

signed to appeal to the 7% of uninsured residents in the state.

But John McDonough, executive director of the advocacy group Health Care for All, commented that there are a lot of unanswered questions about Gov. Romney’s plan. For example, there is no guarantee that private insurers step up to offer the new insurance plans envisioned by the governor, Mr. McDonough said in an interview. Also unstated is whether there are sufficient existing funds in the health care safety net to pay for the subsidies required for low-income residents.

Mr. McDonough’s group instead favors an approach that would require employ-

ers to offer health insurance or pay a fee to the state, as well as expanding Medicaid eligibility and offers subsidies to moderate-income workers.

One program, called Commonwealth Care, will be aimed at about 204,000 uninsured residents who have incomes of more than 300% of the federal poverty level. The other coverage option, called Safety Net Care, is aimed at the 150,000 residents whose salaries are between 100% and 300% of the federal poverty level but who do not qualify for Medicaid.

The Commonwealth Care program tries to ease the burden of rising health care premiums that has hit some indi-

viduals and small businesses, Ms. Lischko said. The proposal would allow private insurers to offer new, more affordable health plans.

The proposal would reduce costs for individuals through pre-tax treatment of premiums and make it easier for businesses to offer insurance to their contractors and part-time workers by allowing employers to pay a smaller portion of the health insurance. And Ms. Lischko said that state policymakers expect private insurers to sign on because it creates a new market for younger, healthier people.

The Commonwealth Care plan would include coverage for primary care, hos-

pitalization, mental health, and prescription drugs. But the provider network would be limited and insurers would be able to apply for exemptions from the state’s 27 mandated benefits.

“It’s not a bare-bones package,” Ms. Lischko said. “But it does have a more defined provider network. We’re asking the insurers to really tighten up these networks.” The annual deductible for the plan would be between \$250 and \$1,000,

and copayments would be moderate but somewhat higher than what is seen in the marketplace right now, Ms. Lischko said. And the monthly premium would be less than \$200, compared with more than \$350 a month in a standard small group.

The Safety Net Care program is designed for individuals who can’t afford current insurance products or Commonwealth Care but who don’t qualify for Medicaid. Unless subsidized by employers, these individuals would typically be uninsured and receive “free” health care, Ms. Lischko said, at a cost of about \$1 billion a year.

This program would feature private insurance with the same benefits as Commonwealth Care, but with lower copays and no deductibles. The monthly premiums would be set according to a sliding scale based on individual income.

For example, a single individual with an income at 300% of federal poverty who earns \$28,710 a year would be required to pay a weekly premium of \$32.31, and the weekly state subsidy would be \$36.92.

Under Gov. Romney’s proposal, the Safety Net Care program would be funded with existing resources of about \$922 million that are currently used to pay for care for the uninsured.

It’s been a balancing act, Ms. Lischko said, in figuring out how to make the plans attractive without incentivizing employers to drop coverage. Some of that can be avoided due to existing tax code provisions for nondiscrimination and existing and new state provisions for nondiscrimination. And competition for workers is also likely to prevent companies from dropping coverage, she said.

Advocate Offers Rx Benefit Guide

The Medicare Rights Center has released a free guide for physicians who assist older and disabled Americans with Medicare to better understand the new Medicare drug benefit to begin in January 2006. “Medicare Drug Coverage 101: Everything You Need to Know About the New Medicare Prescription Drug Benefit” contains 101 questions and answers designed to educate physicians about the new benefit plan. To obtain a copy, visit www.medicarerights.org.



SPIRIVA® HandiHaler®

(tiotropium bromide inhalation powder)

For Oral Inhalation Only

Brief Summary of Prescribing Information

INDICATIONS AND USAGE

SPIRIVA HandiHaler is indicated for the long-term, once-daily, maintenance treatment of bronchospasm associated with chronic obstructive pulmonary disease (COPD), including chronic bronchitis and emphysema.

CONTRAINDICATIONS

SPIRIVA HandiHaler is contraindicated in patients with a history of hypersensitivity to atropine or its derivatives, including ipratropium, or to any component of this product.

WARNINGS

SPIRIVA HandiHaler is intended as a once-daily maintenance treatment for COPD and is not indicated for the initial treatment of acute episodes of bronchospasm, i.e., rescue therapy.

Immediate hypersensitivity reactions, including angioedema, may occur after administration of SPIRIVA. If such a reaction occurs, therapy with SPIRIVA should be stopped at once and alternative treatments should be considered.

Inhaled medicines, including SPIRIVA, may cause paradoxical bronchospasm. If this occurs, treatment with SPIRIVA should be stopped and other treatments considered.

PRECAUTIONS

General

As an anticholinergic drug, SPIRIVA may potentially worsen symptoms and signs associated with narrow-angle glaucoma, prostatic hyperplasia or bladder-neck obstruction and should be used with caution in patients with any of these conditions.

As a predominantly renally excreted drug, patients with moderate to severe renal impairment (creatinine clearance of ≤ 50 mL/min) treated with SPIRIVA should be monitored closely.

Information for Patients

It is important for patients to understand how to correctly administer SPIRIVA capsules using the HandiHaler inhalation device. SPIRIVA capsules should only be administered via the HandiHaler device and the HandiHaler device should not be used for administering other medications.

Capsules should always be stored in sealed blisters and only removed immediately before use. The blister strip should be carefully opened to expose only one capsule at a time. Open the blister foil as far as the *STOP* line to remove only one capsule at a time. The drug should be used immediately after the packaging over an individual capsule is opened, or else its effectiveness may be reduced. Capsules that are inadvertently exposed to air (i.e., not intended for immediate use) should be discarded.

Eye pain or discomfort, blurred vision, visual halos or colored images in association with red eyes from conjunctival congestion and corneal edema may be signs of acute narrow-angle glaucoma. Should any of these signs and symptoms develop, consult a physician immediately. Miotic eye drops alone are not considered to be effective treatment.

Care must be taken not to allow the powder to enter into the eyes as this may cause blurring of vision and pupil dilation.

SPIRIVA HandiHaler is a once-daily maintenance bronchodilator and should not be used for immediate relief of breathing problems, i.e., as a rescue medication.

Drug Interactions

SPIRIVA has been used concomitantly with other drugs commonly used in COPD without increases in adverse drug reactions. These include sympathomimetic bronchodilators, methylxanthines, and oral and inhaled steroids. However, the co-administration of SPIRIVA with other anticholinergic-containing drugs (e.g., ipratropium) has not been studied and is therefore not recommended.

Drug/Laboratory Test Interactions

None known.

Carcinogenesis, Mutagenesis, Impairment of Fertility

No evidence of tumorigenicity was observed in a 104-week inhalation study in rats at tiotropium doses up to 0.059 mg/kg/day, in an 83-week inhalation study in female mice at doses up to 0.145 mg/kg/day, and in a 101-week inhalation study in male mice at doses up to 0.002 mg/kg/day. These doses correspond to 25, 35, and 0.5 times the Recommended Human Daily Dose (RHDD) on a mg/m² basis, respectively. These dose multiples may be overestimated due to difficulties in measuring deposited doses in animal inhalation studies.

Tiotropium bromide demonstrated no evidence of mutagenicity or clastogenicity in the following assays: the bacterial gene mutation assay, the V79 Chinese hamster cell mutagenesis assay, the chromosomal aberration assays in human lymphocytes *in vitro* and mouse micronucleus formation *in vivo*, and the unscheduled DNA synthesis in primary rat hepatocytes *in vitro* assay.

In rats, decreases in the number of corpora lutea and the percentage of implants were noted at inhalation tiotropium doses of 0.078 mg/kg/day or greater (approximately 35 times the RHDD on a mg/m² basis). No such effects were observed at 0.009 mg/kg/day (approximately 4 times the RHDD on a mg/m² basis). The fertility index, however, was not affected at inhalation doses up to 1.689 mg/kg/day (approximately 760 times the RHDD on a mg/m² basis). These dose multiples may be overestimated due to difficulties in measuring deposited doses in animal inhalation studies.

Pregnancy

Pregnancy Category C

No evidence of structural alterations was observed in rats and rabbits at inhalation tiotropium doses of up to 1.471 and 0.007 mg/kg/day, respectively. These doses correspond to approximately 660 and 6 times the recommended human daily dose (RHDD) on a mg/m² basis. However, in rats, fetal resorption, litter loss, decreases in the number of live pups at birth and the mean pup weights, and a delay in pup sexual maturation were observed at inhalation tiotropium doses of ≥ 0.078 mg/kg (approximately 35 times the RHDD on a mg/m² basis). In rabbits, an increase in post-implantation loss was observed at an inhalation dose of 0.4 mg/kg/day (approximately 360 times the RHDD on a mg/m² basis). Such effects were not observed at inhalation doses of 0.009 and up to 0.088 mg/kg/day in rats and rabbits, respectively. These doses correspond to approximately 4 and 80 times the RHDD on a mg/m² basis, respectively. These dose multiples may be overestimated due to difficulties in measuring deposited doses in animal inhalation studies.

There are no adequate and well-controlled studies in pregnant women. SPIRIVA should be used during pregnancy only if the potential benefit justifies the potential risk to the fetus.

Use in Labor and Delivery

The safety and effectiveness of SPIRIVA has not been studied during labor and delivery.

Nursing Mothers

Clinical data from nursing women exposed to tiotropium are not available. Based on lactating rodent studies, tiotropium is excreted into breast milk. It is not known whether tiotropium is excreted in human milk, but because many drugs are excreted in human milk and given these findings in rats, caution should be exercised if SPIRIVA is administered to a nursing woman.

Pediatric Use

SPIRIVA HandiHaler is approved for use in the maintenance treatment of bronchospasm associated with chronic obstructive pulmonary disease, including chronic bronchitis and emphysema. This disease does not normally occur in children. The safety and effectiveness of SPIRIVA in pediatric patients have not been established.

Geriatric Use

Of the total number of patients who received SPIRIVA in the 1-year clinical trials, 426 were < 65 years, 375 were 65–74 years and 105 were ≥ 75 years of age. Within each age subgroup, there were no differences between the proportion of patients with adverse events in the SPIRIVA and the comparator groups for most events. Dry mouth increased with age in the SPIRIVA group (differences from placebo were 9.0%, 17.1%, and 16.2% in the aforementioned age subgroups). A higher frequency of constipation and urinary tract infections with increasing age was observed in the SPIRIVA group in the placebo-controlled studies. The differences from placebo for constipation were 0%, 1.8%, and 7.8% for each of the age groups. The differences from placebo for urinary tract infections were –0.6%, 4.6% and 4.5%. No overall differences in effectiveness were observed among these groups. Based on available data, no adjustment of SPIRIVA dosage in geriatric patients is warranted.

ADVERSE REACTIONS

Of the 2,663 patients in the four 1-year and two 6-month controlled clinical trials, 1,308 were treated with SPIRIVA at the recommended dose of 18 mcg once a day. Patients with narrow angle glaucoma, or symptomatic prostatic hypertrophy or bladder outlet obstruction were excluded from these trials.

The most commonly reported adverse drug reaction was dry mouth. Dry mouth was usually mild and often resolved during continued treatment. Other reactions reported in individual patients and consistent with possible anticholinergic effects included constipation, increased heart rate, blurred vision, glaucoma, urinary difficulty, and urinary retention.

Four multicenter, 1-year, controlled studies evaluated SPIRIVA in patients with COPD. Table 1 shows all adverse events that occurred with a frequency of $\geq 3\%$ in the SPIRIVA group in the 1-year placebo-controlled trials where the rates in the SPIRIVA group exceeded placebo by $\geq 1\%$. The frequency of corresponding events in the ipratropium-controlled trials is included for comparison.

Table 1: Adverse Experience Incidence (% Patients) in One-Year-COPD Clinical Trials				
Body System (Event)	Placebo-Controlled Trials SPIRIVA (n=550)	Placebo (n=371)	Ipratropium-Controlled Trials SPIRIVA (n=356)	Ipratropium (n=179)
Body as a Whole				
Accidents	13	11	5	8
Chest Pain (non-specific)	7	5	5	2
Edema, Dependent	5	4	3	5
Gastrointestinal System Disorders				
Abdominal Pain	5	3	6	6
Constipation	4	2	1	1
Dry Mouth	16	3	12	6
Dyspepsia	6	5	1	1
Vomiting	4	2	1	2
Musculoskeletal System				
Myalgia	4	3	4	3
Resistance Mechanism Disorders				
Infection	4	3	1	3
Moniliasis	4	2	3	2
Respiratory System (upper)				
Epistaxis	4	2	1	1
Pharyngitis	9	7	7	3
Rhinitis	6	5	3	2
Sinusitis	11	9	3	2
Upper Respiratory Tract Infection	41	37	43	35
Skin and Appendage Disorders				
Rash	4	2	2	2
Urinary System				
Urinary Tract Infection	7	5	4	2

Arthritis, coughing, and influenza-like symptoms occurred at a rate of $\geq 3\%$ in the SPIRIVA treatment group, but were $< 1\%$ in excess of the placebo group.

Other events that occurred in the SPIRIVA group at a frequency of 1–3% in the placebo-controlled trials where the rates exceeded that in the placebo group include: *Body as a Whole*: allergic reaction, leg pain; *Central and Peripheral Nervous System*: dysphonia, paresthesia; *Gastrointestinal System Disorders*: gastrointestinal disorder not otherwise specified (NOS), gastroesophageal reflux, stomatitis (including ulcerative stomatitis); *Metabolic and Nutritional Disorders*: hypercholesterolemia, hyperglycemia; *Musculoskeletal System Disorders*: skeletal pain; *Cardiac Events*: angina pectoris (including aggravated angina pectoris); *Psychiatric Disorder*: depression; *Infections*: herpes zoster; *Respiratory System Disorder (Upper)*: laryngitis; *Vision Disorder*: cataract. In addition, among the adverse events observed in the clinical trials with an incidence of $< 1\%$ were atrial fibrillation, supraventricular tachycardia, angioedema, and urinary retention.

In the 1-year trials, the incidence of dry mouth, constipation, and urinary tract infection increased with age.

Two multicenter, 6-month, controlled studies evaluated SPIRIVA in patients with COPD. The adverse events and the incidence rates were similar to those seen in the 1-year controlled trials.

In addition to adverse events identified during clinical trials, the following adverse reactions have been reported in the worldwide post-marketing experience: epistaxis, palpitations, pruritus, and urticaria.

DOSAGE AND ADMINISTRATION

The recommended dosage of SPIRIVA HandiHaler is the inhalation of the contents of one SPIRIVA capsule, once-daily, with the HandiHaler inhalation device.

No dosage adjustment is required for geriatric, hepatically-impaired, or renally-impaired patients. However, patients with moderate to severe renal impairment given SPIRIVA should be monitored closely.

SPIRIVA capsules are for inhalation only and must not be swallowed.

HOW SUPPLIED

The following packages are available:

carton containing 6 SPIRIVA capsules (1 blister card) and 1 HandiHaler inhalation device (NDC 0597-0075-06)

carton containing 30 SPIRIVA capsules (5 blister cards) and 1 HandiHaler inhalation device (NDC 0597-0075-37)

SV-BS (09/04)

R_x only

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