

FYI

AMA Claim Toolkit

The American Medical Association offers educational materials to help clinicians process claims more efficiently. The “Heal the Claims Process” toolkit includes resources to help doctors in preparing a claim, following it, and appealing it. The tools include template appeal letters and claim management checklists. There also is a physician claims process checkup resource. For more information, contact the AMA by visiting the Web site ama-assn.org/go/pmc.

Free Asthma Screening

The American College of Allergy, Asthma, and Immunology is offering free asthma screenings for adults and children at more than 200 sites nationwide. Most screenings will take place in May. For a list of locations and dates, visit the National Asthma Screening Program at the Web site www.acaai.org/public/lifeQuality/nasp/index.htm.

Fact Sheets on Thyroid Disorders

The National Institute of Diabetes and Digestive and Kidney Diseases (NIDDK), part of the National Institutes of Health,

has produced four new fact sheets for consumers and health care providers. The subjects of the four publications are hyperthyroidism, hypothyroidism, Graves' disease, and pregnancy and thyroid disease. More information about NIDDK and its programs is available at www.niddk.nih.gov.

Booklet for Pregnant Diabetic Women

A 44-page guide to pregnancy for women with preexisting diabetes is being offered by the National Institute of Diabetes and Digestive and Kidney Diseases. “For Women With Diabetes: Your

Guide to Pregnancy” (DM-269) outlines a diabetes care plan, and includes forms for recording blood glucose levels, food intake, medication, and physical activity. A single copy is free; packages of 25 cost \$10. To order, call 800-860-8747. For a PDF copy, visit the Web site <http://diabetes.niddk.nih.gov/dm/pub/pregnancy>.

Postmarket Drug Safety Information

The U.S. Food and Drug Administration has created a Web page with a wide variety of safety information about prescription drugs for health care professionals and consumers. The page, www.fda.gov/cder/drugsafety.htm, includes links to information in these categories: drug labeling, professional labeling, and patient package inserts; drugs that have Risk Evaluation and Mitigation Strategies; and press announcements and safety sheets with the latest risk information.

PRODUCTS

Guided Imaging of Pap Test Slides

The FocalPoint GS imaging system has received Food and Drug Administration premarket approval. This system enhances cervical cancer screening for cytology labs that use BD SurePath Pap test slides. Guided screening technology rapidly relocates the fields of view that the system has identified as the most likely to contain cells of interest. For more information, visit BD Diagnostics at www.bd.com or call 866-874-7284.

Prenatal Vitamins

Mission Pharmacal introduces CitraNatal Assure into its line of prescription prenatal vitamins. These vitamins include 300 mg of DHA in addition to vitamins C and E, the B vitamins, folic acid, carbonyl iron, and other key nutrients for pregnant women. The vitamins also contain calcium citrate, for calcium with less gas and bloating. For more information, contact Mission Pharmacal by visiting www.citranatal.com.

On-Site Messaging Software Release

The newest version of Enterprise 101 paging software allows users to create and send a custom priority, predefined, or emergency alert message to a defined group using a new alert button feature. This message can be delivered to on-site pagers, LED signs, wide area pagers, mobile phones, and PDAs in less than 2 seconds. The alert feature can be accessed on the desktop of any network computer. For more information, contact InterPage L.P. by visiting www.iplp.com or calling 800-992-1000.

Diagnostic Ultrasound System

The ACCUVIX V20 ultrasound scanner provides high-quality images through a 17-inch, 1280-by-1024 high-resolution flat-panel display. Its features include a flexible articulating arm, quadrant image, and pointer function. Other technological advances include a speckle reduction filter and full-spectrum imaging. For more information, visit Medison USA at www.medisonusa.com.

Visual Abnormalities

Retinal vascular thrombosis has been reported in patients receiving estrogens. Discontinue medication pending examination if there is sudden partial or complete loss of vision, or a sudden onset of proptosis, diplopia, or migraine. If examination reveals papilledema or retinal vascular lesions, estrogens should be permanently discontinued.

Addition of a Progestin When a Woman Has Not Had a Hysterectomy

Studies of the addition of a progestin for 10 or more days of a cycle of estrogen administration or daily with estrogen in a continuous regimen have reported a lowered incidence of endometrial hyperplasia than would be induced by estrogen treatment alone. Endometrial hyperplasia may be a precursor to endometrial cancer.

There are, however, possible risks that may be associated with the use of progestins with estrogens compared to estrogen-alone regimens. These include an increased risk of breast cancer.

Elevated Blood Pressure

In a small number of case reports, substantial increases in blood pressure have been attributed to idiosyncratic reactions to estrogens. In a large, randomized, placebo-controlled clinical trial, a generalized effect of estrogen therapy on blood pressure was not seen.

Hypertriglyceridemia

In patients with pre-existing hypertriglyceridemia, estrogen therapy may be associated with elevations of plasma triglycerides leading to pancreatitis. Consider discontinuation of treatment if pancreatitis occurs.

Hepatic Impairment and/or Past History of Cholestatic Jaundice

Estrogens may be poorly metabolized in women with impaired liver function. For women with a history of cholestatic jaundice associated with past estrogen use or with pregnancy, caution should be exercised, and in the case of recurrence, medication should be discontinued.

Hypothyroidism

Estrogen administration leads to increased thyroid-binding globulin (TBG) levels. Women with normal thyroid function can compensate for the increased TBG by making more thyroid hormone, thus maintaining free T_4 and T_3 serum concentrations in the normal range. Women dependent on thyroid hormone replacement therapy who are also receiving estrogens may require increased doses of their thyroid replacement therapy. These women should have their thyroid function monitored in order to maintain their free thyroid hormone levels in an acceptable range.

Fluid Retention

Estrogens may cause some degree of fluid retention. Patients with conditions that might be influenced by this factor, such as cardiac or renal dysfunction, warrant careful observation when estrogens are prescribed.

Hypocalcemia

Estrogens should be used with caution in individuals with hypoparathyroidism as estrogen-induced hypocalcemia may occur.

Exacerbation of Endometriosis

A few cases of malignant transformation of residual endometrial implants have been reported in women treated post-hysterectomy with estrogen-alone therapy. For women known to have residual endometriosis post-hysterectomy, the addition of progestin should be considered.

Exacerbation of Other Conditions

Estrogen therapy may cause an exacerbation of asthma, diabetes mellitus, epilepsy, migraine, porphyria, systemic lupus erythematosus, and hepatic hemangiomas and should be used with caution in women with these conditions.

Effects on Barrier Contraception

PREMARIN Vaginal Cream exposure has been reported to weaken latex condoms. The potential for PREMARIN Vaginal Cream to weaken and contribute to the failure of condoms, diaphragms, or cervical caps made of latex or rubber should be considered.

Laboratory Tests

Serum follicle stimulating hormone and estradiol levels have not been shown to be useful in the management of moderate to severe symptoms of vulvar and vaginal atrophy.

Drug/Laboratory Test Interactions

Accelerated prothrombin time, partial thromboplastin time, and platelet aggregation time; increased platelet count; increased factors II, VII antigen, VIII antigen, VIII coagulant activity, IX, X, XII, VII-X complex, II-VII-X complex, and beta-thromboglobulin; decreased levels of antifactor Xa and antithrombin III, decreased antithrombin III activity; increased levels of fibrinogen and fibrinogen activity; increased plasminogen antigen and activity.

Increased thyroid-binding globulin (TBG) leading to increased circulating total thyroid hormone, as measured by protein-bound iodine (PBI), T_4 levels (by column or by radioimmunoassay) or T_3 levels by radioimmunoassay. T_3 resin uptake is decreased, reflecting the elevated TBG. Free T_4 and free T_3 concentrations are unaltered. Women on thyroid replacement therapy may require higher doses of thyroid hormone.

Other binding proteins may be elevated in serum, for example, corticosteroid binding globulin (CBG), sex hormone-binding globulin (SHBG), leading to increased total circulating corticosteroids and sex steroids, respectively. Free hormone concentrations, such as testosterone and estradiol, may be decreased. Other plasma proteins may be increased (angiotensinogen/renin substrate, alpha-1-antitrypsin, ceruloplasmin).

Increased plasma HDL and HDL₂ cholesterol subfraction concentrations, reduced LDL cholesterol concentrations, increased triglyceride levels.

Impaired glucose tolerance.

ADVERSE REACTIONS

Clinical Study Experience

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

In a 12-week, randomized, double-blind, placebo-controlled trial of PREMARIN Vaginal Cream (PVC), a total of 423 postmenopausal women received at least 1 dose of study medication and were included in all safety analyses: 143 women in the PVC-21/7 treatment group (0.5 g PVC daily for 21 days, then 7 days off), 72 women in the matching placebo treatment group; 140 women in the PVC-2x/wk treatment group (0.5 g PVC twice weekly), 68 women in the matching placebo treatment group. A 40-week, open-label extension followed, in which a total of 394 women received treatment with PVC, including those subjects randomized at baseline to placebo. In this study, the most common adverse reactions • 5 percent are shown below (Table 1) [see Clinical Studies (14.1) in full Prescribing Information].

| Table 1: Number (%) of Patients Reporting Treatment Emergent Adverse Events • 5 Percent Only | | | | |
|--|---|---------------------------|-------------------------|----------------------------|
| Body System* Adverse Event | Treatment | | | |
| | PVC 21/7 (n=143) | Placebo 21/7 (n=72) | PVC 2x/wk (n=140) | Placebo 2x/wk (n=68) |
| | Number (%) of Patients with Adverse Event | | | |
| Any Adverse Event | 95 (66.4) | 45 (62.5) | 97 (69.3) | 46 (67.6) |
| Body As A Whole | | | | |
| Abdominal Pain | 11 (7.7) | 2 (2.8) | 9 (6.4) | 6 (8.8) |
| Accidental Injury | 4 (2.8) | 5 (6.9) | 9 (6.4) | 3 (4.4) |
| Asthenia | 8 (5.6) | 0 | 2 (1.4) | 1 (1.5) |
| Back Pain | 7 (4.9) | 3 (4.2) | 13 (9.3) | 5 (7.4) |
| Headache | 16 (11.2) | 9 (12.5) | 25 (17.9) | 12 (17.6) |
| Infection | 7 (4.9) | 5 (6.9) | 16 (11.4) | 5 (7.4) |
| Pain | 10 (7.0) | 3 (4.2) | 4 (2.9) | 4 (5.9) |
| Cardiovascular System | | | | |
| Vasodilatation | 5 (3.5) | 4 (5.6) | 7 (5.0) | 1 (1.5) |

| Digestive System | | | | |
|-------------------------------|----------|---------|-----------|---------|
| Diarrhea | 4 (2.8) | 2 (2.8) | 10 (7.1) | 1 (1.5) |
| Nausea | 5 (3.5) | 4 (5.6) | 3 (2.1) | 3 (4.4) |
| Musculoskeletal System | | | | |
| Arthralgia | 5 (3.5) | 5 (6.9) | 6 (4.3) | 4 (5.9) |
| Nervous System | | | | |
| Insomnia | 6 (4.2) | 3 (4.2) | 4 (2.9) | 4 (5.9) |
| Respiratory System | | | | |
| Cough Increased | 0 | 1 (1.4) | 7 (5.0) | 3 (4.4) |
| Pharyngitis | 3 (2.1) | 2 (2.8) | 7 (5.0) | 3 (4.4) |
| Sinusitis | 1 (0.7) | 3 (4.2) | 2 (1.4) | 4 (5.9) |
| Skin And Appendages | | | | |
| | 12 (8.4) | 7 (9.7) | 16 (11.4) | 3 (4.4) |
| Urogenital System | | | | |
| Breast Pain | 8 (5.6) | 1 (1.4) | 4 (2.9) | 0 |
| Leukorrhea | 3 (2.1) | 2 (2.8) | 4 (2.9) | 6 (8.8) |
| Vaginitis | 8 (5.6) | 3 (4.2) | 7 (5.0) | 3 (4.4) |

* Body system totals are not necessarily the sum of the individual adverse events, since a patient may report two or more different adverse events in the same body system.

Postmarketing Experience

The following adverse reactions have been reported with PREMARIN Vaginal Cream. 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.

Genitourinary System

Abnormal uterine bleeding/spotting, dysmenorrhea/pelvic pain, increase in size of uterine leiomyomata, vaginitis (including vaginal candidiasis), change in cervical secretion, cystitis-like syndrome, application site reactions of vulvovaginal discomfort, (including burning, irritation, and genital pruritus), endometrial hyperplasia, endometrial cancer, precocious puberty, leukorrhea.

Breasts

Tenderness, enlargement, pain, discharge, fibrocystic breast changes, breast cancer, gynecomastia in males.

Cardiovascular

Deep venous thrombosis, pulmonary embolism, myocardial infarction, stroke, increase in blood pressure.

Gastrointestinal

Nausea, vomiting, abdominal cramps, bloating, increased incidence of gallbladder disease.

Skin

Chloasma that may persist when drug is discontinued, loss of scalp hair, hirsutism, rash.

Eyes

Retinal vascular thrombosis, intolerance to contact lenses.

Central Nervous System

Headache, migraine, dizziness, mental depression, nervousness, mood disturbances, irritability, dementia.

Miscellaneous

Increase or decrease in weight, glucose intolerance, edema, arthralgias, leg cramps, changes in libido, urticaria, anaphylactic reactions, exacerbation of asthma, increased triglycerides, hypersensitivity.

Additional postmarketing adverse reactions have been reported in patients receiving other forms of hormone therapy.

DRUG INTERACTIONS

No formal drug interaction studies have been conducted for PREMARIN Vaginal Cream.

Metabolic Interactions

In vitro and *in vivo* studies have shown that estrogens are metabolized partially by cytochrome P450 3A4 (CYP3A4). Therefore, inducers or inhibitors of CYP3A4 may affect estrogen drug metabolism. Inducers of CYP3A4, such as St. John's Wort (*Hypericum perforatum*) preparations, phenobarbital, carbamazepine, and rifampin, may reduce plasma concentrations of estrogens, possibly resulting in a decrease in therapeutic effects and/or changes in the uterine bleeding profile. Inhibitors of CYP3A4, such as erythromycin, clarithromycin, ketoconazole, itraconazole, ritonavir and grapefruit juice, may increase plasma concentrations of estrogens and may result in side effects.

USE IN SPECIFIC POPULATIONS

Pregnancy

PREMARIN Vaginal Cream should not be used during pregnancy [see Contraindications (4)]. There appears to be little or no increased risk of birth defects in children born to women who have used estrogens and progestins as an oral contraceptive inadvertently during early pregnancy.

Nursing Mothers

PREMARIN Vaginal Cream should not be used during lactation. Estrogen administration to nursing mothers has been shown to decrease the quantity and quality of the breast milk. Detectable amounts of estrogens have been identified in the breast milk of mothers receiving estrogens. Caution should be exercised when PREMARIN Vaginal Cream is administered to a nursing woman.

Pediatric Use

PREMARIN Vaginal Cream is not indicated in children. Clinical studies have not been conducted in the pediatric population.

Geriatric Use

There have not been sufficient numbers of geriatric women involved in clinical studies utilizing PREMARIN Vaginal Cream to determine whether those over 65 years of age differ from younger subjects in their response to PREMARIN Vaginal Cream.

The Women's Health Initiative Study

In the Women's Health Initiative (WHI) estrogen-alone substudy (daily conjugated estrogens 0.625 mg versus placebo), there was a higher relative risk of stroke in women greater than 65 years of age [see Clinical Studies (14.2) in full Prescribing Information].

In the WHI estrogen plus progestin substudy, there was a higher relative risk of nonfatal stroke and invasive breast cancer in women greater than 65 years of age [see Clinical Studies (14.2) in full Prescribing Information].

The Women's Health Initiative Memory Study

In the Women's Health Initiative Memory Study (WHIMS) of postmenopausal women 65 to 79 years of age, there was an increased risk of developing probable dementia in the estrogen-alone and the estrogen plus progestin substudies when compared to placebo [see Clinical Studies (14.3) in full Prescribing Information].

Since both substudies were conducted in women 65 to 79 years of age, it is unknown whether these findings apply to younger postmenopausal women [see Clinical Studies (14.3) in full Prescribing Information].

Renal Impairment

The effect of renal impairment on PREMARIN Vaginal Cream pharmacokinetics has not been studied.

Hepatic Impairment

The effect of hepatic impairment on PREMARIN Vaginal Cream pharmacokinetics has not been studied.

OVERDOSAGE

Overdosage of estrogen may cause nausea and vomiting, breast tenderness, dizziness, abdominal pain, drowsiness/fatigue, and withdrawal bleeding in females. Treatment of overdose consists of discontinuation of PREMARIN therapy with institution of appropriate symptomatic care.

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