# Frozen Premix Vancomycin Injection, USP

**Additional options available in 1.25 g/250 mL and 1.5 g/300 mL**

**A total of 5 premix Vancomycin strengths in dextrose from Baxter**

# It All Adds Up to **More Options for Patient Care**


When it comes to high-volume medications like IV vancomycin, we know that more options in a premix formulation mean you can treat more patients with the safety of a premix, with more efficiency and less waste. That's why Baxter has added 2 strengths to expand its offering of premix Vancomycin in dextrose to a total of 5 doses, to help you support patient care.

Baxter is the leader in frozen premix IV anti-infectives. Add premix Vancomycin for patient safety considerations and operational efficiency.

**ISMP and ASHP guidelines recommend using commercially prepared, Premixed IV products as a risk-reduction strategy for IV medications[1,2]**

## Safety

- Standardized concentration may help reduce medication errors associated with compounding preparation[1,2]
- Barcoded for bedside scanning to help ensure the right patient gets the right medication[1,2]

## Efficiency

- No admixing or batching required—which may help streamline deployment and save pharmacy time and resources
- Premix medications like Vancomycin support inventory management and help reduce waste[3]

## Consistent concentration

- A manufacturer-prepared vancomycin injection helps ensure that patients receive a consistent concentration of medication

## Select Indications and Important Risk Information

**Vancomycin** is indicated for the treatment of serious or severe infections caused by susceptible strains of methicillin-resistant (beta-lactam-resistant) staphylococci. It is indicated for penicillin-allergic patients, for patients who cannot receive or who have failed to respond to other drugs, and for infections caused by vancomycin-susceptible organisms that are resistant to other antimicrobial drugs. **Vancomycin** is effective in the treatment of Infective Endocarditis, Septicemia, Skin and Skin Structure Infections, Bone Infections, and Lower Respiratory Tract Infections.

**Contraindications: Vancomycin** is contraindicated in patients with known hypersensitivity to this antibiotic.
Solutions containing dextrose may be contraindicated in patients with known allergy to corn or corn products.

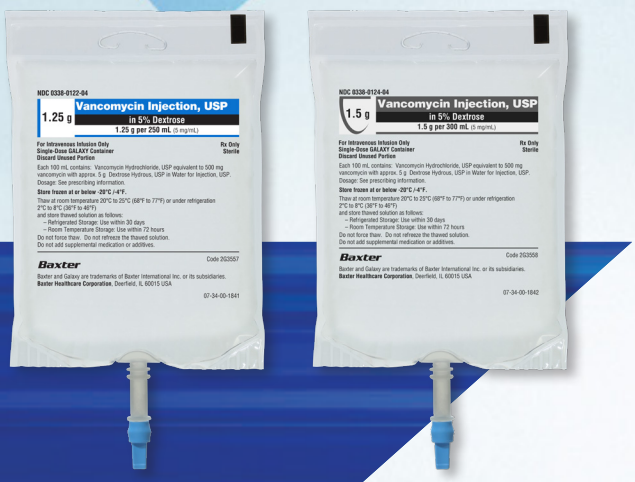
**Please see full Indications and Important Risk Information to follow.**

Baxter

Vancomycin Injection, USP

# Standardized Manufacturing with Safety in Mind

**Manufacturer-prepared IV medications like Vancomycin may help reduce errors associated with compounding.[1,2]**




- **Increase Your Options**
- **Reduce Preparation Steps**
- **Support Patient Care and Pharmacy Efficiency**

## Storage Options for Your Healthcare Facility Needs*

12-month shelf-life when frozen

30 days stability when refrigerated

72 hours stability at room temperature

* Once a frozen product is thawed to refrigeration or room temperature, the product should not be refrozen. Store in a freezer capable of maintaining a temperature of -20°C (-4°F).

**When thawed, Vancomycin can be stored and used like any refrigerated medication and has a refrigerated stability of 30 days.**

## Baxter offers freezers, refrigerators and thawing systems to fit your pharmacy needs.

**Talk to your Baxter representative about frozen premix Vancomycin**

## Select Important Risk Information

- **Infusion Reactions:** Rapid bolus administration (*e.g.*, over several minutes) may be associated with exaggerated hypotension, including shock, and, rarely, cardiac arrest.

  During or soon after rapid infusion of **vancomycin**, patients may develop anaphylactoid reactions, including hypotension, wheezing, dyspnea, urticaria, or pruritus. Rapid infusion may also cause flushing of the upper body ("vancomycin infusion reaction") or pain and muscle spasm of the chest and back. **Vancomycin** should be administered over a period of not less than 60 minutes. Stopping the infusion usually results in prompt cessation of these reactions.

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

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# Frozen Premix
# Vancomycin Injection, USP

**Talk to your Baxter Representative about how premix Vancomycin can fit your needs**

| Vancomycin Injection, USP in 5% Dextrose | | | | | |
|---|---|---|---|---|---|
| **Strength** | 500 mg/100 mL | 750 mg/150 mL | 1 g/200 mL | 1.25 g/250 mL | 1.5 g/300 mL |
| **Product code** | 2G3551 | 2G3580 | 2G3552 | 2G3557 | 2G3558 |
| **NDC** | 0338-3551-48 | 0338-3580-48 | 0338-3552-48 | 0338-0122-04 | 0338-0124-04 |
| | 3 03383 55148 1 | 3 03383 58048 1 | 3 03383 55248 8 | 3 03380 12204 2 | 3 03380 12404 6 |

| Vancomycin Injection, USP in 0.9% Sodium Chloride | | | |
|---|---|---|---|
| **Strength** | 500 mg/100 mL | 750 mg/150 mL | 1 g/200 mL |
| **Product code** | 2G3590 | 2G3591 | 2G3592 |
| **NDC** | 0338-3581-01 | 0338-3582-01 | 0338-3583-01 |
| | 3 03383 58101 3 | 3 03383 58201 0 | 3 03383 58301 7 |

| Product Overview: Vancomycin Injection, USP | |
|---|---|
| **Storage** | **Stability** |
| Frozen: -20°C [-4°F] | 12 Months Shelf Life |
| Refrigerated: 5°C [41°F] | 30 days |
| Room Temp: 25°C [77°F] | 72 hours |
| Single-use product. Do not refreeze thawed Vancomycin. | |

**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.

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

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# Vancomycin Injection, USP

# Indications and Important Risk Information

## Indications

**Vancomycin** is indicated for the treatment of serious or severe infections caused by susceptible strains of methicillin-resistant (beta-lactam-resistant) staphylococci. It is indicated for penicillin-allergic patients, for patients who cannot receive or who have failed to respond to other drugs, and for infections caused by vancomycin-susceptible organisms that are resistant to other antimicrobial drugs.

**Vancomycin** is effective in the treatment of: **Infective Endocarditis** [Staphylococcal endocarditis, Endocarditis caused by *Streptococcus viridans* or *S. bovis*, alone or in combination with an aminoglycoside, Endocarditis caused by enterococci [*e.g., E. faecalis*], only in combination with an aminoglycoside, Diphtheroid endocarditis, Early-onset prosthetic valve endocarditis caused by *S. epidermidis* or diphtheroids in combination with either rifampin, an aminoglycoside, or both], **Septicemia, Skin and Skin Structure Infections, Bone Infections,** and **Lower Respiratory Tract Infections.**

To reduce the development of drug-resistant bacteria and maintain the effectiveness of **vancomycin** and other antibacterial drugs, vancomycin 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: Vancomycin** is contraindicated in patients with known hypersensitivity to this antibiotic. Solutions containing dextrose may be contraindicated in patients with known allergy to corn or corn products.
- **Infusion Reactions:** Rapid bolus administration [*e.g.*, over several minutes] may be associated with exaggerated hypotension, including shock, and, rarely, cardiac arrest.

  During or soon after rapid infusion of **vancomycin**, patients may develop anaphylactoid reactions, including hypotension, wheezing, dyspnea, urticaria, or pruritus. Rapid infusion may also cause flushing of the upper body ("vancomycin infusion reaction") or pain and muscle spasm of the chest and back.

  **Vancomycin** should be administered over a period of not less than 60 minutes. Stopping the infusion usually results in prompt cessation of these reactions.
- **Nephrotoxicity:** Systemic **vancomycin** exposure may result in acute kidney injury (AKI). The risk of AKI increases as systemic exposure/serum levels increase. Monitor renal function in all patients; especially with underlying renal impairment, with co-morbidities, and receiving concomitant therapy with a known nephrotoxic drug.
- **Ototoxicity:** It may be transient or permanent. It has been reported mostly in patients who have been given excessive doses, who have an underlying hearing loss, or who are receiving concomitant therapy with another ototoxic agent, such as an aminoglycoside. **Vancomycin** should be used with caution in patients with renal insufficiency.
- **Severe Dermatologic Reactions:** Toxic epidermal necrolysis (TEN), Stevens-Johnson syndrome (SJS), drug reaction with eosinophilia and systemic symptoms (DRESS), acute generalized exanthematous pustulosis (AGEP), and linear IgA bullous dermatosis (LABD) have been reported. Cutaneous signs or symptoms reported include skin rashes, mucosal lesions, and blisters. Discontinue **Vancomycin** Injection at the first appearance of signs and symptoms of TEN, SJS, DRESS, AGEP, or LABD. Dosage of **vancomycin** must be adjusted for patients with renal dysfunction.
- ***Clostridioides difficile* associated diarrhea (CDAD):** May range in severity from mild diarrhea to fatal colitis. CDAD must be considered in all patients who present with diarrhea following antibiotic use. If CDAD is suspected or confirmed, ongoing antibiotic use not directed against *C. difficile* may need to be discontinued. Appropriate fluid and electrolyte management, protein supplementation, antibiotic treatment of *C. difficile*, and surgical evaluation should be instituted as clinically indicated.
- **Hemorrhagic Occlusive Retinal Vasculitis:** Including permanent loss of vision, occurred in patients receiving intracameral or intravitreal administration of **vancomycin** during or after cataract surgery. The safety and efficacy of **vancomycin** administered by the intracameral or the intravitreal route have not been established.
- **Adverse Reactions:** Not already mentioned above, patients have been reported to have neutropenia, phlebitis, drug fever, nausea, chills, and vasculitis in association with administration of **vancomycin**.
- **Drug Interactions:**
  - **Anesthetic Agents:** Concomitant administration of **vancomycin** and anesthetic agents has been associated with erythema and histamine-like flushing and anaphylactoid reactions.
  - Monitor renal function in patients receiving **vancomycin** and concurrent and/or sequential systemic or topical use of other potentially neurotoxic and/or nephrotoxic drugs, such as amphotericin B, aminoglycosides, bacitracin, polymyxin B, colistin, viomycin, or cisplatin.

**Please see accompanying full Prescribing Information for Vancomycin Injection, USP.**

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