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Name:     DOB:       MEDICAL INFORMATION       ICD10:     Patient Height:       Patient Weight (kg):     Allergies:       *Weigh patient prior to each injection     REQUIRED CLINICAL DOCUMENTATION       I Hep B     Quantitative serum immunoglobulins     *Required Initially and Annually	INFUSION SUITE	BRIUMVI INFUSIC	BRIUMVI INFUSION ORDERS					
PATIENT INFORMATION - Include Patient Demographics and Insurance Cards         Name:       DOB:         MEDICAL INFORMATION         ICD10:       Patient Height:         Patient Weight (kg):       Allergies:         *Weigh patient prior to each injection       REQUIRED CLINICAL DOCUMENTATION         Hep B       Quantitative serum immunoglobulins       *Required Initially and Annually         Additional labs:	Durango Infusion Center		Phone: 970-828-3500		Fax: 970-828-3501			
Name:       DOB:         MEDICAL INFORMATION         ICD10:         Patient Height:         REQUIRED CLINICAL DOCUMENTATION         Required Initially and Annually         Additional labs:         Insert IV         Accetaminophen:       325mg PO X1       500mg PO X1       1000mg PO X1         Diphenhydramine:       25mg IV X1       25mg PO X1       50mg PO X1       50mg PO X1         Solumedrol:       40mg IV X1       100mg IV X1       125mg IV X1       50mg PO X1         Solumedrol:       40mg IV X1       100mg IV X1       125mg IV X1       50mg PO X1         Additional PRN:         BRIUMVI ORDERS         Cetrizine 10mg PO X1       Loratadine 10mg PO X1         Additional PRN:         B	270 E 8th Ave Ste N101 Durango, CO 81301							
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## 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

	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> <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> <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> <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

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

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				

100mL/hour X 120 minutes / 200mL

## **Nursing Considerations:**

- Ask about potential pregnancy
- Per PI, Acetaminophen is optional

• Consider ordering for the first infusion and then can discontinue for subsequent per provider preference