

INFUSION SUITE		BRIUMVI INFUSION ORDERS		
PATIENT INFORMATION - If Outside Referral, Include Patient Demographics and Insurance Cards				
Name:		DOB:		
MEDICAL INFORMATION				
ICD10 / Diagnosis:		Height:		
Allergies / Hypersensitivities:		Weight (kg):		
		*Weigh patient at each visit		
REQUIRED CLINICAL DOCUMENTATION				
<input checked="" type="checkbox"/> Hep B *Initially		<input checked="" type="checkbox"/> Quantitative serum immunoglobulins *Initially and Annually		
Additional labs:				
<input type="checkbox"/> Insert IV		<input type="checkbox"/> Access Port/PICC		
PREMEDICATIONS 30 minutes prior to starting				
<input type="checkbox"/> Acetaminophen:	<input type="checkbox"/> 325mg PO X1	<input type="checkbox"/> 500mg PO X1	<input type="checkbox"/> 650mg PO X1	<input type="checkbox"/> 1000mg PO X1
<input type="checkbox"/> Diphenhydramine:	<input type="checkbox"/> 25mg IV X1	<input type="checkbox"/> 25mg PO X1	<input type="checkbox"/> 50mg IV X1	<input type="checkbox"/> 50mg PO X1
<input type="checkbox"/> Solumedrol:	<input type="checkbox"/> 40mg IV X1	<input type="checkbox"/> 100mg IV X1	<input type="checkbox"/> 125mg IV X1	
<input type="checkbox"/> Antihistamine	<input type="checkbox"/> Cetirizine 10mg PO X1		<input type="checkbox"/> Loratadine 10mg PO X1	
<input type="checkbox"/> Additional PRN:				
<i>PI requirement: antihistamine, methylprednisolone. Antipyretic optional</i>				
BRIUMVI ORDERS				
<input type="checkbox"/> Loading: Week 0: Briumvi 150mg in 250 mL NS over 4 hours *See titration table				
<input type="checkbox"/> Loading: Week 2: Briumvi 450mg in 250 mL NS over 1 hour *See titration table				
<input type="checkbox"/> Subsequent: Briumvi 450mg in 250 mL NS over 1 hour every 24 weeks X _____ *See titration table				
POST INFUSION				
<input type="checkbox"/> Flush IV line with 25mL NS at the same rate of infusion. D/C IV.				
<input type="checkbox"/> Flush IV line with 25 mL NS. Flush port with 10mL NS, Lock port with 5mL Heparin 10-100U/mL and deaccess				
<input type="checkbox"/> Discharge home following 1 hour observation required for first 2 doses				
<input type="checkbox"/> Discharge home without observation				
Signature:		Date:		
Provider Name/Credentials: <input type="checkbox"/>		Provider Phone:		
Provider Name/Credentials: <input type="checkbox"/>		Provider Name/Credentials: <input type="checkbox"/>		
Provider Name/Credentials: <input type="checkbox"/>		Provider Name/Credentials: <input type="checkbox"/>		
Provider Name/Credentials: <input type="checkbox"/>		Provider Name/Credentials: <input type="checkbox"/>		

**Infusion Directions:**

- Remove vial and allow to warm to room temperature
- Withdraw and discard volume of NS from 250mL bag equal to volume of Briumvi dose
- Withdraw intended dose of Briumvi from vial(s) and inject into a 250mL bag of NS
- Infuse per titration rates using an infusion set (no filter required)

Table below from Briumvi PI: Page 3, Section 2.3 – Recommended Dosage and Dose Administration

**Table 1: Recommended Dose, Infusion Rate, and Infusion Duration for MS**

	Dose (mg) and Volume (mL) of BRIUMVI	Volume (mL) of 0.9% Sodium Chloride Injection, USP	Infusion Rate (mL/hour)	Duration
First Infusion	150 mg (6 mL)	250 mL	<ul style="list-style-type: none"> <li>• Start at 10 mL per hour for the first 30 minutes</li> <li>• Increase to 20 mL per hour for the next 30 minutes</li> <li>• Increase to 35 mL per hour for the next hour</li> <li>• Increase to 100 mL per hour for the remaining 2 hours</li> </ul>	4 hours
Second Infusion (2 weeks later)	450 mg (18 mL)	250 mL	<ul style="list-style-type: none"> <li>• Start at 100 mL per hour for the first 30 minutes</li> <li>• Increase to 400 mL per hour for the remaining 30 minutes</li> </ul>	1 hour
Subsequent Infusions (once every 24 weeks)	450 mg (18 mL)	250 mL	<ul style="list-style-type: none"> <li>• Start at 100 mL per hour for the first 30 minutes</li> <li>• Increase to 400 mL per hour for the remaining 30 minutes</li> </ul>	1 hour

Titration for 150mg	Titration for 450mg
10mL/hour X 30 minutes / 5mL	100mL/hour X 30 minutes / 50mL
20mL/hour X 30 minutes / 10mL	400mL/hour X 30 minutes / 200mL
35mL/hour X 60 minutes / 35mL	
100mL/hour X 120 minutes / 200mL	

**Nursing Considerations:**

- Ask about potential pregnancy
- Consider ordering antipyretic for the first infusion and then can discontinue for subsequent per provider preference