

MEDICATION

A MONTHLY PUBLICATION FROM VA MEDSAFE:
VA'S COMPREHENSIVE PHARMACOVIGILANCE CENTER

SAFETY IN SECONDS

Helping to achieve safe medication use

SAFETY CONCERNS WITH SIMULATED INTRAVENOUS (IV) SALINE PRODUCTS

On 12/30/14, the Food and Drug Administration (FDA) released a warning alerting health care professionals to avoid the use of simulated intravenous (IV) products manufactured by Wallcur, LLC, of San Diego in patients. These products are strictly intended for training, simulation, and educational purposes only as they are not sterile and should not be injected into humans or animals. This warning was precipitated by the distribution of these products to medical clinics, surgical centers, and urgent care facilities in a number of states. Subsequent adverse events related to the administration of these simulated IV products have since been reported.

To date, over 40 known patients have received infusions of these simulated saline products, resulting in several adverse events including fever, chills, tremors, and headache. Some patients have required hospitalization as a result of the experienced adverse events, and there has been one death reported. However, the direct association between the death occurrence and use of the product remains unknown.

More recently, on 1/7/15, Wallcur initiated a voluntary recall of Practi-0.9% sodium chloride IV bags supplied in 50 mL, 250 mL, 500 mL, and 1000 mL sizes as well as the Practi-0.9% sodium chloride 100 mL IV solution bag with sterile distilled water. The FDA

and Centers for Disease Control and Prevention (CDC) are continuing to investigate the instances of Wallcur's simulated IV saline products being administered to patients. The organizations have also collected samples of products from clinics and distributors for further testing. Because sodium chloride 0.9% injection solution has been in tight supply, the FDA is continuing to work with manufacturers to increase this supply as well as determine how the Wallcur simulation IV products were delivered to facilities and eventually administered to patients.

The VA has not purchased Wallcur's Practi-0.9% sodium chloride IV solutions. Nevertheless, the events leading to this recall highlight the risk for training products used for demonstration and educational purposes to cross over to actual clinical care. For those in practices outside VA, FDA recommends that clinicians and office staff take the following steps to eliminate the possibility of future inappropriate use of IV simulation products in patients:

- Visually inspect all current IV saline solution bags (looking for labeling such as "Wallcur", "Practi-products", "For clinical simulation", or "Not for use in human or animal patients");
- Separate simulation products from existing inventory and contact distributor for

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VA PHARMACY BENEFITS MANAGEMENT SERVICES (PBM)

PBM maintains VA's national drug formulary, as well as promotes, optimizes, and assists VA practitioners with the safe and appropriate use of all medications.

VA CENTER FOR MEDICATION SAFETY (VA MedSAFE)

VA MedSAFE performs pharmacovigilance activities; tracks adverse drug events (ADEs) using spontaneous and integrated databases; enhances education and communication of ADEs to the field; and promotes medication safety on a national level.

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from the fda

PAIN MANAGEMENT

[FDA has reviewed possible risks of pain medicine use during pregnancy](#)

1/09/2015

The Food and Drug Administration (FDA) evaluated studies from published medical literature regarding the safety of prescription and over-the-counter (OTC) pain medicines used during pregnancy, specifically:

- Nonsteroidal anti-inflammatory drug (NSAID) use and the risk of miscarriage;
- Opioid exposure in early pregnancy and risk of neural tube defects; and
- Acetaminophen use in pregnancy and the risk of attention deficit hyperactivity disorder (ADHD) in children.

Untreated severe and persistent pain during pregnancy can lead to depression, anxiety, and hypertension in the mother; however, there is uncertainty about the safety of medications that are used to treat pain. Due to limitations in study designs and conflicting results FDA could not reach any firm or reliable conclusions. As a result, FDA recommendations for the use of pain medicines during pregnancy will remain the same at this time and include the following:

- *Talk with each patient about the benefits and risks of analgesic use during pregnancy, which may differ among patients and by treatment indication.*
- *Continue to follow the existing recommendations in current drug labels regarding the use of analgesics during pregnancy.*
- *Current drug labels state that NSAIDs should not be used by pregnant women in their third trimester of pregnancy because of the risk of premature closure of the ductus arteriosus in the fetus.*

For more information, click on the hyperlink within the title above.

CARDIOLOGY

[Alere Initiates Voluntary URGENT CORRECTION for Use of Alere INRatio® and INRatio®2 PT/INR Monitor System](#)

12/08/2014

FDA posted a Firm Press Release in December 2014 addressing a voluntary correction initiated by Alere Inc. to inform users that the INRatio® and INRatio®2 PT/INR Monitor system (INRatio® Monitor or INRatio®2 Monitor and INRatio® Test Strips) should not be used on patients with any of the following conditions:

- Anemia of any type with hematocrit less than 30%;
- Any conditions associated with elevated fibrinogen levels including:
 - Acute inflammatory conditions (e.g., acute viral or bacterial infections such as pneumonia or influenza);
 - Chronic inflammatory conditions (e.g., rheumatoid arthritis, Crohn's disease, ulcerative colitis, infectious liver diseases such as hepatitis, or inflammatory kidney diseases such as diabetic nephropathy and glomerulonephritis);
 - Severe infection (e.g., sepsis);
 - Chronically elevated fibrinogen for any reason;
 - Hospitalized or advanced stage cancer or end stage renal disease patients requiring hemodialysis;
- Any bleeding or unusual bruising, clinically observed or reported by the patient.

An INR result that is clinically significantly lower than a result obtained using a reference INR system (laboratory method) may occur in patients with certain conditions or if the instructions in the labelling for performing the test are not followed. Health care professionals should transition patients with any of the aforementioned conditions to a laboratory INR method for monitoring their INR and warfarin therapy. The following additional precautions recommended by the manufacturer can help to obtain the most accurate results:

- All patients using the INRatio® and INRatio®2 PT/INR Monitor system (INRatio® Monitor or INRatio®2 Monitor and INRatio® Test Strips) should have periodic verification of their INR using a laboratory INR method. Any patient with a significant discrepant low result on the INRatio® and INRatio®2 monitor

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from the fda

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system compared to the plasma-based laboratory INR method should immediately be switched to an alternative method for monitoring their INR and warfarin therapy. The concern lies in a falsely low INR result according to the affected devices where the actual INR is therapeutic or even supratherapeutic. Actions taken on the inaccurate low INR (e.g., increasing warfarin dose) could be detrimental when the actual INR is in range or high.

- All patients using the INRatio® and INRatio®2 PT/INR Monitor system (INRatio® Monitor or INRatio®2 Monitor and INRatio® Test Strips) should be tested to verify that their hematocrit falls within the range of 30% to 55%. If hematocrit values lie outside this range, patients should be immediately switched to a plasma-based laboratory INR monitoring method.

Customers with questions regarding this recall can contact Alere at 1-877-929-2579. For additional information on the recall, including a list of product part numbers affected by the recall, customers should go to www.inr-care.com or visit the FDA website at: <http://www.fda.gov/medicaldevices/safety/listofrecalls/ucm429496.htm>.

Getting the most from our safety surveillance

13-VALENT PNEUMOCOCCAL CONJUGATE VACCINE (PCV13 [PREVNAR 13]) AND UPDATED RECOMMENDATIONS FOR USE FROM THE ADVISORY COMMITTEE ON IMMUNIZATION PRACTICES (ACIP)

Last year, an error occurred where a physician ordered the 13-valent pneumococcal conjugate vaccine (PCV13 [Pneumovax 23]) for two patients who were instead administered the 23-valent pneumococcal polysaccharide vaccine (PPSV23 [Pneumovax 23]). A previous [National PBM Bulletin](#) and newsletter article ([Issue 4; Volume 3; April 2013](#)) addressed this medication error and the appropriate use of the Prevnar 13 and Pneumovax 23 vaccines according to former recommendations from the Advisory Committee on Immunization Practices (ACIP) at that time. Since then, new recommendations from ACIP now endorse routine use of the Prevnar 13 vaccine among adults ages 65 years or older as opposed to prior guidance that restricted use to only certain adults. With this modification and the increase in utility of the Prevnar 13 vaccine, there may be a greater potential for error when ordering among pneumococcal vaccine products due to similarities in product names, formulation, and indications although scheduling for administration differs distinctively between each. As such:

- Consider education for applicable health care staff to increase awareness about the differences among pneumococcal vaccine products and their appropriate use according to the most recent recommendations.
- Consider using the national clinical reminders for Prevnar 13 and Pneumovax 23. These reminders integrate the timing of Prevnar 13 and Pneumovax 23 in relation to each other to prevent future confusion in pneumococcal vaccine dosing. These reminders are currently under revision to align with the new recommendations from ACIP and VHA for adults 65 and older, and the revised reminders will be released in

late January 2015. Facilities may also consider developing local reminders that integrate the timing of Prevnar 13 and Pneumovax 23.

- Consider the revisions to the guidance on the use of pneumococcal vaccines issued by ACIP, specifically with respect to the Prevnar 13 vaccine. According to the updated recommendations put forth by ACIP:
 - Both Prevnar 13 and Pneumovax 23 should be administered routinely in series to all adults aged ≥ 65 years.
 - **Pneumococcal vaccine-naïve persons.** ACIP recommends that adults aged ≥ 65 years who have not previously received pneumococcal vaccine or whose previous vaccination history is unknown should receive a dose of Prevnar 13 first, followed by a dose of Pneumovax 23 given 6–12 months after Prevnar 13. If Pneumovax 23 cannot be given during this time window, the dose of Pneumovax 23 should be given during the next visit. The two vaccines should not be co-administered, and the minimum acceptable interval between Prevnar 13 and Pneumovax 23 is 8 weeks.
 - **Previous vaccination with Pneumovax 23.** Adults aged ≥ 65 years who have previously received ≥ 1 dose of Pneumovax 23 also should receive a dose of Prevnar 13 if they have not yet received it. A dose of Prevnar 13 should be given ≥ 1 year after receipt of the most recent Pneumovax 23 dose. For those for whom an additional dose of

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directions on how to properly return these products;

- Consider reviewing office procedures and make sure there is a policy in place to visually inspect all future shipments of saline products to ensure they are for clinical use.

In the event of actual administration of any training IV product to a patient, providers should immediately:

- Evaluate all potentially exposed patients for new or ongoing symptoms;
- Use appropriate treatment;
- Report suspected cases to the state health department;
- Adverse events should also be reported, as appropriate, to the VA ADERS program (if such were to occur or be treated within the VA) and/or FDA MedWatch (1-800-FDA-1088, fax 1-800-FDA-0178, online at [https://](https://www.accessdata.fda.gov/scripts/medwatch/medwatch-online.htm)

www.accessdata.fda.gov/scripts/medwatch/medwatch-online.htm, or by mail).

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1. FDA's investigation into patients being injected with simulated IV fluids continues. <http://www.fda.gov/Drugs/DrugSafety/ucm428431.htm>. (Accessed 01/15/2015).
2. FDA Recall – Firm Press Release. Wallcur Practi-0.9% Sodium Chloride-IV Bags 50 mL, 250 mL, 500 mL, and 1000 mL Wallcur Practi-0.9% Sodium Chloride-IV Bag with Distilled Water 100 mL. <http://www.fda.gov/Safety/Recalls/ucm429724.htm>. (Accessed 01/15/2015).
3. FDA warns health care professionals not to inject patients with IV solutions from Wallcur, of San Diego. <http://www.fda.gov/Drugs/DrugSafety/ucm428431.htm>. (Accessed 01/15/2015).

Getting the most from our safety surveillance

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Pneumovax 23 is indicated, this subsequent Pneumovax 23 dose should be given 6–12 months after Prevnar 13 and ≥ 5 years after the most recent dose of Pneumovax 23.

- ACIP recommendations for routine use of Prevnar 13 in adults aged ≥ 19 years with immunocompromising conditions, functional or anatomic asplenia, cerebrospinal fluid leak, or cochlear implants remain unchanged.

The VHA Clinical Preventive Services Guidance Statement on Pneumococcal Immunization is available on the VHA National Center Health Promotion and Disease Prevention (NCP) intranet site: http://vaww.prevention.va.gov/Guidance_on_Clinical_Preventive_Services.asp.

REFERENCE

CDC. Use of 13-Valent Pneumococcal Conjugate Vaccine and 23-Valent Pneumococcal Polysaccharide Vaccine Among Adults Aged ≥ 65 Years: Recommendations of the Advisory Committee on Immunization Practices (ACIP). MMWR 2014; 63: 822-825.

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