

# Reforms Expected to Save Billions for Medicare

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Provisions of the new Affordable Care Act, coupled with other payment changes, will save Medicare nearly \$8 billion over 2 years and extend the solvency of the Medicare Trust Funds by 12 years.

The immediate savings come from cuts to Medicare Advantage payments, competitive bidding for durable medical

equipment, changes to how Medicare pays for advanced imaging services, productivity improvements in the hospital, and efforts to reduce waste, fraud, and abuse, says a report from the Centers for Medicare and Medicaid Services. The changes are expected to save \$7.8 billion for the Medicare program by the end of next year.

Health and Human Services Secretary Kathleen Sebelius said at a press confer-

ence that the new law will protect Medicare beneficiaries by maintaining current benefits and adding new ones such as free preventive care and the eventually closing the Medicare Part D prescription drug doughnut hole.

CMS officials estimate that Medicare savings will exceed \$418 billion by 2019. Some of those savings will come from reducing hospital readmissions and hospital-acquired infections, bundling pay-

ments for end-stage renal disease care, promoting Accountable Care Organizations, and improving quality reporting by physicians. CMS also expects the establishment of the Independent Payment Advisory Board, which will recommend payment changes aimed at slowing growth in Medicare spending.

Ms. Sebelius said she expects private insurers to implement some of these payment changes as they prove effective in the Medicare program. ■

administration of subcutaneous epinephrine solution 1:1000 (0.3 to 0.5 mL) and measures to ensure a patent airway may be necessary.

Discontinue aliskiren immediately in patients who develop angioedema and do not readminister.

### 5.3 Hypotension

An excessive fall in blood pressure (hypotension) was rarely seen (<0.5%) in patients with uncomplicated hypertension treated with Valtorna in controlled trials.

In patients with an activated renin-angiotensin-aldosterone system, such as volume- or salt-depleted patients receiving high doses of diuretics, symptomatic hypotension may occur in patients receiving renin-angiotensin-aldosterone system (RAAS) blockers. Correct these conditions prior to the administration of Valtorna, or start the treatment under close medical supervision.

Initiate therapy cautiously in patients with heart failure or recent myocardial infarction and in patients undergoing surgery or dialysis. Patients with heart failure or post-myocardial infarction patients given valsartan commonly have some reduction in blood pressure, but discontinuation of therapy because of continuing symptomatic hypotension usually is not necessary when dosing instructions are followed. In controlled trials in heart failure patients, the incidence of hypotension in valsartan-treated patients was 5.5% compared to 1.8% in placebo-treated patients. In the Valsartan in Acute Myocardial Infarction Trial (VALIANT), hypotension in post-myocardial infarction patients led to permanent discontinuation of therapy in 1.4% of valsartan-treated patients and 0.8% of captopril-treated patients.

If an excessive fall in blood pressure occurs with Valtorna, place the patient in the supine position and, if necessary, give an intravenous infusion of normal saline. A transient hypotensive response is not a contraindication to further treatment, which usually can be continued without difficulty once the blood pressure has stabilized.

### 5.4 Patients with Severe Renal Impairment

#### Valtorna

Patients with severe renal impairment were excluded from clinical trials with Valtorna in hypertension.

#### Aliskiren

Patients with severe renal dysfunction (creatinine 1.7 mg/dL for women and 2.0 mg/dL for men and/or estimated GFR <30 mL/min), a history of dialysis, nephrotic syndrome, or renovascular hypertension were excluded from clinical trials of aliskiren in hypertension. Safety information with aliskiren and the potential for other drugs acting on the renin-angiotensin-aldosterone system to increase serum creatinine and blood urea nitrogen are not available.

#### Valsartan

In studies of ACE inhibitors in hypertensive patients with unilateral or bilateral renal artery stenosis, increases in serum creatinine or blood urea nitrogen have been reported. In a 4-day trial of valsartan in 12 hypertensive patients with unilateral renal artery stenosis, no significant increases in serum creatinine or blood urea nitrogen were observed. There has been no long-term use of valsartan in patients with unilateral or bilateral renal artery stenosis, but an effect similar to that seen with ACE inhibitors should be anticipated.

As a consequence of inhibiting the renin-angiotensin-aldosterone system, changes in renal function may occur particularly in volume depleted patients. In patients with severe heart failure whose renal function may depend on the activity of the renin-angiotensin-aldosterone system, treatment with angiotensin-converting enzyme inhibitors and angiotensin receptor antagonists has been associated with oliguria or progressive azotemia and (rarely) with acute renal failure or death. Similar outcomes have been reported with valsartan.

### 5.5 Patients with Hepatic Impairment

#### Valsartan

As the majority of valsartan is eliminated in the bile, patients with mild-to-moderate hepatic impairment, including patients with biliary obstructive disorders, showed lower valsartan clearance (higher AUCs).

### 5.6 Patients with Congestive Heart Failure and Post-Myocardial Infarction

#### Valsartan

Some patients with heart failure have developed increases in blood urea nitrogen, serum creatinine, and potassium on valsartan. These effects are usually minor and transient, and they are more likely to occur in patients with pre-existing renal impairment. Dosage reduction and/or discontinuation of the diuretic and/or valsartan may be required. In the Valsartan Heart Failure Trial, in which 93% of patients were on concomitant ACE inhibitors, treatment was discontinued for elevations in creatinine or potassium (total of 1.0% on valsartan vs. 0.2% on placebo). In the Valsartan in Acute Myocardial Infarction Trial (VALIANT), discontinuation due to various types of renal dysfunction occurred in 1.1% of valsartan-treated patients and

0.8% of captopril-treated patients. Include assessment of renal function when evaluating patients with heart failure or post-myocardial infarction.

### 5.7 Serum Electrolyte Abnormalities

#### Valtorna

In the short-term controlled trials of various doses of Valtorna, the incidence of hyperkalemia (serum potassium >5.5 mEq/L) was about 1%-2% higher in the combination treatment group compared with the monotherapies aliskiren and valsartan, or with placebo.

In a long-term, uncontrolled study with median treatment duration of about one year, about 4% of the patients had at least one serum potassium >5.5 mEq/L at some time during the study; about 0.8% of patients discontinued study treatment and had a high serum potassium at some point during the study. Patients with hyperkalemia were older (median age 65 vs. 55) with slightly lower mean baseline estimated creatinine clearance compared to patients without hyperkalemia. While about 25% of the hyperkalemic episodes occurred in the first two months, other initial episodes were reported throughout the study.

Periodic determinations of serum electrolytes to detect possible electrolyte imbalances is advised, particularly in patients at risk for hyperkalemia such as those with renal impairment.

Caution is advised with concomitant use of Valtorna with potassium-sparing diuretics, potassium supplements, salt substitutes containing potassium, or other drugs that increase potassium levels may lead to increases in serum potassium.

### 5.8 Renal Artery Stenosis

#### Aliskiren

No data are available on the use of aliskiren in patients with unilateral or bilateral renal artery stenosis or stenosis of the artery to a solitary kidney.

#### Valsartan

In studies of ACE inhibitors in hypertensive patients with unilateral or bilateral renal artery stenosis, increases in serum creatinine or blood urea nitrogen have been reported. In a 4-day trial of valsartan in 12 hypertensive patients with unilateral renal artery stenosis, no significant increases in serum creatinine or blood urea nitrogen were observed. There has been no long-term use of valsartan in patients with unilateral or bilateral renal artery stenosis, but an effect similar to that seen with ACE inhibitors should be anticipated.

### 5.9 Cyclosporine

#### Aliskiren

When aliskiren was given with cyclosporine, the blood concentrations of aliskiren were significantly increased. Concomitant use of aliskiren with cyclosporine is not recommended [see *Drug Interactions (7)*].

## 6 ADVERSE REACTIONS

### 6.1 Clinical Studies Experience

The following serious adverse reactions are discussed in greater detail in other sections of the label:

- Risk of fetal/neonatal morbidity and mortality [see *Warnings and Precautions (5.1)*]
- Head and neck angioedema [see *Warnings and Precautions (5.2)*]
- Hypotension [see *Warnings and Precautions (5.3)*]

Because clinical trials are conducted under widely varying conditions, adverse reaction rates observed in the clinical trials of a drug cannot be directly compared to rates in clinical trials of another drug and may not reflect the rates observed in practice.

#### Valtorna

Valtorna has been evaluated for safety in more than 1,225 patients, including over 316 patients for over 1 year. In placebo-controlled clinical trials, discontinuation of therapy because of a clinical adverse event (including uncontrolled hypertension) occurred in 1.4% of patients treated with Valtorna versus 2.7% of patients given placebo.

Adverse events in placebo-controlled trials that occurred in at least 1% of patients treated with Valtorna and at a higher incidence than placebo included fatigue (2.6% vs. 1.4%), nasopharyngitis (2.6% vs. 2.2%), diarrhea (1.4% vs. 0.9%), upper respiratory tract infection (1.4% vs. 1.1%), urinary tract infection (1.4% vs. 0.6%), influenza (1.1% vs. 0.2%), and vertigo (1.1% vs. 0.3%).

Hyperkalemia has been observed as a serum electrolyte abnormality in Valtorna clinical trials [see *Warnings and Precautions (5.7)*].

#### Aliskiren

Aliskiren has been evaluated for safety in 6,460 patients, including 1,740 treated for longer than 6 months, and 1,250 for longer than 1 year. In placebo-controlled clinical trials, discontinuation of therapy because of a clinical adverse event, including uncontrolled hypertension occurred in 2.2% of patients treated with aliskiren, versus 3.5% of patients given placebo.