

MEDICATION SAFETY IN SECONDS

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

Helping to achieve safe medication use

ESZOPICLONE (LUNESTA): NEW LOWER DOSE RECOMMENDATIONS DUE TO NEXT-DAY IMPAIRMENT

Data from a study suggested an association of next-day psychomotor impairment with 3 mg doses of eszopiclone (Lunesta). Symptoms of impaired function occurring the morning after bedtime dose administration consist of diminished alertness and motor coordination affecting driving and other daily activities. This resulted in new lower dose recommendations to avoid risk. FDA approved a change to the product label, which includes the following dosing recommendations:

- The recommended starting dose of eszopiclone has been lowered to 1 mg (from 2 mg).
- Dosing can be raised to 2 mg or 3 mg if clinically indicated.
- The total dose of eszopiclone should not exceed 3 mg, once each evening immediately before bedtime.
- Elderly patients and patients with hepatic impairment should not be prescribed doses of more than 2 mg.

- In some patients, the higher morning blood levels of eszopiclone following use of the 2 mg or 3 mg doses increase the risk of next-day impairment of driving and other activities that require full alertness.
- Patients taking a 3 mg dose of eszopiclone should avoid driving and other activities requiring acuity during the morning after use.

As such, prescribers should caution patients taking eszopiclone of possible impairment in driving and activities that require alertness the next morning, **despite feeling fully awake**. Since impairment of daytime function can occur in some patients after the higher dose of 2 mg as well (even when used as prescribed), patients taking a 2 mg dose still need to exercise caution when operating a motor vehicle or engaging in hazardous activities due to risk of dampened dexterity and focus. Interestingly, study

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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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NEWSWORTHY...

from the pbm

- Adverse Neurologic Events and Epidural Corticosteroid Injections for Pain – 05/01/2014 - [National PBM Bulletin](#)

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from the fda

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PAIN MANAGEMENT

[FDA requires label changes to warn of rare but serious neurologic problems after epidural corticosteroid injections for pain](#)

04/23/14

FDA warns that epidural corticosteroid injections may lead to rare but serious neurologic adverse events including spinal cord infarction, paraplegia, quadriplegia, cortical blindness, stroke, and death. Injectable corticosteroids include methylprednisolone, hydrocortisone, triamcinolone, betamethasone, and dexamethasone. These corticosteroids are not FDA-approved for epidural administration, and the effectiveness and safety of corticosteroid injections into the epidural space remains unknown. FDA requires the addition of a *Warning* to the drug labels of injectable corticosteroids regarding these risks and continues to investigate this issue. Additional details are available in a [National PBM Bulletin](#) issued earlier this month.

Getting the most from our safety surveillance

ALERE INRATIO®2 PT/INR PROFESSIONAL TEST STRIPS RECALL AND RETESTING OF INRS IN AFFECTED VETERANS

Last month, Alere (manufacturer) initiated a recall of ALL INRatio®2 PT/INR Professional Test Strips (no specific lots) due to reporting of inaccurately low International Normalized Ratio (INR) results when compared to INR results performed by a central laboratory. Alere INRatio®2 PT/INR Professional Monitoring System and Alere INRatio®2 PT/INR Professional Test Strips enable quantitative determination of INR results to monitor warfarin therapy at the Point-of-Care (POC) by health care professionals. Several complaints were reported to the manufacturer where patients had therapeutic or nearly-therapeutic INRs when ascertained using the Alere INRatio®2 PT/INR Professional Test Strips, but results from analysis performed at a central laboratory showed significantly higher plasma INR readings (outside of therapeutic range). The manufacturer received nine serious adverse event reports describing sig-

nificant discrepancies between the Alere INRatio®2 PT/INR Professional Test Strips and local laboratory results measuring plasma INR (difference ranging from 3.1-12.2 INR units). Three of the adverse event reports described patient deaths associated with bleeding. Inaccurately low INR results could alter the management of patients' anticoagulation and place patients at an increased risk of bleeding. VA notified all facilities of this issue and provided instructions to sequester any affected test strips and retest any Veteran patients who had undergone INR testing (e.g., in anticoagulation management clinics) using the affected product.

REFERENCES

Alere INRatio®2 PT/INR Professional Test Strip Voluntary Recall. <http://www.alere.com/us/en/product-details/inratio-pt-inr-monitoring-system-test-eclipse-strip.html>. Accessed 05/01/14.

Helping to achieve safe medication use

ESZOPICLONE (LUNESTA): NEW LOWER DOSE RECOMMENDATIONS DUE TO NEXT-DAY IMPAIRMENT

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findings showed peak impairment at approximately 8 hours post-dose with effects lasting as long as 12 hours post-dose.

See [National PBM Bulletin](#) for further details.

Eszopiclone marks the second agent in the sedative-hypnotic drug class to elicit next-day impairment of driving and other activities necessitating recommendations to decrease usual dose.

In January 2013, FDA mandated label changes to lower doses of immediate and extended-release zolpidem products (Ambien®, Ambien CR®, Edluar®, Zolpimist®) at bedtime due to impaired

mental alertness the following morning (previously discussed last year in [Issue 1; Volume 3; January 2013](#) as well as in a [National PBM Communication](#)). Incidentally, whereas zolpidem data implied a higher risk of experiencing next-morning residual effects in women, impairment from eszopiclone is indiscriminate to gender.

REFERENCES

FDA Drug Safety Communication: FDA warns of next-day impairment with sleep aid Lunesta (eszopiclone) and lowers recommended dose. <http://www.fda.gov/Drugs/DrugSafety/ucm397260.htm>. Accessed 05/21/14. ■