MIVACRON
MIVACURIUM CHLORIDE

INDICATION[1]

MIVACRON® (mivacurium chloride) injection is a short-acting neuromuscular blocking agent indicated for inpatients and outpatients, as an adjunct to general anesthesia, to facilitate tracheal intubation and to provide skeletal muscle relaxation during surgery or mechanical ventilation.

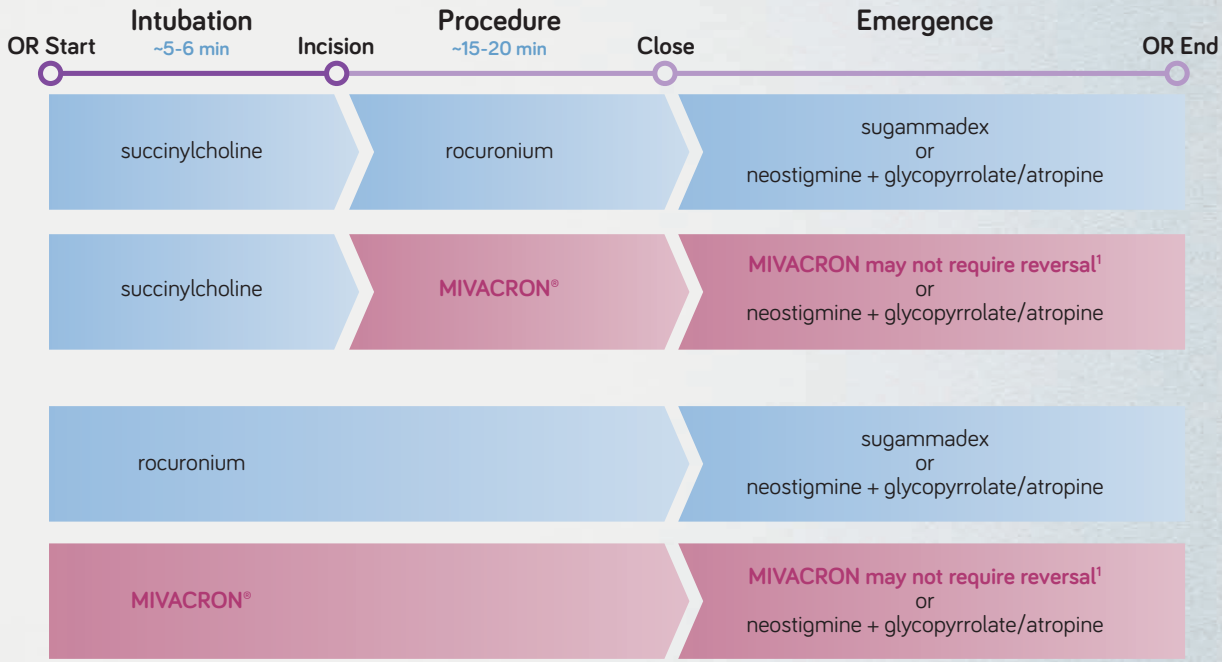
SAFETY CONSIDERATIONS[1]

MIVACRON is contraindicated in patients with known hypersensitivity to the product and its components. Severe anaphylactic reactions to neuromuscular blocking agents, including MIVACRON, have been reported. **MIVACRON should only be administered intravenously in carefully adjusted dosage by or under the supervision of experienced clinicians who are familiar with the drug's actions and the possible complications. MIVACRON is metabolized by plasma cholinesterase and should be used with great caution, if at all, in patients suspected of being homozygous for the atypical plasma cholinesterase gene.** MIVACRON will not counteract bradycardia and requires individualized dosing for conditions causing potentiation of or resistance to neuromuscular block or conditions suggesting a greater sensitivity to histamine release. Certain drugs may potentiate the neuromuscular blocking action of the drug. MIVACRON has not been studied in pediatric patients below the age of 2.

MIVACRON®: A SHORT CASE OPTION

- A short-acting, nondepolarizing neuromuscular blocking agent available for short surgical procedures requiring general anesthesia.[1,2] **In adults, you may expect 15–20 minutes of neuromuscular blockade (NMB)[1]***
- MIVACRON is reversible, but in clinical trials, a majority of patients achieved complete recovery of muscle function without a reversal agent[1†]

What is the NMB option for your next short procedure?[3]



- The clinically effective duration for MIVACRON is one-third to one-half that of intermediate-acting agents[1]
- MIVACRON has a short elimination half-life of approximately 2 minutes[1]

Monitor with train-of-four: It is recommended that a peripheral nerve stimulator be used during the administration of MIVACRON to monitor drug effect, determine the need for additional drug, and confirm recovery from neuromuscular block.

Examples shown are of neuromuscular blockade options that can be used in short surgical cases. Not intended to make comparative claims of efficacy of these options.

*Range in clinical trials with 0.15mg/kg dose: 9-38 minutes[1]

† 95% spontaneous muscle recovery (twitch recovery response) may be expected in 25-35 minutes, depending on dose[1]

Visit Mivacron.com for more information.

Please see Important Safety Information on next page.

Please click here for full Prescribing Information.

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BECAUSE MINUTES MATTER

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IMPORTANT SAFETY INFORMATION[1]

- MIVACRON is contraindicated in patients with known hypersensitivity to the product and its components.
- Severe anaphylactic reactions to neuromuscular blocking agents, including MIVACRON, have been reported. These reactions have in some cases been life-threatening and fatal. Necessary precautions, including the immediate availability of appropriate emergency treatment, should be taken. Precautions should also be taken in individuals who have had previous anaphylactic reactions to other neuromuscular blocking agents.
- **MIVACRON should only be administered intravenously in carefully adjusted dosage by or under the supervision of experienced clinicians who are familiar with the drug's actions and the possible complications.**
- **It is recommended that a peripheral nerve stimulator be used during the administration of MIVACRON to monitor drug effect, determine the need for additional drug, and confirm recovery from neuromuscular block.**
- **MIVACRON has no known effect on consciousness, pain threshold, or cerebration.**
- **MIVACRON is metabolized by plasma cholinesterase and should be used with great caution, if at all, in patients suspected of being homozygous for the atypical plasma cholinesterase gene due to the possibility of prolonged neuromuscular block.** Plasma cholinesterase activity may be diminished in patients with genetic abnormalities of plasma cholinesterase, pregnancy, liver or kidney disease, malignant tumors, infections, burns, anemia, decompensated heart disease, peptic ulcer, or myxedema. The neuromuscular blocking effect of MIVACRON may be enhanced by drugs that reduce plasma cholinesterase activity (e.g., chronically administered oral contraceptives, glucocorticoids, or certain monoamine oxidase inhibitors) or by drugs that irreversibly inhibit plasma cholinesterase.
- Exercise caution when administering MIVACRON to patients with clinically significant cardiovascular disease, obesity, or any history suggesting sensitivity to the release of histamine (e.g., asthma), as a transient decrease in mean arterial pressure related to histamine release is possible.
- MIVACRON will not counteract the bradycardia produced by many anesthetic agents or by vagal stimulation.
- Doses of MIVACRON should be individualized for drugs or conditions causing potentiation of or resistance to neuromuscular block. The following may cause potentiation: neuromuscular diseases, burns, acid-base and/or serum electrolyte abnormalities, cachexia, debilitation, and carcinomatosis. The following may cause resistance: burns, acid-base and/or serum electrolyte abnormalities, and chronic administration of phenytoin or carbamazepine.
- MIVACRON may have profound neuromuscular blocking effects in cachectic or debilitated patients, patients with neuromuscular diseases, and patients with carcinomatosis. In these or other patients in whom potentiation of neuromuscular block or difficulty with reversal may be anticipated, the initial dose should be decreased.
- Isoflurane or enflurane administered with nitrous oxide/oxygen to achieve 1.25 MAC decreases the ED_{50} of MIVACRON. Other drugs which may enhance the neuromuscular blocking action of nondepolarizing agents such as MIVACRON include certain antibiotics (e.g., aminoglycosides, tetracyclines, bacitracin, polymyxins, lincomycin, clindamycin, colistin, and sodium colistimethate), magnesium salts, lithium, local anesthetics, procainamide, quinidine, and succinylcholine.
- Adverse events: >1% of the surgical patients treated with MIVACRON during clinical trials reported flushing (16%); <1% of patients reported hypotension, tachycardia, bradycardia, cardiac arrhythmia, phlebitis, bronchospasm, wheezing, hypoxemia, rash, urticaria, erythema, injection site reaction, prolonged drug effect, dizziness, or muscle spasms.

References:

1. MIVACRON [package insert]. North Chicago, IL: AbbVie Inc.
2. Savarese JJ, Ali HH, Basta SJ, et al. The clinical neuromuscular pharmacology of mivacurium chloride (BW B1090U). *Anesthesiology.* 1988;68:723-732.
3. Miller RD, Eriksson LI, Fleisher L, Wiener-Kronish JP, eds. *Miller's Anesthesia* (8th ed.) Philadelphia, PA: Elsevier Health Sciences; 2014.

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