Medicare May Halt Off-Label Nesiritide Coverage

The drug’s use for the treatment of chronic heart failure called ‘more risky’ than previously thought.

BY DEANNA FRANKLIN

WASHINGTON — The Centers for Medicare and Medicaid Services may issue a national coverage determination that would deny coverage of nesiritide (Natrecor) for the treatment of chronic heart failure in Medicare beneficiaries.

Nesiritide is indicated only for the intravenous treatment of acute decompen- sated heart failure (ADHF) in hospitalized patients with dyspnea at rest or with minimal activity, such as talking, eating, or bathing. The CMS proposal would change only one aspect of existing coverage of the drug, specifically its off-label use in patients with chronic heart failure.

“We’re keeping it for the [Food and Drug Administration] approved [indication] and for all the other off-label uses. It’s just this one thing that seems more risky than we thought,” said Don McLeod of the CMS press office. The agency will weigh public comments as well as other evidence before issuing a final determination.

According to Mark Wolfe, a spokesperson with Scios Inc.’s parent company, Johnson & Johnson, “The proposed national coverage determination is consistent with our own recommended use of Na- trecor. Scios has ongoing studies involving Natrecor and will be keeping the [CMS] informed regarding this research.”

In an October letter sent to health care providers, Scios emphasized that nesiritide is “safe and effective” when used for its cur- rent indication. It rebutted recent reports that suggested nesiritide be abandoned after renal function and short-term mortality more than other drugs for ADHF. “These reports have included inaccurate informa- tion and selective analysis of data previ- ously included in the prescribing informa- tion,” stated the letter’s author, Dr. Darlene Horton, senior vice president at Scios.

However, Dr. Jonathan Sackner-Bern- stein, a prominent New York cardiologist and coauthor of several metaanalyses crit- ical of nesiritide (N. Engl. J. Med. 2005;353:1123-7, JAMA 2005;293:1900-5) is unflinching in his contention that nesiritide “should be withdrawn from the market.”

“No analysis by anyone in any context can be used to support the statement that nesiritide is shown to be safe. Therefore, according to the law, it should not be legal to sell it,” Dr. Sackner-Bernstein said.

Many of his colleagues remain unconvinced that nesiritide should be withdrawn or that CMS’s current action portends the drug’s future withdrawal. “The FDA ap- proval was for the treatment of decom- pensated heart failure in hospitalized pa- tients, although the word ‘hospitalized’ wasn’t used, that was implied … and it was indicated for symptomatic relief. I support its use for that indication,” said Dr. Wilson Colucci, chief of cardiovascular medicine at Boston Medical Center and Boston Uni- versity. Further, he agreed with CMS that there is not sufficient amount of data to support the use of nesiritide as a treatment for chronic heart failure.

However, Dr. Colucci disagreed with Dr. Sackner-Bernstein when it came to re- moving nesiritide from the market, “at least based on the current data.”

With regard to renal function, there has been a lack of substantial benefit, but relatively very little effect one way or the other when one looks at the totality of the renal effect. That’s not the indication, and that’s not the reason to give the drug,” said Dr. Colucci.

He went on to say that Dr. Sackner- Bernstein’s metaanalysis fell short of es- tablishing any kind of risk with the drug.

Dr. Colucci disclosed that he was an in- vestigator involved in the studies that led to nesiritide’s FDA approval for treatment of ADHF.

Nesiritide Increases Mortality If Acute Renal Failure Occurs

BY ALICIA AULT

PHILADELPHIA — Patients with heart failure who are taking nesiritide and who develop acute renal failure may be at an increased risk of death, Dr. Jose Iglesias said at the annual meeting of the American Society of Nephrology.

He presented new data showing that the use of nesiritide in patients with heart fail- ure was not an independent predictor of mortality, but that it may be associated with an increased risk of mortality among patients who develop acute renal failure (ARF) after administration of nesiritide.

Nesiritide (Natrecor) fell under scrutiny in- drug, specifically its off-label use in pa- tients with chronic heart failure. Dr. Anker focused his analysis on 86% of patients who did not receive nesiritide.

In one study, the researchers analyzed data collected in the Carvedilol or Metoprolol European Trial (COMET), which was designed to compare the efficacy of these two β-blockers in pa- tients with moderate-to-severe heart failure (Lancet 2003;362:7-13). The study enrolled patients with New York Heart Association class II-IV disease and a left ventricular ejection fraction of less than 40%. Of the 3,029 patients in the study, Dr. Anker focused his analysis on 86% of patients who did not have edema at baseline. In addition to be- ing treated with one of the two β-blockers, patients received a full panel of medications for heart failure. They were followed for an average of 58 months.

Mortality among 302 patients whose aver- age BMI was less than 22 during the study was 49%, compared with a rate of 32% in 1,145 patients with BMI averages of 25-29.9 and a rate of 25% in 474 patients with aver- ages of 30 or more during the study.

For every increased unit of BMI, mor- tality fell by 6%, and the rate of death or hospitalization for heart failure dropped by 2%. Both of these rate reductions were statistically significant, Dr. Anker said.

—Mitchel L. Zoler

Higher Weight Found Linked to a Decrease in Heart Failure Mortality

DALLAS — Bigger is better for patients with heart failure, Dr. Stefan D. Anker said at the annual scientific sessions of the Amer- ican Heart Association.

Increased weight was associated with a lower risk of death or hospitalization dur- ing nearly 5 years of follow-up in a post hoc analysis of more than 2,500 patients with heart failure.

The finding was consistent with previ- ous reports that showed lower survival rates in heart failure patients who had a relatively low body mass index (BMI), said Dr. Anker, a cardiologist at the National Heart and Lung Institute in London.

“Never tell a patient with a BMI of less than 20 that they’re overweight,” said Dr. Anker. “When I told my patients they didn’t have heart failure, they didn’t believe me.

The analysis used data collected in the Carvedilol or Metoprolol European Trial (COMET), which was designed to compare the efficacy of these two β-blockers in pa- tients with heart failure. Dr. Anker focused his analysis on 86% of patients who did not have edema at baseline. In addition to be- ing treated with one of the two β-blockers, patients received a full panel of medications for heart failure. They were followed for an average of 58 months.

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Mortality of Heart Failure Patients by Body Mass Index

<table>
<thead>
<tr>
<th>BMI</th>
<th>Mortality Rate</th>
</tr>
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<tbody>
<tr>
<td>&lt;22 (&lt;n=302)</td>
<td>49%</td>
</tr>
<tr>
<td>22 to &lt;25 (&lt;n=672)</td>
<td>39%</td>
</tr>
<tr>
<td>25 to &lt;30 (&lt;n=1,145)</td>
<td>32%</td>
</tr>
<tr>
<td>≥30 (&lt;n=474)</td>
<td>25%</td>
</tr>
</tbody>
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Source: Dr. Anker