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Dear CAPS Customer,

Due to the recent Hospira Liposyn recall, our CAPS primary intravenous fat emulsion (IVFE) supplier, Baxter, has begun rationing product to CAPS. We expect to receive 70% of our current demand for at least the next two months.

As a result of this shortage, and in order to ensure the clinical needs of the most sensitive patients are met, CAPS will begin a mandatory adoption of the ASPEN guidelines for IVFE shortage effective no later than July 7, 2010. These guidelines can be viewed at <http://www.nutritioncare.org/Index.aspx?id=5084> and are included at the end of this letter.

Please work with your local CAPS pharmacy director to coordinate this program.

Best Regards,

Mike Koch, R.Ph, MBA
Vice President, Sales and Support Services

Attachment

Information to Use in the Event of an Intravenous Fat Emulsion Shortage

June 2010

Introduction

There is currently an intravenous fat emulsion (IVFE) shortage in the U.S. due to a temporary decrease in market supply and it is not clear when the supply will return to normal levels. The American Society for Parenteral and Enteral Nutrition (A.S.P.E.N.) has assembled a group of experts to develop clinical recommendations for IVFE usage during this shortage. A.S.P.E.N. is also in constant communication with the two U.S. IVFE suppliers and will continue to monitor the market and provide further information as this situation changes.

Notice: This information must only be used in the event of a national shortage of intravenous fat emulsion in order to conserve supply to higher priorities of patient use. Information is subject to change based on fluidity of the national IVFE supply issues. This information should NOT be used in routine (non-shortage), clinical practice.

1. Purchase only as much supply as needed. In the interest of fair allocation to all patients nationally, please do not stockpile.

2. Neonatal / Pediatric hospitalized or home care patients:

Provision of IVFE is critical in these patient populations therefore, continue the same IVFE therapy as before the shortage.

3. Adult, mild to moderately malnourished hospitalized patients on parenteral nutrition (PN) less than 2 weeks:

IVFE should not be administered during the shortage unless use is essential in the judgment of the healthcare professional.

4. Adult, hospitalized patients on PN greater than 2 weeks:

Patients should receive a total of 100 g fat weekly which may be given by whatever method is safe and efficient (minimize IVFE waste) to prevent essential fatty acid deficiency (EFAD) with the remainder of non-protein calories provided by glucose. Patients should be monitored for EFAD. For some specific adult hospitalized patients (e.g., patients with glucose intolerance, severely malnourished patients, patients at risk for re-feeding syndrome, and during pregnancy), IVFE should be provided as a component of daily calories based on current practice prior to the shortage.

5. Adult, hospitalized, critically-ill patients on propofol:

No additional IVFE generally needed to prevent EFAD since the IVFE in the medication will supply needed essential fatty acids.

6. Home or Long-term Care Adult Patients:

Generally continue same IVFE therapy as before shortage; however, minimize use of IVFE when clinically feasible. At a minimum, patients should receive a total of 100 g fat weekly which may be given by whatever method is safe and efficient (minimize IVFE waste) to prevent essential fatty acid deficiency (EFAD) with the remainder of non-protein calories provided by glucose. Patients should be monitored for EFAD. For some specific adult home or long-term care patients, (e.g., patients with glucose intolerance, severely malnourished patients, patients at risk for re-feeding syndrome, and during pregnancy), IVFE should be provided as a component of daily calories based on current practice prior to the shortage.

Important Note:

These recommendations do not constitute medical or professional advice, and should not be taken as such. To the extent the information published herein may be used to assist in the care of patients, this is the result of the sole professional judgment of the attending health professional whose judgment is the primary component of quality medical care. The information presented herein is not a substitute for the exercise of such judgment by the health professional.

Developed by the A.S.P.E.N. Intravenous Fat Emulsion National Shortage Task Force: Vincent W. Vanek, MD, FACS, CNSP Chair; Penny Allen, RD, LD, CNSC; Lillian P. Harvey Banchik, MD, CNSP, FACS; Bruce Bistrain, MD, PhD; Sharon Collier, RD, LDN, M Ed; David F. Driscoll, Ph.D.; Kathleen Gura, PharmD, BCNSP; Deborah R Houston PharmD, BCNSP; John Miles, MD; Jay Mirtallo, MS, RPh, BCNSP, FASHP; Kris M. Mogensen, MS, RD, LDN, CNSD; and Doug Seidner, MD, CNSP.

Questions regarding these recommendations should be directed to Peggi Guenter, PhD, RN, CNSN, A.S.P.E.N. Director of Clinical Practice, Advocacy and Research Affairs at:
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