

INFUSION SUITE		BRIUMVI INFUSION ORDERS		
Durango Infusion Center 270 E 8th Ave Ste N101 Durango, CO 81301		Phone: 970-828-3500	Fax: 970-828-3501	
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				
<input type="checkbox"/> Hep B		<input type="checkbox"/> Quantitative serum immunoglobulins		*Required 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:				
BRIUMVI ORDERS				
<input type="checkbox"/> Loading: Week 0: Briumvi 150mg in 250 mL NS over 4 hours *See titration table				
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				
Referring Provider Printed:				
Referring Provider Signature:			Date:	
Referring Provider Phone:			Referring Provider Fax:	
DNG Provider Printed:				
DNG Provider Signature:			Date:	

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"> Start at 10 mL per hour for the first 30 minutes Increase to 20 mL per hour for the next 30 minutes Increase to 35 mL per hour for the next hour Increase to 100 mL per hour for the remaining 2 hours 	4 hours
Second Infusion (2 weeks later)	450 mg (18 mL)	250 mL	<ul style="list-style-type: none"> Start at 100 mL per hour for the first 30 minutes Increase to 400 mL per hour for the remaining 30 minutes 	1 hour
Subsequent Infusions (once every 24 weeks)	450 mg (18 mL)	250 mL	<ul style="list-style-type: none"> Start at 100 mL per hour for the first 30 minutes Increase to 400 mL per hour for the remaining 30 minutes 	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
- Per PI, Acetaminophen is optional
- Consider ordering for the first infusion and then can discontinue for subsequent per provider preference