

CMS Finalizes Plan to Pay Hospitals for Quality

BY MARY ELLEN SCHNEIDER

Starting in October 2012, about 1% of the payments that hospitals receive from Medicare will be calculated based on performance on clinical quality measures and patient satisfaction scores.

Details of the new initiative, known as the Hospital Inpatient Value-Based Purchasing program, were unveiled in a final rule released by the Centers for

Medicare and Medicaid Services (CMS) on April 29. The initiative was mandated by Congress under the Affordable Care Act.

Under the program, CMS will take 1% of the payments that would otherwise go to hospitals under Medicare's Inpatient Prospective Payment System and put them in a fund to pay for care based on quality. In the first year, CMS estimates that about \$850 million will be

available through the fund. Medicare officials will score hospitals based on their performance on each of the measures compared with other hospitals and with how their performance has improved over time.

The program is the first step in shifting payments toward quality and away from volume, Dr. Donald Berwick, CMS administrator, said in a press conference.

"This is one of those areas where im-

provement of quality and reduction in cost go hand-in-hand," Dr. Berwick said. "My feeling continues to be that the best way for us to arrive at sustainable costs for the health care system is precisely through the improvement of quality of care."

Under the program, payments will be based on performance on 12 clinical process-of-care measures and a survey of patient satisfaction. Process-of-care indicators include measures such as the per-

BRIEF SUMMARY for FORTESTA™ (testosterone) Gel for topical use CIII
This Brief Summary does not include all the information needed to use FORTESTA Gel safely and effectively. See full Prescribing Information for FORTESTA Gel available at www.fortestagel.com.

WARNING: SECONDARY EXPOSURE TO TESTOSTERONE

- Virilization has been reported in children who were secondarily exposed to testosterone gel [see Warnings and Precautions and Adverse Reactions].
- Children should avoid contact with unwashed or unclothed application sites in men using FORTESTA [see Dosage and Administration in full Prescribing Information and Warnings and Precautions].
- Healthcare providers should advise patients to strictly adhere to recommended instructions for use [see Dosage and Administration in the full Prescribing Information, Warnings and Precautions and Patient Counseling Information in the full Prescribing Information].

INDICATIONS AND USAGE

FORTESTA is an androgen indicated for replacement therapy in males for conditions associated with a deficiency or absence of endogenous testosterone:

- Primary hypogonadism (congenital or acquired) – testicular failure due to conditions such as cryptorchidism, bilateral torsion, orchitis, vanishing testis syndrome, orchiectomy, Klinefelter's syndrome, chemotherapy, or toxic damage from alcohol, heavy metals. These men usually have low serum testosterone concentrations and gonadotropins (Follicle Stimulating Hormone (FSH) and Luteinizing Hormone (LH)) above the normal range.
- Hypogonadotropic hypogonadism (congenital or acquired) – idiopathic gonadotropin or luteinizing hormone-releasing hormone (LHRH) deficiency or pituitary-hypothalamic injury from tumors, trauma, or radiation. These men have low serum testosterone concentrations but have gonadotropins in the normal or low range.

Important limitations of use: — Safety and efficacy of FORTESTA in males <18 years old have not been established [see Use in Specific Populations].

CONTRAINDICATIONS

- FORTESTA is contraindicated in men with carcinoma of the breast or known or suspected carcinoma of the prostate [see Warnings and Precautions, Adverse Reactions].
- FORTESTA is contraindicated in women who are or may become pregnant, or who are breastfeeding. FORTESTA may cause fetal harm when administered to a pregnant woman. FORTESTA may cause serious adverse reactions in nursing infants. Exposure of a female fetus or nursing infant to androgens may result in varying degrees of virilization. Pregnant women or those who may become pregnant need to be aware of the potential for transfer of testosterone from men treated with FORTESTA. If a pregnant woman is exposed to FORTESTA, she should be apprised of the potential hazard to the fetus [see Use in Specific Populations].

WARNINGS AND PRECAUTIONS

Worsening of Benign Prostatic Hyperplasia (BPH) and Potential Risk of Prostate Cancer

- Patients with BPH treated with androgens are at an increased risk of worsening of signs and symptoms of BPH. Monitor patients with BPH for worsening signs and symptoms.
- Patients treated with androgens may be at increased risk for prostate cancer. Evaluation of the patients for the presence of prostate cancer prior to initiating and during treatment with androgens is appropriate [see Contraindications].

Potential for Secondary Exposure to Testosterone

Cases of secondary exposure resulting in virilization of children have been reported in postmarketing surveillance of testosterone gel products. Signs and symptoms have included enlargement of the penis or clitoris, development of pubic hair, increased erections and libido, aggressive behavior, and advanced bone age. In most cases, these signs and symptoms regressed with removal of the exposure to testosterone gel. In a few cases, however, enlarged genitalia did not fully return to age-appropriate normal size, and bone age remained modestly greater than chronological age. The risk of transfer was increased in some of these cases by not adhering to precautions for the appropriate use of the topical testosterone product. Children and women should avoid contact with unwashed or unclothed application sites in men using FORTESTA [see Dosage and Administration in the full Prescribing Information, Use in Specific Populations and Clinical Pharmacology in the full Prescribing Information].

Inappropriate changes in genital size or development of pubic hair or libido in children, or changes in body hair distribution, significant increase in acne, or other signs of virilization in adult women should be brought to the attention of a physician and the possibility of secondary exposure to testosterone gel should also be brought to the attention of a physician. Testosterone gel should be promptly discontinued until the cause of virilization has been identified.

Polycythemia

Increases in hematocrit, reflective of increases in red blood cell mass, may require lowering or discontinuation of testosterone. Check hematocrit prior to initiating treatment. It would also be appropriate to re-evaluate the hematocrit 3 to 6 months after starting treatment, and then annually. If hematocrit becomes elevated, stop therapy until hematocrit decreases to an acceptable concentration. An increase in red blood cell mass may increase the risk of thromboembolic events.

Use in Women

Due to the lack of controlled evaluations in women and potential virilizing effects, FORTESTA is not indicated for use in women [see Contraindications and Use in Specific Populations].

Potential for Adverse Effects on Spermatogenesis

With large doses of exogenous androgens, including FORTESTA, spermatogenesis may be suppressed through feedback inhibition of pituitary FSH which could possibly lead to adverse effects on semen parameters including sperm count.

Hepatic Adverse Effects

Prolonged use of high doses of orally active 17-alpha-alkyl androgens (e.g. methyltestosterone) has been associated with serious hepatic adverse effects (peliosis hepatis, hepatic neoplasms, cholestatic hepatitis and jaundice). Peliosis hepatis can be a life-threatening or fatal complication. Long-term therapy with testosterone enanthate has produced multiple hepatic adenomas. FORTESTA is not known to cause these adverse effects.

Edema

Androgens, including FORTESTA, may promote retention of sodium and water. Edema, with or without congestive heart failure, may be a serious complication in patients with pre-existing cardiac, renal, or hepatic disease [see Adverse Reactions].

Gynecomastia

Gynecomastia may develop and persist in patients being treated with androgens, including FORTESTA, for hypogonadism.

Sleep Apnea

The treatment of hypogonadal men with testosterone may potentiate sleep apnea in some patients, especially those with risk factors such as obesity or chronic lung diseases.

Lipids

Changes in serum lipid profile may require dose adjustment or discontinuation of testosterone therapy.

Hypercalcemia

Androgens, including FORTESTA, should be used with caution in cancer patients at risk of hypercalcemia (and associated hypercalciuria). Regular monitoring of serum calcium concentrations is recommended in these patients.

Decreased Thyroxine-binding globulin

Androgens, including FORTESTA, may decrease concentrations of thyroxine-binding globulins, resulting in decreased total T4 serum concentrations and increased resin uptake of T3 and T4. Free thyroid hormone concentrations remain unchanged, however, and there is no clinical evidence of thyroid dysfunction.

Flammability

Alcohol based products, including FORTESTA, are flammable; therefore, patients should be advised to avoid smoking, fire or flame until the FORTESTA gel has dried.

ADVERSE REACTIONS

Clinical Trial Experience

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 the clinical trials of another drug and may not reflect the rates observed in clinical practice.

In a controlled multicenter, open label, non-comparative 90-day clinical study, 149 hypogonadal patients were treated with FORTESTA [see Clinical Studies in the full Prescribing Information]. Adverse reactions occurred in 22.8% (34/149) of patients. The most common adverse reaction reported in this study was skin reactions associated with the site of application (16.1%; 24/149) of which 79% (19/24) were mild, and the remainder were moderate (21%; 5/24) (Table 3).

Table 3 – Adverse Reactions Reported in >1% Patients in the US Phase 3 Clinical Trial of FORTESTA

Adverse Reaction	Number (%) of Patients N = 149
Skin reaction	24 (16.1%)
Prostate specific antigen increased	2 (1.3%)
Abnormal dreams	2 (1.3%)

During the 90 day trial 5 patients (3.4%) discontinued treatment because of adverse reactions. These reactions were: 1 patient with contact dermatitis (considered probably related to FORTESTA application), 1 with application site reaction (considered probably related to FORTESTA application), 1 with gastrointestinal hypomotility (considered possibly related to FORTESTA application), 1 with severe dyspnea (considered not related to FORTESTA application), and 1 with moderate contusion (considered not related to FORTESTA application).

Postmarketing Experience

The following adverse reactions have been identified during post approval use of FORTESTA. Because these reactions are reported voluntarily from a population of uncertain size, it is not always possible to reliably estimate their frequency or establish a causal relationship to drug exposure (Table 4).

centage of patients with myocardial infarction who are given fibrinolytic medication within 30 minutes of arrival at the hospital.

To evaluate patient satisfaction, a random sample of discharged patients will be surveyed about their perceptions, including physician and nurse communication, hospital staff responsiveness, pain management, discharge instructions, and hospital cleanliness. A complete list of the measures is available at <http://www.healthcare.gov/news/factsheets/valuebasedpurchasing04292011b.html>.

The measures have been endorsed by

such national panels as the National Quality Forum, and hospitals have already been reporting their performance on them through Medicare's Hospital Compare website. The measures are weighted so that 70% of the payment is based on the quality measures and 30% is based on patient evaluations.

Over time, CMS officials plan to add measures focused on patient outcomes, including prevention of hospital-acquired conditions. And measures will be phased out over time if hospitals achieve consistently high compliance scores, Dr. Berwick said.

The new value-based purchasing initiative is only one way that hospital payments will be tied to quality of care. Starting in 2013, Medicare will reduce payments to hospitals if they have excess 30-day readmissions for patients who suffer heart attacks, heart failure, and pneumonia. And in 2015, hospitals could see their payments cut if they have high rates of certain hospital-acquired conditions.

The final rule on hospital value-based purchasing will be published in the Federal Register in May and becomes final on July 1.

E-Prescribing Rules May Be Eased by CMS

BY ALICIA AULT

The Centers for Medicare and Medicaid Services has proposed modifying the rules for e-prescribing so more physicians could claim exemptions from the criteria and therefore avoid being penalized in 2012.

In a conference call, agency officials said the change was in response to indications from providers and professional societies that many prescribers might not be able to meet the requirements of the current incentive program.

"Today's rule demonstrates that CMS is willing to work cooperatively with the medical professional community to encourage participation in electronic prescribing," Dr. Patrick Conway, chief medical officer at CMS and director of the agency's Office of Clinical Standards and Quality, said in a statement.

Under the current incentive program, eligible prescribers were due to get a 1% bonus payment for 2011 and 2012 and a 0.5% bonus in 2013. For prescribers who did not meet the criteria, there would be a penalty imposed in 2012. The penalty would escalate in 2013 and 2014.

The final Medicare Physician Fee Schedule for 2011 contains exceptions, along with two hardship exemptions. Practices are exempt if they are in a rural area without high-speed internet access or an area without enough available pharmacies for electronic prescribing.

Under the proposed rule, prescribers who use certified EHRs can now claim this as a "qualified" e-prescribing system. This move was designed to more closely align the e-prescribing program with the program that offers incentives for meaningful use of electronic health records. The proposed rule would also create four additional hardship exemption categories.

Prescribers also would be granted an extension, until Oct. 1, 2011, to apply for the hardship exemption.

Table 4 – Adverse Drug Reactions from Post approval Experience of FORTESTA by System Organ Class

System Organ Class	MedDRA Preferred Term
Blood and lymphatic system disorders	Polycythemia
Eye disorders	Vitreous detachment
Gastrointestinal disorders	Abdominal symptoms
General disorders and administrative site conditions	Application site erythema, irritation, pruritus, and swelling; fatigue, influenza like illness, and malaise
Investigations	Decreased serum testosterone, increased hematocrit and hemoglobin
Musculoskeletal and connective tissue disorders	Pain in extremity
Nervous system disorders	Dizziness, headache, and migraine
Reproductive system and breast disorders	Erectile dysfunction and priapism
Skin and subcutaneous tissue disorders	Allergic dermatitis, erythema, rash, and papular rash

Secondary Exposure to Testosterone in Children

Cases of secondary exposure to testosterone resulting in virilization of children have been reported in postmarketing surveillance of testosterone gel products. Signs and symptoms of these reported cases have included enlargement of the clitoris (with surgical intervention) or the penis, development of pubic hair, increased erections and libido, aggressive behavior, and advanced bone age. In most cases with a reported outcome, these signs and symptoms were reported to have regressed with removal of the testosterone gel exposure. In a few cases, however, enlarged genitalia did not fully return to age appropriate normal size, and bone age remained modestly greater than chronological age. In some of the cases, direct contact with the sites of application on the skin of men using testosterone gel was reported. In at least one reported case, the reporter considered the possibility of secondary exposure from items such as the testosterone gel user's shirts and/or other fabric, such as towels and sheets [see Warnings and Precautions].

DRUG INTERACTIONS

Insulin

Changes in insulin sensitivity or glycemic control may occur in patients treated with androgens. In diabetic patients, the metabolic effects of androgens may decrease blood glucose and, therefore, may decrease insulin requirements.

Oral Anticoagulants

Changes in anticoagulant activity may be seen with androgens, therefore more frequent monitoring of international normalized ratio (INR) and prothrombin time are recommended in patients taking anticoagulants, especially at the initiation and termination of androgen therapy.

Corticosteroids

The concurrent administration of testosterone with adrenocorticotropic hormone (ACTH) or corticosteroids may result in increased fluid retention and requires careful monitoring particularly in patients with cardiac, renal or hepatic disease.

USE IN SPECIFIC POPULATIONS

Pregnancy

Pregnancy Category X [see Contraindications]. – FORTESTA is contraindicated during pregnancy or in women who may become pregnant. Testosterone is teratogenic and may cause fetal harm. Exposure of a female fetus to androgens may result in varying degrees of virilization. If this drug is used during pregnancy, or if the patient becomes pregnant while taking this drug, the patient should be made aware of the potential hazard to the fetus.

Nursing Mothers

Although it is not known how much testosterone transfers into human milk, FORTESTA is contraindicated in nursing women because of the potential for serious adverse reactions in nursing infants. Testosterone and other androgens may adversely affect lactation [see Contraindications].

Pediatric Use

The safety and efficacy of FORTESTA in pediatric patients <18 years old has not been established. Improper use may result in acceleration of bone age and premature closure of epiphyses.

Geriatric Use

There have not been sufficient numbers of geriatric patients involved in controlled clinical studies utilizing FORTESTA to determine whether efficacy in those over 65 years of age differs from younger subjects. Of the 149 patients enrolled in the pivotal clinical study utilizing FORTESTA, 20 were over 65 years of age. Additionally, there are insufficient long-term safety data in geriatric patients to assess the potential risks of cardiovascular disease and prostate cancer.

Geriatric patients treated with androgens may also be at risk for worsening of signs and symptoms of BPH.

Renal Impairment

No studies were conducted in patients with renal impairment.

Hepatic Impairment

No studies were conducted in patients with hepatic impairment.

DRUG ABUSE AND DEPENDENCE

Controlled Substance

FORTESTA contains testosterone, a Schedule III controlled substance as defined under the Anabolics Steroid Control Act.

Abuse

Anabolic steroids, such as testosterone, are abused. Abuse is often associated with adverse physical and psychological effects.

Dependence

Although drug dependence is not documented in individuals using therapeutic doses of anabolic steroids for approved indications, dependence is observed in some individuals abusing high doses of anabolic steroids. In general, anabolic steroid dependence is characterized by any three of the following:

- Taking more drug than intended
- Continued drug use despite medical and social problems
- Significant time spent in obtaining adequate amounts of drug
- Desire for anabolic steroids when supplies of the drugs are interrupted
- Difficulty in discontinuing use of the drug despite desires and attempts to do so
- Experience of a withdrawal syndrome upon discontinuation of anabolic steroid use

OVERDOSAGE

There is a single report of acute overdose after parenteral administration of an approved testosterone product in the literature. This subject had serum testosterone concentrations of up to 11,400 ng/dL, which were implicated in a cerebrovascular accident. There were no reports of overdose in the FORTESTA clinical trial.

Treatment of overdose would consist of discontinuation of FORTESTA, washing the application site with soap and water, and appropriate symptomatic and supportive care.

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