

Patient monitoring

- Administer in a monitored clinical setting with facilities and qualified medical personnel appropriate for cardioversion. Only a well-qualified healthcare professional should administer vernakalant and should frequently monitor the patient for the duration of the infusion and for at least 15 minutes after the completion of the infusion for signs and symptoms of sudden decrease in blood pressure or heart rate
- Be alert for adverse events, which may occur after vernakalant administration, including hypotension, bradycardia, atrial flutter, or ventricular arrhythmia. Uncommonly, cases of severe hypotension and cardiogenic shock have been observed. During and for at least 15 minutes following infusion of vernakalant, carefully monitor patients for any of the following:

- Signs or symptoms of a sudden decrease in blood pressure or heart rate, with or without symptomatic hypotension or bradycardia;
- Bradycardia;
- Hypotension;
- ECG changes* *

If such signs develop, the administration of vernakalant should be immediately discontinued and these patients should receive appropriate medical management. If these events occur during the first infusion of vernakalant, patients should not receive the second dose of vernakalant

- In patients with valvular heart disease, there was a higher incidence of ventricular arrhythmia events in vernakalant patients until 24 hours after dosing. These patients should be monitored closely.
- Observe patients carefully for the entire duration of the infusion and for at least 15 minutes after completion of the infusion with assessment of vital signs and continuous cardiac rhythm monitoring. The patient should be further monitored for 2 hours after the start of infusion and until clinical and ECG parameters have stabilised

* *See BRINAVESS SmPC Section 4.4 for full details.

Special warnings and ongoing care

- Use cautiously in haemodynamically stable patients with NYHA I* or NYHA II* heart failure. In clinical trials, patients with heart failure had a higher incidence of hypotension adverse reactions than patients without heart failure. In heart failure patients, ventricular arrhythmia occurred more frequently with vernakalant than with placebo
- Use vernakalant with caution in patients on oral antiarrhythmic drugs (class I and class III), due to limited experience. Risk of atrial flutter may be increased in patients receiving class I antiarrhythmic drugs
- Resumption or initiation of oral-maintenance antiarrhythmic therapy can be considered 2 hours after vernakalant administration
- Direct-current cardioversion may be considered for patients who do not respond to therapy. There is no clinical experience with direct-current cardioversion under two hours postdose

* New York Heart Association (NYHA) Classification:

NYHA Class I: Patients with cardiac disease but without resulting limitation of physical activity. Ordinary physical activity does not cause undue fatigue, palpitation, dyspnea or anginal pain.

NYHA Class II: Patients with cardiac disease resulting in slight limitation of physical activity. They are comfortable at rest. Ordinary physical activity results in fatigue, palpitation, dyspnea or anginal pain.

NYHA Class III: Patients with cardiac disease resulting in marked limitation of physical activity. They are comfortable at rest. Less-than-ordinary activity causes fatigue, palpitation, dyspnea or anginal pain.

NYHA Class IV: Patients with cardiac disease resulting in inability to carry on any physical activity without discomfort. Symptoms of heart failure or the anginal syndrome may be present even at rest. If any physical activity is undertaken, discomfort increases.

Reporting adverse events

- Please report suspected adverse reactions that occur during BRINAVESS use in accordance with your national spontaneous reporting system's requirements. You may report suspected adverse reactions using the contact details below:

Please report suspected adverse drug reactions (ADRs) to the MHRA through the Yellow Card scheme, via the Yellow Card website: www.mhra.gov.uk/yellowcard, the free Yellow Card app available in [Apple App Store](#) or [Google Play Store](#), and also some clinical IT systems for healthcare professionals.

Alternatively you can call 0800 731 6789 for free, Monday to Friday between 9am and 5pm. By reporting side effects, you can help provide more information on the safety of this medicine.

Consult the BRINAVESS Summary of Product Characteristics (SmPC) for further information regarding patient selection and adverse reactions.

Please call +44 (0) 208 588 9131 or email: medicalinformation@advanzpharma.com to report an adverse event. Report as soon as possible and in any case within 24 hours

Additional information on BRINAVESS is available upon request

Copyright © 2021 Mercury Pharmaceuticals Ltd, an ADVANZ PHARMA company.
All rights reserved. Dec 2021. EU/1/10/645. BRUK01122021HC Version 2.1

APPROPRIATE USE OF BRINAVESS™

(vernakalant hydrochloride)

concentrate for solution
for infusion

BRINAVESS is indicated in adults for rapid conversion of recent onset atrial fibrillation to sinus rhythm:

- **Non-surgery patients with AF ≤7 days duration**
- **Post-cardiac surgery patients with AF ≤3 days duration**

PREPARATION AND DOSING OF BRINAVESS™

concentrate for solution for infusion

For detailed instructions on preparation, dosing, and administration of BRINAVESS solution, refer to BRINAVESS SmPC (section 4.2, Posology and method of administration).

Before giving BRINAVESS

- Vernakalant should be administered by intravenous infusion in a monitored clinical setting appropriate for cardioversion. Cases of serious hypotension have been reported during and immediately following vernakalant infusion
- Only a well-qualified healthcare professional should administer vernakalant
- A pre-infusion checklist is provided with the product. Prior to administration the prescriber is asked to determine eligibility of the patient through use of the supplied checklist. The checklist should be placed on the infusion container to be read by the healthcare professional who will administer vernakalant
- Patients should be studied for signs and symptoms of cardiac failure before administration of vernakalant
- Adequately anticoagulate if necessary (*Please consult your local treatment guidelines on anticoagulation in AF*)
- Adequately hydrate and haemodynamically optimise patients
- Correct hypokalaemia to a serum potassium of more than 3.5 mmol/L
- During infusion and for 15 minutes afterwards, the patient should be carefully monitored for any signs or symptoms of a sudden decrease in blood pressure or heart rate. If such signs develop, with or without symptomatic hypotension or bradycardia, the infusion should be stopped immediately and the patient should not receive the second dose.

Preparation

- BRINAVESS is supplied as sterile concentrate containing vernakalant hydrochloride 20 mg/ml
- **BRINAVESS concentrate must be diluted prior to administration to produce a solution with a vernakalant hydrochloride concentration of 4 mg/ml**
- Suitable diluents include 0.9% Sodium Chloride for Injection, Lactated Ringer's for Injection and 5% Glucose for Injection
- BRINAVESS is available as 500 mg/25 ml vials. The number of vials of BRINAVESS concentrate required to prepare the appropriate quantity of solution for the treatment of an individual patient will depend on the patient's weight

Dosing & Administration

- For the duration of the infusion and for at least 15 minutes after completion of the infusion the patient should be carefully monitored for any signs or symptoms of a sudden decrease in blood pressure or heart rate. If such signs develop, with or without symptomatic hypotension or bradycardia, the infusion should be stopped immediately and the patient should not receive the second dose
- Vernakalant should only be administered by intravenous infusion. Do not administer as an intravenous push or bolus
- Determine the correct dose of vernakalant based on patient's body weight

Body weight: ≥40 kg and <113 kg

1. Administer the initial infusion: Total dose=**3 mg/kg** over a 10-minute period
2. Monitor the patient following completion of the initial infusion. If conversion to sinus rhythm has not occurred within 15 minutes after completing the initial infusion, administer a second infusion
3. Second infusion (if necessary): Total dose=**2 mg/kg** over a 10-minute period

Body weight: ≥113 kg

1. Administer the initial infusion: Total dose=**339 mg** (84.7 ml of 4 mg/ml solution) over a 10-minute period
2. Monitor the patient following completion of the initial infusion. If conversion to sinus rhythm has not occurred within 15 minutes after completing the initial infusion, administer a second infusion
3. Second infusion (if necessary): Total dose=**226 mg** (56.5 ml of 4 mg/ml solution) delivered over a 10-minute period

Cumulative doses above 565 mg have not been evaluated.

- If conversion to sinus rhythm occurs during either the initial or second infusion, that infusion should be continued through completion
- If haemodynamically stable atrial flutter is observed after the initial infusion, the second infusion of vernakalant may be administered, as patients may convert to sinus rhythm
- Other intravenous rhythm-control antiarrhythmics (class I and class III) are contraindicated within 4 hours prior to, as well as in the first 4 hours after, vernakalant administration
- Resumption or initiation of oral-maintenance antiarrhythmic therapy can be considered 2 hours after vernakalant administration

APPROPRIATE USE OF BRINAVESS™

concentrate for solution for infusion

Contraindications

- Hypersensitivity to the active substance or to any of the ingredients of the concentrate
- Patients with severe aortic stenosis, patients with systolic blood pressure <100 mm Hg, and patients with heart failure class NYHA III* or NYHA IV*
- Patients with prolonged QT at baseline (uncorrected >440 msec), severe bradycardia, sinus node dysfunction, or second- and third-degree heart block in the absence of a pacemaker
- Use of intravenous rhythm-control antiarrhythmics (class I and class III) within 4 hours prior to, and in the first 4 hours after, vernakalant administration
- Acute coronary syndrome (including myocardial infarction) within the last 30 days

BRINAVESS is not recommended for patients

- With previously documented left ventricular ejection fraction ≤35%
- Who previously received other intravenous rhythm-control antiarrhythmics (class I and class III) between 4 and 24 hours prior to planned vernakalant administration, due to lack of data
- With clinically meaningful valvular stenosis
- With hypertrophic obstructive cardiomyopathy, restrictive cardiomyopathy, or constrictive pericarditis
- With advanced hepatic impairment

Use of other intravenous anti-arrhythmic drugs

- Use of intravenous rhythm-control antiarrhythmics (class I and class III) is **contraindicated** within 4 hours prior to, as well as in the first 4 hours after, vernakalant administration
- BRINAVESS is **not recommended** for patients who previously received other intravenous rhythm-control antiarrhythmics (class I and class III) between 4 and 24 hours prior to planned vernakalant administration, due to lack of data

Pre-infusion checklist

- Use the pre-infusion checklist provided with BRINAVESS to confirm the patient's eligibility