GLP-1 agonists and DPP-4 inhibitors in combination for management of 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 generics: Avoid brand name medications when possible

Preferentially prescribe available generic formulations over brand name medication when covered by the pharmacy benefit. For brand name medications with available generic formulations (e.g. Spiriva®, Restasis®, Vyvanse™, etc.), consider switching to generics when possible which can reduce patient co-payment.

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 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. Glumetza® is costly and provides no clinical benefit over Glucophage XR®. 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 therefore 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 simpler 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 LAMA components (e.g., fluticasone/salmeterol and tiotropium), consider regimen simplification to Trelegy®. Trelegy® combines 3 separate long-acting medications into one ellipta inhaler, dosed as 1 puff daily. Switching to Trelegy® may offer reduced co-payments at the pharmacy for patients, fewer refill requests for providers, and less time spent on device education for clinical staff.

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, a prior authorization will not be required. Medicare Advantage plans will still require a prior authorization for CGM coverage. Consider completing the prior authorization prior to sending the prescription to the pharmacy.

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