

September 26, 2018

## LABELING CHANGE REQUEST

Dear Manufacturer,

The Food and Drug Administration's (FDA) Center for Devices and Radiological Health (CDRH) is aware of a postmarket safety issue associated with the use of pen needles used with pen injectors. These needles are regulated under the classification regulation 21 CFR [880.5570](#)<sup>1</sup> with product code FMI (Hypodermic Single Lumen Needle). Standard pen needles often have an outer cover and a removable inner needle cover, which are both removed before an injection. However, the FDA is aware that in some cases, the inner needle cover is not removed prior to use, resulting in non-delivery of the intended medication. The FDA has received some reports of hyperglycemia and diabetic ketoacidosis, including one death, associated with failure to remove the inner needle cover when a standard pen needle was used to inject insulin.

There are other safety pen needles which have an outer cover that is removed, and a fixed inner needle shield (sharps injury prevention feature) that is not removed before an injection. It is possible that patients could be taught using one type of pen needle, then receive the other type later. This could cause confusion about how to use the pen needle correctly, and may prevent the patient from getting the medicine they need. This issue was brought to our attention through the [Institute for Safe Medication Practices](#)<sup>2</sup> (ISMP), [National Alert Network \(NAN\)](#)<sup>3</sup>, Medical Device Reports (MDRs), FDA Adverse Event Reporting System (FAERS), and published [literature](#)<sup>4</sup>.

FDA reviewed the device labeling across standard insulin pen needle manufacturers to assess whether the Instructions for Use (IFU) adequately contain the necessary directions on steps to remove both covers, if applicable. While some manufacturers provide clear IFU to remove both the outer cover and the inner needle cover, the FDA found that some manufacturers do not provide this information, or the information may be confusing. For example, some manufacturers provide both written and visual graphics, while others provide only written instructions. Additionally, FDA found instances where removal of the outer cover and the inner needle cover were listed under one step in the IFU. Furthermore, there may be limited graphics supporting all necessary steps for safe use (e.g., the written information provided both steps but the graphic only showed one step).

It is important that the IFU for each device clearly and completely convey important information to device users. Therefore, FDA is requesting manufacturers who currently market pen needles cleared under product code FMI to review your most recent labeling (i.e., IFU) and training materials to assess the need for updates to clearly convey how to safely use your pen needle. In addition, FDA requests that all applicable standard pen needle manufacturers consider adding a warning in the labeling, similar to the following:

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<sup>1</sup> <https://www.accessdata.fda.gov/scripts/cdrh/cfdocs/cfcfr/cfrsearch.cfm?fr=880.5570>

<sup>2</sup> <https://www.ismp.org/alerts/severe-hyperglycemia-patients-incorrectly-using-insulin-pens-home>

<sup>3</sup> <https://www.nccmerp.org/sites/default/files/nan-20171012.pdf>

<sup>4</sup> Truong, T. H., Nguyen, T. T., Armor, B. L., & Farley, J. R. (2017). Errors in the Administration Technique of Insulin Pen Devices: A Result of Insufficient Education. *Diabetes Therapy*, 8(2), 221–226. <http://doi.org/10.1007/s13300-017-0242-y>

**Warning:** Remove both the outer cover and the inner needle cover before an injection. If both the outer cover and the inner needle cover are not removed before use, the medication or dose may not be injected, which may result in serious injury or death.

Please refer to FDA’s guidance “[Deciding When to Submit a 510\(k\) for a Change to an Existing Device](#)”<sup>5</sup>, which provides guidance to manufacturers on deciding when to submit a 510(k) for a change to an existing device. For the labeling changes requested above, we do not believe that a new 510(k) is necessary; however, the appropriate internal documentation of your decision-making process and the basis for that conclusion is necessary. Although it is not specifically recommended in the guidance, should you believe submission of a new 510(k) is not necessary for this or additional IFU changes to address this issue, we request that you update your existing 510(k) with your revised labeling by submitting an amendment in hard copy and electronic copy (eCopy) formats referencing the original 510(k) number to the Document Control Center at the following address:

U.S. Food and Drug Administration  
Center for Devices and Radiological Health  
Document Mail Center – WO66-G609  
10903 New Hampshire Avenue  
Silver Spring, MD 20993-0002

***Please note.*** If you choose to modify your labeling to address this issue, but plan to deviate from the suggested language above, we are providing you the opportunity to receive FDA feedback on your language prior to your implementation and submission of a new 510(k), or amendment to your existing 510(k). Please contact Kathleen White at [Kathleen.White@fda.hhs.gov](mailto:Kathleen.White@fda.hhs.gov) and [CDRHSIGNALMANAGEMENT@fda.hhs.gov](mailto:CDRHSIGNALMANAGEMENT@fda.hhs.gov) if you choose to pursue this option. Additionally, please keep in mind FDA’s [Guidance on Medical Device Patient Labeling](#)<sup>6</sup> when modifying your patient labeling. This guidance document outlines the recommended sequence for important information, as well as how to present that information in ways that are appropriate and comprehensible for lay users.

Please acknowledge receipt of this email within 3 business days by replying to [Kathleen.White@fda.hhs.gov](mailto:Kathleen.White@fda.hhs.gov) and [CDRHSIGNALMANAGEMENT@fda.hhs.gov](mailto:CDRHSIGNALMANAGEMENT@fda.hhs.gov). In addition, within 45 days of receipt of this request, please inform us (via the same email addresses) of your plans to address the requested labeling changes, your timeframe for implementing the changes, and your plans for informing users of the changes. As noted above, any new 510(k) submission or amendment to the existing 510(k) must be submitted to the Document Control Center at CDRH in both paper copy and eCopy format. For more information on eCopies, please see FDA’s guidance, “[eCopy Program for Medical Device Submissions](#)”<sup>7</sup>.

If you have questions about this request, please contact Kathleen White at [Kathleen.White@fda.hhs.gov](mailto:Kathleen.White@fda.hhs.gov) or by telephone at 301-796-5832.

<sup>5</sup> <https://www.fda.gov/downloads/MedicalDevices/DeviceRegulationandGuidance/GuidanceDocuments/ucm514771.pdf>

<sup>6</sup> <https://www.fda.gov/downloads/MedicalDevices/DeviceRegulationandGuidance/GuidanceDocuments/UCM070801.pdf>

<sup>7</sup> <https://www.fda.gov/downloads/MedicalDevices/DeviceRegulationandGuidance/GuidanceDocuments/UCM313794.pdf>



Sincerely,

A handwritten signature in black ink, appearing to read "Aron Yustein".

Aron Yustein, M.D.  
Deputy Director and Chief Medical Officer  
Office of Surveillance and Biometrics  
Center for Devices and Radiological Health