



IMPLEMENTATION - BENEFITS, COST, AND WORKFLOW

VIAL2BAG ADVANCED® ADMIXTURE DEVICE

*This infographic captures the results from a study conducted by Brigham and Women's Hospital using the Vial2Bag device** which resulted in substantial cost avoidance and workflow improvements when compared to outsourcing Commercial RTU products or manufacturing sterile product.1***



ACADEMIC MEDICAL CENTER

- **Vial2Bag Device Study:**
Single center, retrospective analysis performed from June 2017 - July 2018
- **Annual Pharmacy Sterile Compounding:**
150,000 patient-specific; 300,000 anticipatory

This study was conducted using the now-discontinued Vial2Bag admixture device. Building on the success of its predecessor, our improved Vial2Bag Advanced® 13mm and 20mm admixture devices offer a host of additional benefits and cutting-edge features. Although the previous device is no longer on the market, the outcomes of the study, which highlighted significant cost avoidance and workflow improvements in a hospital setting, remain relevant and applicable to our latest offering, the Vial2Bag Advanced® 13mm and 20mm admixture devices.



COST AVOIDANCE

\$2,295,261

EXTRAPOLATED ANNUAL COST AVOIDANCE* REALIZED FROM 250,000+ DOSES DISPENSED FOLLOWING VIAL2BAG DEVICE IMPLEMENTATION

- Reduce pharmacy labor, equipment and material cost versus Locally Compounded Sterile Product (LCSP)^{2,5-9**}
- Reduce expensive ready-to-use products
- Reduce unnecessary compounding labor and materials²
- Allow for unused drugs to be returned to inventory^{2****}

IMPROVED WORKFLOW

41,082

ANNUAL UNITS OF LCSP MOVED FROM PHARMACY TO POINT-OF-CARE THROUGH VIAL2BAG DEVICE DISPENSING

- Reduce time to first dose through preparation at point-of-care as compared to LCSP
- Utilize an Automated Dispensing System (ADS) to reduce medication errors related to preparation and administration
- Increase medications stocked in ADS
- Flexible solution for managing drug shortages
- Universal compatibility with all manufacturers' 50, 100, and 250mL IV bags and 20mm vials****

OPTIMIZING DRUG PRODUCT UTILIZATION CAN IMPROVE WORKFLOW & MINIMIZE COST

SUPPLY DISRUPTIONS

97% experience supply disruptions from their hospital's manufacturer or outsourced facilities³

IMPACT TO PATIENT CARE

80% experienced a patient safety event due to this supply disruption³

RESOURCE CONSTRAINTS

45% agreed that outsourcing IV admixtures was cost-effective³

The Vial2Bag Advanced® 13mm and 20mm admixture devices are 510(k) cleared by the United States Food and Drug Administration (FDA). The use of the Vial2Bag Advanced® 13mm and 20mm admixture devices should not be interpreted as modifying, extending, or superseding a drug manufacturer's labeling recommendations for storage and expiration dating, unless otherwise limited by USP <797> compounding standards. Refer to drug manufacturer's labeling and use instructions for recommendations, USP <797>, and applicable institution policy for shelf life and sterility information of reconstituted product and admixture device compatibility. Compatibility of the Vial2Bag Advanced® 13mm and 20mm admixture devices with all drug products has not been confirmed. Do not use the Vial2Bag Advanced® 13mm and 20mm admixture devices with lipids. Failure to follow the instructions provided may result in inadequate medication reconstitution, dilution, and/or transfer, possibly leading to overdose or underdose and/or delay in therapy. Products shown are for INFORMATION purposes only and may not be approved for marketing in specific regions. Please contact your West Pharmaceutical Services, Inc. (West) representative for product availability. Important product and safety information and warnings at: <https://www.westpharma.com/products/vial-adaptor-systems/vial2bag-advanced-admixture-adaptor-drug-transfer-system>.

References

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6. Sherrin TP, Miller W, Latiolais CJ. Projecting staffing patterns from time study data in centralized intravenous admixture programs. Am J Hosp Pharm. 1972;29(12):1013-1019.

Footnotes

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 8. Lopez IC, Cuervo MS, Toha AC, et al. Impact of the implementation of vasoactive drug protocols on safety and efficacy in the treatment of critically ill patients. J Clin Pharm Ther. 2016;41(6): 703-710.
 9. Sebastian G, Thielke TS. Work analysis of an admixture service. Am J Hosp Pharm.
- *Extrapolated yearly cost avoidance was measured by multiplying the number of documented yearly administrations by the difference in respective LCSP or RTU costs from V2B system costs.
**This study was conducted using a device that is no longer on the market. West now offers the Vial2Bag Advanced® 20mm Admixture Device as its transfer device.
***LCSP labor and equipment costs were based on previous time study data that evaluated the costs of preparing small volume injectables (SVI)
****ISO 8536-4 standard IV spike
*****A drug is considered unused if vial remains unpunctured and within manufacturer's expiration date.