

Frozen Premix

ZOSYN (piperacillin and tazobactam) Injection:

A HOMECOMING

One source. One contact.

The first and only premix piperacillin and tazobactam injection manufactured by and available from Baxter with one point of contact.

Baxter is the leader in frozen premix IV anti-infectives.



ZOSYN premix for patient safety and operational efficiency



Safety

- Standardized concentration may help reduce medication errors associated with compounding preparations^{1,2}
- Barcoded for bedside scanning to help ensure the right patient gets the right medication¹



Efficiency

- No admixing or batching required—which may help streamline deployment and save pharmacy time and resources
- Premix medications like **Zosyn** premix support inventory management and help reduce waste³



Consistent concentration

• A manufacturer-prepared piperacillin and tazobactam injection helps ensure that patients receive a consistent concentration of medication

Indications

Zosyn is a combination of piperacillin, a penicillin-class antibacterial and tazobactam, a beta-lactamase inhibitor, indicated for the treatment of:

- Intra-abdominal infections in adult and pediatric patients 2 months of age and older
- Nosocomial pneumonia in adult and pediatric patients 2 months of age and older
- Skin and skin structure infections in adults
- Female pelvic infections in adults
- Community-acquired pneumonia in adults

Select Important Risk Information

Contraindications

Zosyn is contraindicated in patients with a history of allergic reactions to any of the penicillins, cephalosporins, or beta-lactamase inhibitors.

Please see full Indications and additional Important Risk Information to follow.

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ZOSYN (piperacillin and tazobactam) Injection:







Strength	2.25 g/50 ml	

3.375	g/50	ml
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4.5 g/100 mL

Prod	luct	Code	
			_

NDC

UPC

2G3582

0338-9632-24

0338-9636-24

2G3583

0338-9638-12

2G3584







To order **ZOSYN** premix contact your Baxter representative or visit our <u>ecatalog</u>



ZOSYN (piperacillin and tazobactam) Injection

2.25 g/50 mL, 3.375 g/50 mL, 4.5 g/ 100 mL

Indications and Important Risk Information Indications

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- Community-acquired pneumonia in adults

To reduce the development of drug-resistant bacteria and maintain the effectiveness of **Zosyn** and other antibacterial drugs, **Zosyn** should be used only to treat or prevent infections that are proven or strongly suspected to be caused by susceptible bacteria.

Important Risk Information

Contraindications

Zosyn is contraindicated in patients with a history of allergic reactions to any of the penicillins, cephalosporins, or beta-lactamase inhibitors.

Warnings and Precautions

- Hypersensitivity Adverse Reactions: Serious and occasionally fatal hypersensitivity (anaphylactic/anaphylactoid) reactions (including shock) have been reported in patients receiving therapy with Zosyn. These reactions are more likely to occur in individuals with a history of penicillin, cephalosporin, or carbapenem hypersensitivity or a history of sensitivity to multiple allergens. If an allergic reaction occurs, Zosyn should be discontinued and appropriate therapy instituted.
- Severe Cutaneous Adverse Reactions: Zosyn may cause severe cutaneous adverse reactions, such as Stevens-Johnson syndrome, toxic epidermal necrolysis, drug reaction with eosinophilia and systemic symptoms, and acute generalized exanthematous pustulosis. If patients develop a skin rash they should be monitored closely and Zosyn discontinued if lesions progress.
- Hemophagocytic Lymphohistiocytosis (HLH): Cases of HLH have been reported in pediatric and adult patients treated with Zosyn. Signs and symptoms of HLH may include fever, rash, lymphadenopathy, hepatosplenomegaly and cytopenia. If HLH is suspected, discontinue Zosyn immediately and institute appropriate management.
- Hematologic Adverse Reactions: Bleeding manifestations have occurred in some patients receiving beta-lactam drugs, including piperacillin. These reactions have sometimes been associated with abnormalities of coagulation tests such as clotting time, platelet aggregation and prothrombin time, and are more likely to occur in patients with renal failure. If bleeding manifestations occur, Zosyn should be discontinued and appropriate therapy instituted. The leukopenia/neutropenia associated with Zosyn administration appears to be reversible and most frequently associated with prolonged administration.
 - Periodic assessment of hematopoietic function should be performed, especially with prolonged therapy, i.e., ≥ 21 days.
- Central Nervous System Adverse Reactions: As with other penicillins, Zosyn may cause neuromuscular excitability or seizures. Patients receiving higher doses, especially patients with renal impairment may be at greater risk for central nervous system adverse reactions. Closely monitor patients with renal impairment or seizure disorders for signs and symptoms of neuromuscular excitability or seizures.

ZOSYN (piperacillin and tazobactam) Injection Warnings and Precautions (cont.)

- Nephrotoxicity in Critically Ill Patients: The use of Zosyn was found to be an independent risk factor for renal failure and was associated with delayed recovery of renal function as compared to other beta-lactam antibacterial drugs in critically ill patients. Alternative treatment options should be considered in the critically ill population. If alternative treatment options are inadequate or unavailable, monitor renal function during treatment with Zosyn.
- Clostridioides difficile-associated diarrhea (CDAD): CDAD has been reported with use of nearly all antibacterial agents, including Zosyn, and may range in severity from mild diarrhea to fatal colitis. Treatment with antibacterial agents alters the normal flora of the colon leading to overgrowth of C. difficile. C. difficile produces toxins A and B which contribute to the development of CDAD. Hypertoxin producing strains of C. difficile cause increased morbidity and mortality, as these infections can be refractory to antimicrobial therapy and may require colectomy. CDAD must be considered in all patients who present with diarrhea following antibacterial drug use. Careful medical history is necessary since CDAD has been reported to occur over two months after the administration of antibacterial agents. If CDAD is suspected or confirmed, ongoing antibacterial drug use not directed against C. difficile may need to be discontinued. Appropriate fluid and electrolyte management, protein supplementation, antibacterial treatment of C. difficile, and surgical evaluation should be instituted as clinically indicated.
- Adverse Reactions: The most common adverse reactions (incidence >5%) are diarrhea, constipation, nausea, headache, and insomnia.
- Renal Impairment: In patients with creatinine clearance

 < 40 mL/min and dialysis patients (hemodialysis and CAPD), the intravenous dose of Zosyn should be reduced to the degree of renal function impairment.

Drug Interactions:

- **Zosyn** administration can significantly reduce tobramycin concentrations in hemodialysis patients. Monitor tobramycin concentrations in these patients.
- Probenecid prolongs the half-lives of piperacillin and tazobactam and should not be co-administered with **Zosyn** unless the benefit outweighs the risk.
- Co-administration of **Zosyn** with vancomycin may increase the incidence of acute kidney injury. Monitor kidney function in patients receiving **Zosyn** and vancomycin.
- Monitor coagulation parameters in patients receiving **Zosyn** and heparin or oral anticoagulants.
- **Zosyn** may prolong the neuromuscular blockade of vecuronium and other non-depolarizing neuromuscular blockers. Monitor for adverse reactions related to neuromuscular blockade.

Please see accompanying full Prescribing Information for **Zosyn**.

References: 1. Institute for Safe Medication Practices. ISMP Guidelines for Sterile Compounding and the Safe Use of Sterile Compounding Technology; 2022. https://www.ismp.org/resources/guidelines-sterile-compounding-and-safe-use-sterile-compounding-technology. Accessed July 8, 2022. **2.** Billstein-Leber M, Carrillo CJD, Cassano AT, Moline K, Robertson JJ. ASHP Guidelines on Preventing Medication Errors in Hospitals. *Am J Health-Syst Pharm*. 2018 Oct;75(19):1493-1517. doi 10.2146/ajhp170811. **3.** ASHP Expert Panel on Medication Cost Management. ASHP guidelines on medication cost management strategies for hospitals and health systems. *Am J Health-Syst Pharm*. 2008;65(14):1368-1384.

