



Optimal Care: Endocrine and Dermatology

Adrenal Incidentalomas:

- Malignancy is rare if <4cm in size
- 10% are hormone secreting – evaluate for Cushing’s and pheochromocytoma, and if hypertensive, aldosteronoma
- Review the *Forum (Sept/Oct 2019)* for imaging/hormonal eval

Type 2 Diabetes¹

- Treatment goal is an HbA1c of 7-8% for most older adults
- 62% of patients over age 65 have an HbA1c of <7% and are over treated
- 54% of seniors who are over treated on insulin or a sulfonylurea are at risk of hypoglycemia

Management and Treatment Recommendations

DM2 Pharmacotherapy

- ACP guidelines state metformin should be first line if GFR>30 ml/min and second agent should be based upon cost effectiveness with no specific drug class recommended.²
- Use of GLP1 agonists for the purpose of CV risk reduction is not cost effective.³
- SGLT-2 inhibitors may be cost effective due to CV and renal benefits, and reduction in CHF admissions.
- DPP IV inhibitors are generally not cost effective.⁴
- Routine home glucose monitoring not indicated in DM2 on oral meds.
- Continue metformin and change to a parenteral regimen if HbA1C >8% on three oral agents.
- Branded basal insulins are 20x the cost of NPH and of similar effectiveness
- Prevent 911 calls with glucagon, for patients using insulin at home⁵

Costs to Reduce A1c by 1%⁶

Drug Name	Yearly Cost
Metformin*	\$ 84.00
Sulfonylurea	76.00
Pioglitazone**	1,700.00
SGLT2 Inhibitor	9,400.00
GLP1 agonist	8,700.00
DPP IV Inhibitor	10,000.00

* Can be used if GRF>30 ml/min
** Wide cost variation

Derm Pharmacotherapy⁶

Acne antibiotics – Yearly cost
Generic doxycycline is \$360 versus <u>Oracea</u> at \$8,000
Minocycline – IR \$400 versus ER \$5300
Copay cards provide perverse incentives to utilize high cost drugs
Generic erythromycin is \$8600
Common topical therapies
Erythromycin/benz perox – separate \$620 versus combined \$4,000
Clobetasol 0.05% - \$210/60 grams
Betamethasone 0.1% - \$23/60 grams
Biological therapies for moderate to severe plaque psoriasis – Yearly cost
<u>Stelara</u> is \$80,000
<u>Taltz</u> is \$65,000

Derm Referral

Choose dermatologists based on:

- Will refer back to the PCP after evaluation
- Prudent use of Mohs surgery
- Generic prescribing of topicals/antibiotics
- Appropriate utilization of biologics

Basal Carcinoma of the Skin

- ✓ Mohs and simple resection have equal recurrence rates, average cost of Mohs procedure is \$2600
- ✓ Topical 5-FU is superior to imiquimod and photodynamic therapy for multiple actinic keratoses⁷

¹Karter, et al.,(2017). *JAMA Internal Medicine*, 177(10), 1461-1470. doi:10.1001/jamainternmed.2017.3844

²Qaseem, et al.,(2018). *Annals of Internal Medicine*, 168(8), 569-576. doi:10.7326/M17-0939

³Empagliflozin, Cardiovascular Outcomes, and Mortality in Type 2 Diabetes N England J Med 2015; 373:2117-2128

⁴GoodRx, Inc. (2018). *GoodRx*. Retrieved from GoodRx Web site: <https://www.goodrx.com>

⁵The AGA Institute Medical Position Panel. (2011). *Gastroenterology*, 140, 1084-1091. doi:10.1053/j.gastro.2011.01.030

⁶Ahead Research Inc. (n.d.). *Calculate your 10-year risk of heart disease or stroke using the ASCVD algorithm published in 2013 ACC/AHA Guideline on the Assessment of Cardiovascular Risk*. Retrieved from Heart Risk Calculator Web site: <http://www.cvriskcalculator.com/>

⁷Jansen, M. H., Kessels, J., Nelemans, P. J., Kouloubis, N., Arits, A., van Pelt, H. P., et al.(2019). Randomized trial of four treatment approaches for actinic keratosis. *JAMA*,380, 935-946.