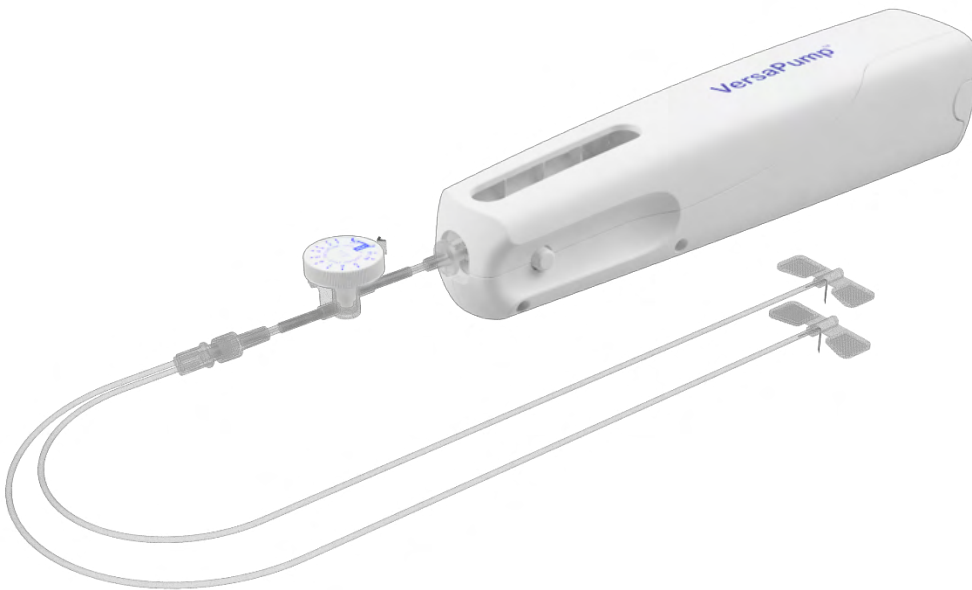




User Manual

VersaPump® Infusion System

International Users



VersaPump® Infusion System

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NOTE:

In the event any serious incident occurs due to the use of this product, the healthcare provider, user or patient shall report the incident to EMED Technologies at +1-916-932-0071 and the competent authority in your region.

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VersaPump® Infusion System

Important Information

Please contact EMED Technologies if you have any questions or concerns regarding the use of the VersaPump Infusion System.

Document Conventions

The below text and color code convention is used throughout this document to highlight warnings, cautions, and notes:

WARNING:	A Warning is an alert to a potential hazard which could result in <u>serious</u> personal injury or product damage if proper procedures are not followed.
CAUTION:	A Caution is an alert to a potential hazard which could result in <u>minor personal injury or product damage</u> if proper procedures are not followed.
NOTE:	A Note provides additional information or recommendation.

Terms and Abbreviations

The following terms are defined below and referenced throughout the document:

Defined Term	Meaning
Aseptic technique	Aseptic technique comprises specific, careful practices to minimize contamination by pathogens. Contact your healthcare professional for additional information and instructions.
Infuset	Infuset® flow control infusion set
Pump	VersaPump® Infuser
SUB-Q Set	Subcutaneous infusion set
VersaPump	VersaPump® Infusion System
VersaRate Plus	VersaRate® Plus variable flow control infusion set

User Manual (International)

Symbols

Some of these symbols below may be found on the VersaPump Infusion System labeling and packaging materials. A full glossary of symbols can be found at www.emedtc.com/support.

Symbol	Definition	Symbol	Definition
	Approximate priming volume		Length
	Authorized Representative in the European Community / European Union		Manufacturer
	Batch code		Manufacturing date
	Catalogue number		Country of manufacture
	Caution		MR unsafe
	CE mark – European Conformity		Non-pyrogenic
	Consult instructions for use		Quantity
	Medical device		Refer to instruction manual/booklet
	Does not contain DEHP		Serial number
	Does not contain or has presence of natural rubber latex		Single patient, multiple use
	Do not re-use		Single sterile barrier system
	Do not use if package is damaged and consult instructions for use		Sterilized by Ethylene Oxide
	Fluid path		Temperature limit
	GTIN number		To sale by or on the order of a physician
	Importer		Use-by date

VersaPump® Infusion System

Introduction

The VersaPump Infuser consists of an infusion pump and a carrying case and is designed to be used as a system with recommended components purchased separately. The VersaPump Infusion System provides a portable and effective way to subcutaneously infuse prescribed fluids.

Description

The VersaPump Infuser is a reusable mechanical infusion pump and does not require batteries or any electrical source. The pump utilizes a spring as a source of energy to continuously deliver fluids at controlled flow rates when used as a system with the following components:

Component	Model Information
VersaPump Infuser with Carrying Case	FP-0010209
Syringe with Luer lock	20 mL BD syringe (302830) 20 mL Hizentra Prefilled Syringe (NDC 44206-458-96) 30 mL BD syringe (302832) 30 mL B. Braun syringe (4617304F) 35 mL Monoject syringe (1183500777 or 8881535762)
Flow Controller	Infuset® or VersaRate® Plus (See table below)
Subcutaneous Infusion Set (SUB-Q set)	OPTFlow®, SUB-, or SAF-Q set
AccuSert Needle Inserter	FP-0010033 (for OPTFlow infusion sets) FP-0010080 (for SUB-, and SAF-Q infusion sets)

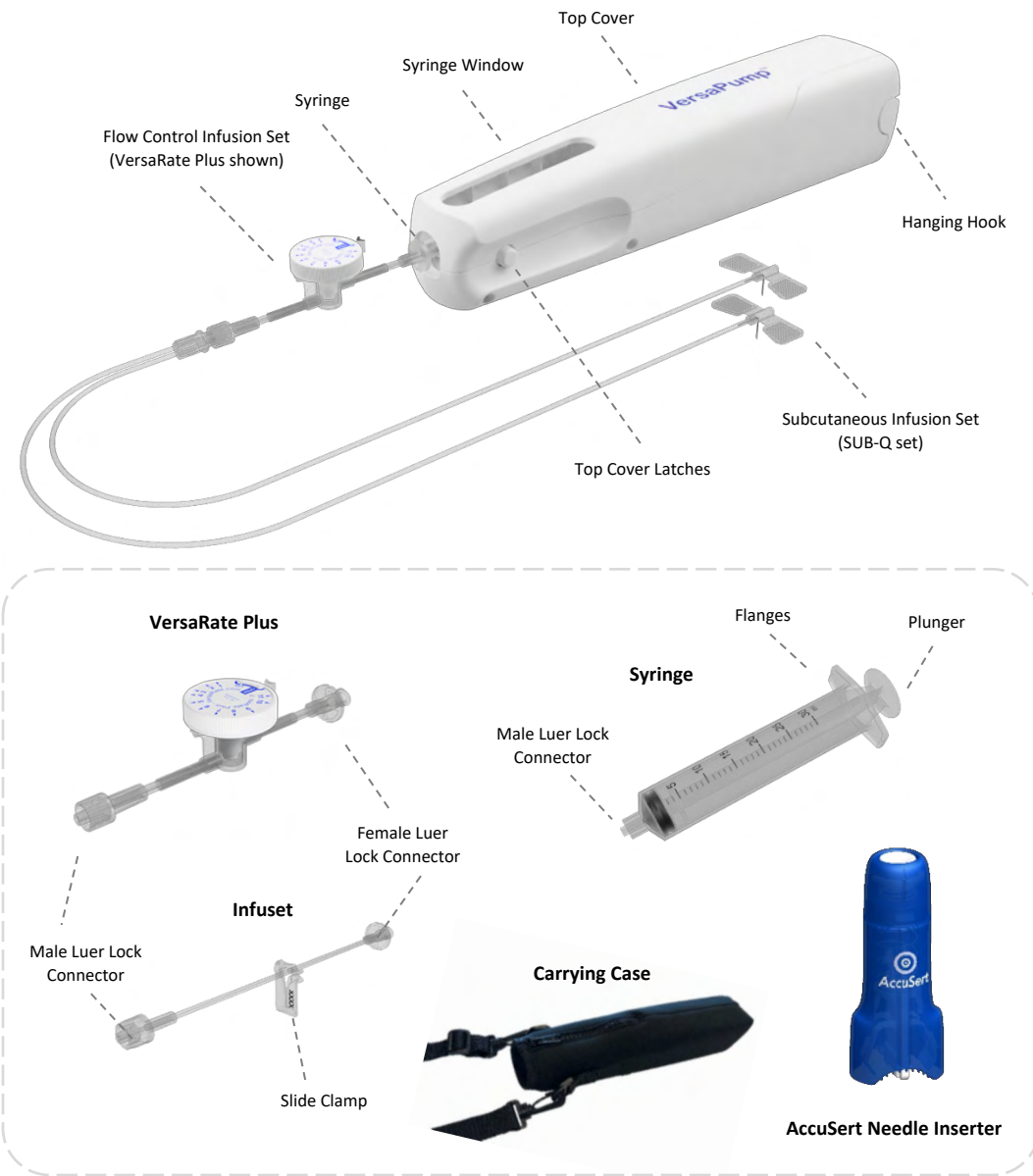
Syringes, flow controllers, subcutaneous infusion sets, and AccuSert needle inserters are sold separately. The syringe component is not manufactured by EMED and is available for purchase from the syringe manufacturer. Not all syringe models may be available in your country or region. Contact your healthcare professional if needed.

The flow control accessory regulates the fluid flow rate into the SUB-Q set. The flow control accessory should be selected based on the prescribing fluid’s administration instructions, the prescribed fluid, the type of SUB-Q set being used, and patient factors. See section *How to choose a subcutaneous infusion set and flow controller* for additional information. The following flow controllers are available for use with the VersaPump Infusion System:

Description	Reorder Number	Description	Reorder Number
Infuset-45	FP-0010013	Infuset-820	FP-0010006
Infuset-80	FP-0010014	Infuset-930	FP-0010005
Infuset-120	FP-0010011	Infuset-1850	FP-0010004
Infuset-190	FP-0010008	Infuset-3200	FP-0010027
Infuset-290	FP-0010007	Infuset-4000	FP-0010028
Infuset-430	FP-0010010	Infuset-4300	FP-0010029
Infuset-650	FP-0010009	VersaRate Plus	FP-0010026

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System Diagram



NOTE: Images above are not representative of actual product sizes.

VersaPump® Infusion System

Intended Use

The VersaPump Infusion System is intended for the subcutaneous infusion of indicated fluids for patients in the home or hospital environment when administered by an adult according to the indicated fluid's product labeling and with specified models of subcutaneous infusion sets, flow controllers, and syringes. The system is intended for single patient, multiple use only.

Intended Population / Users

The VersaPump Infusion System is intended for adult and children that require subcutaneous infusion of fluid medication prescribed by a healthcare professional.

The VersaPump Infusion System should be used by qualified healthcare professionals or trained caregivers or individuals who have received appropriate instruction from healthcare professionals.

Indications for Use

The VersaPump Infusion System is indicated for the subcutaneous infusion of immunoglobulin liquid medications.

Contraindications

Administration of indicated fluids is for subcutaneous infusion only. Infusion into other infusion sites, including blood vessels, should not be attempted.

Clinical Benefit

Subcutaneous infusion of immunoglobulin fluid medication in line with the pharmaceutical manufacturer's recommended delivery limits to effectively manage conditions requiring immunoglobulin therapy.

When used as intended, the device presents no unacceptable risks and has a low rate of complications related to injury at the injection site, allergic reactions, biocompatibility issues, or infections.

Alarms

The VersaPump Infuser does NOT have alarms or indicators.

Limitations

The principle of operation of the VersaPump Infusion System is continuous infusion by applying a constant force to the syringe and regulating the fluid flow into the SUB-Q set using a flow controller. The system is passive and is therefore not able to compensate automatically for changes in environment or patient conditions. When using an Infuset flow controller, the rate is fixed and cannot be adjusted during infusion. When using a VersaRate Plus flow controller, the rate can be adjusted manually if needed. For more information, reference the *Factors that Affect Flow Rate* and *Troubleshooting* sections.

The VersaPump Infuser does not have any warning indications or alarms. The user or healthcare professional must always monitor the infusion progress and determine when the infusion is complete by verifying the remaining volume in the syringe.

Warnings and Precautions



Warnings:

- Use the VersaPump Infusion System ONLY for its intended use and as prescribed by your healthcare professional.
- Read and follow all instructions for the VersaPump Infusion System and applicable components prior to use.
- Healthcare professionals and users should read the indicated fluid's contraindications, instructions, and warnings prior to initiating delivery of fluid.
- Children should NOT use the VersaPump Infusion System without the aid of an adult.
- Use ONLY the listed SUB-Q sets, flow controllers, and syringes with the VersaPump Infusion System. Use of other infusion components may result in unsafe conditions for patient or deviation from desired infusion rates.
- Do NOT store the indicated fluid in the syringe prior to use. Prepare the VersaPump Infusion System and initiate therapy immediately after transferring indicated fluid to the syringe.
- Use aseptic technique when handling indicated fluids, syringes, flow controllers, and SUB-Q sets.
- Do NOT use flow controller, SUB-Q set, or syringe components more than once, as reuse may result in infection, cross contamination, or altered flow rate performance. Do NOT attempt to re-sterilize components, as doing so may cause serious personal injury.
- Do NOT use VersaPump Infusion System while undergoing medical diagnostic procedures, such as MRI, X-ray, or CT scans.
- Do NOT attempt to disassemble or tamper with the Infuser attempting to modify its function in any way other than its intended use. Serious injury may occur.



Cautions:

- U.S. Federal law restricts this device to sale by or on the order of a physician.
- Place the VersaPump infusion pump on a stable surface, or in the provided carrying case, or by using the rear hook.
- Avoid pinching the SUB-Q set or flow controller tubing.
- Syringe damage and fluid loss may occur if the VersaPump Infusion System is dropped while loaded.
- Do NOT continue to use a VersaPump Infuser that has been damaged, dropped, or if it has failed to perform as expected. If any damage is suspected, contact your healthcare professional.
- Avoid over tightening the Luer lock connections when attaching flow controllers to syringes and subcutaneous infusion sets to the flow controllers, as this may result in damage to the connectors.
- Do NOT subject the infuser to autoclaving or other similar methods of sterilization. Clean according to the instructions in the Maintenance section.
- Avoid exposing the VersaPump pump or carrying case to temperatures outside of recommended range of -5 to 40 °C (23 to 104 °F). See storage instructions in the Maintenance section.
- Using a combination of SUB-Q infusion set and Infuset or VersaRate Plus position not specified in the flow rate tables of this user manual may result in a flow rate outside of what has been approved for use.

MR Safety Information

The VersaPump Infusion System is MR Unsafe.

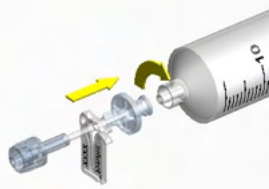
Potential Undesirable Adverse Events

EMED has implemented all feasible risk mitigation measures to ensure the device's safety and performance. Any remaining risks have been reduced as far as possible and are considered negligible when the device is used as intended. While the likelihood of occurrence is extremely low, the following potential adverse events may still occur:

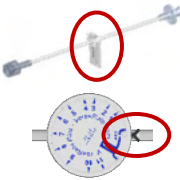
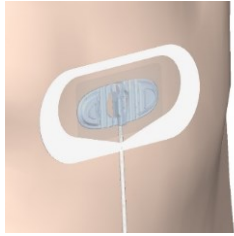
- Progression of disease (due to infusion interruptions, incorrect drug delivery, fluid leakage, or device misuse).
- Injury (improper handling or device use may cause cuts, bruises, scratches, or blunt force trauma, including minor tissue damage or pain. Serious injury is rare but possible with excessive force.)
- Inconvenience to user (due to factors such as unexpected infusion disruptions, usability challenges, and environmental influences)
- Skin irritation (caused by device contact, which may lead to sensitization or mild toxicity reactions in sensitive individuals. Additionally, exposure to drug particulates can trigger adverse reactions, while infused air may result in temporary skin discomfort.)
- Infection (due to contamination, cross-contamination, improper handling, and inadequate disposal of used infusion sets).
- Minor discomfort or pain (due to air infusion into subcutaneous tissue or drug infusion into non-subcutaneous tissue).
- Vein or artery damage, including air embolism (due to unintended intravenous infusion or improper priming)
- Damage to property and environment (due to improper or irresponsible disposal of the infuser and system components).

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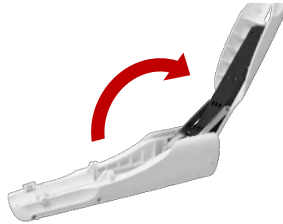
Instructions for Use (IFU)

Step	Instruction	Image
Prepare Infusion		
1	WASH HANDS thoroughly and dry before handling any supplies. Wear gloves if you have been instructed to do so. Disinfect the work surface. WARNING: Use aseptic technique throughout procedure.	
2	VERIFY you are using the correct flow controller, SUB-Q set, and syringe prescribed by your healthcare professional. VERIFY sterile component packaging is not damaged. WARNING: Read and follow all instructions for the indicated fluid and components prior to use.	
3	REMOVE flow controller, SUB-Q set and syringe from sterile packaging.	
4	For prefilled syringes, proceed to Step 5. For drugs in vials, TRANSFER indicated fluid from vial(s) to syringe according to the drug product labeling or as instructed by your healthcare professional. Immediately proceed to next step. WARNING: Do NOT store indicated fluid in the syringe prior to use. Follow the instructions of the indicated fluid.	
5	Remove sterile Luer lock caps from Infuset or VersaRate Plus using aseptic technique and CONNECT the syringe male Luer lock to Infuset or VersaRate Plus female Luer lock. CAUTION: Use aseptic technique and avoid over tightening the connection.	

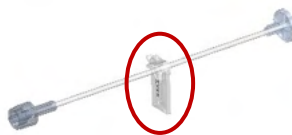
VersaPump® Infusion System

Step	Instruction	Image
6	Remove sterile Luer lock cap from the SUB-Q set using aseptic technique and CONNECT Infuset or VersaRate Plus male Luer lock to the SUB-Q set. CAUTION: Use aseptic technique and avoid over tightening the connection.	
7	PRIME the tubing by gently pushing on the syringe plunger to fill the tubing with fluid or as instructed by your healthcare professional.	
8	CLOSE flow controller. Use slide clamp provided with Infuset or select the 'OFF' position on the VersaRate Plus to prevent flow of fluid. NOTE: Failure to close the flow controller may lead to unintended start of infusion when top cover is closed (step 12).	
9	PREPARE INJECTION SITES by cleaning the skin with an alcohol swab as instructed by your healthcare professional. REMOVE the wing guards and needle guards from the SUB-Q set. INSERT NEEDLES according to the indicated medication package insert, specified SUB-Q set instructions, or as instructed by your healthcare professional. OPTIONAL: The AccuSert Needle Inserter can be used to insert the needles. NOTE: If instructed by your healthcare professional, before starting the infusion but after the needles are inserted, gently pull back on the plunger to make sure no blood is flowing back into the tubing. If blood is present, remove and discard the needle set.	  <u>Optional:</u> Use AccuSert Needle Inserter

Load Pump

10	OPEN top cover fully. Place the pump on a stable surface. With one hand, hold the lower portion of the pump near the latches. Push both round buttons to release the top cover from the latches. With the other hand, grasp the top cover near the latches and pull firmly until the top cover is fully open. NOTE: A reasonable amount of effort is needed to open the top cover.	
11	LOAD syringe into pump with gradations pointing up. Ensure syringe flanges are horizontal and fully in the two slots.	
12	CLOSE top cover until latches are secured. An audible click should be heard as the top cover engages with the latches.	
13	PLACE the pump on a stable surface. Alternate placements (see images): • Use the carrying case accessory provided. The strap should be worn over or across the shoulder. • Use the hook at the rear of the product to hang the pump. Close hook when not in use. CAUTION: Avoid pinching SUB-Q set or flow controller tubing. Syringe damage and fluid loss may occur if the VersaPump Infusion System is dropped while loaded.	

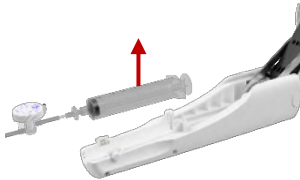
Infusion

14	When using Infuset: a) To START infusion, release the SLIDE CLAMP, allowing fluid to flow. b) MONITOR infusion by viewing the syringe volume. c) To STOP infusion, USE SLIDE CLAMP as necessary during infusion session or when session is complete.	
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VersaPump® Infusion System

When Using VersaRate Plus: a) To START infusion, TURN dial to required flow position once pump is fully loaded and needles are inserted and secured. b) MONITOR infusion by viewing the syringe volume. c) To STOP infusion, TURN to 'OFF' position as necessary during infusion session or when session is complete.	
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End of Infusion

15 When session is complete, OPEN the pump top cover and remove the syringe. NOTE: If the infusion protocol requires more than one syringe to be administered, repeat steps 3 – 15 in sequence. It is recommended to perform the infusions sequentially without a delay in time.	
16 DISPOSE of the syringe, flow controller, and SUB-Q set in an appropriate biohazard and/or sharps waste container according to your local regulations. WARNING: Read and follow all disposal instructions for the components.	
17 CLEAN and STORE pump and carrying case for next use. Instructions for cleaning and storage are described in the Maintenance section on the next page.	

Maintenance

The pump and carrying case are reusable parts of the infusion system and do not require any maintenance or calibration. Periodic cleaning of external surfaces is recommended.

Cleaning the infuser:

- External surfaces of the VersaPump Infuser may be cleaned with 70% isopropyl alcohol wipes or a soft cloth dampened with a weak solution of mild detergent and warm water (approximately 1 part detergent to 50 parts water by volume).
- Do not attempt to disassemble or clean any part of the VersaPump Infuser that is not easily accessible.
- Thoroughly clean exterior accessible surfaces by gently pressing onto the VersaPump Infuser and using circular motions with the alcohol wipe or damp cloth.
- Use a clean, dry cloth to dry the exposed and external portions of the device. Ensure that all areas are wiped until visibly clean.
- If needed, repeat the cleaning process until all areas are visibly clean and dry.
- Do not use heating devices to dry or expose infuser to high temperatures.
- If the device cannot be cleaned and fails the visual inspection, shows signs of deterioration such as corrosion, discoloration, cracks on plastic parts, illegible labels, safely dispose of the devices.

Cleaning the carrying case:

- Only clean the surface with a clean damp cloth and let it air dry.
- Do not machine wash the carrying case as it could damage the materials.

CAUTION:

- Discontinue use of a VersaPump Infuser that has been internally exposed to or immersed in fluid.
- Do not attempt to use an autoclave or dishwasher to clean or sterilize the VersaPump Infuser.

Storage

Store the pump and carrying case in a cool, dry place between the temperature range of -5 to 40 °C (23 to 104°F).

CAUTION:

Avoid exposing the pump or carrying case to temperatures outside of recommended range.

Disposal

The pump and carrying case should be disposed of in general waste collection and not disassembled prior to disposal. Please ensure compliance with local regulations.

The subcutaneous infusion set, flow controller, and syringe are single use only and should be disposed of in an appropriate biohazard and/or sharps waste container according to local and federal regulations.

WARNING:

- Safely dispose of the single-use components according to their instructions for use.
- Do NOT attempt to disassemble or tamper with the Infuser attempting to modify its function in any way other than its intended use. Serious injury may occur.

VersaPump® Infusion System

Specifications

Compatible Syringe Models (NOTE: All syringes might not be available in all markets)	20 mL BD syringe (302830) 20 mL Hizentra Prefilled Syringe (NDC 44206-458-96) 30 mL BD syringe (302832) 30 mL B. Braun syringe (4617304F) 35 mL Monoject syringe (1183500777 or 8881535762)
Infuser Mass (empty)	500 grams (1.1 lb)
Infuser Spring Force	36 N (8 lbf)
System Flow Rate Accuracy	Using Infuset and SUB-Q set: $\pm 30\%$ Using VersaRate Plus and SUB-Q set: At settings 5 through OPEN: Up to $\pm 30\%$ At settings 3 or 4: Up to $\pm 40\%$ At settings 1 or 2: Not recommended. (Percent difference from the nominal flow rates listed)
Allowed Vertical Difference	± 30 cm (± 12 in) between Infuser and infusion site.
Flow Rate Vertical Sensitivity	Each 30 cm (12 in) above infusion site, up to 5% increase in flow rate. Each 30 cm (12 in) below infusion site, up to 5% decrease in flow rate.
Residual Volume	System residual volume depends on the combination of selected component residuals: Syringe: ≈ 0.2 mL in Luer tip, Flow Controller: 0.05 – 0.25 mL depending on model, SUB-Q set: 0.18 – 1.87 mL depending on model. See individual component information for specific residual values.
Infuser Useful Life	2,000 Cycles
Target Operating Temperature	Room temperature, 20 – 25 °C (68 – 77 °F)
Storage Temperature	- 5 to 40 °C (23 – 104 °F)
Alarms	None.
Noise	No audible noise during infusion.
Representative Flow Profile	The figure shows the flow rate vs. time at 20°C – 25°C under laboratory conditions using BD 30 mL syringe filled with water, OPT12609, and Infuset-45. The mean flow rate was 37 mL/h. Although realized flow rates are determined by the combination of fluid type, syringe model, flow controller and SUB-Q set used, the flow rate profile remains the same due to the principle of action of the VersaPump Infusion System.

Factors that Affect Flow Rate

System flow rate can be affected by various environmental factors, patient factors, and infusion equipment used. The following table shows some of the factors that influence the flow rate. The compounded effect of these variables should be considered during use of the VersaPump Infuser and selection of the appropriate Infuset or VersaRate Plus accessories.

Factors That Affect Flow Rate:		
LARGE EFFECT	Flow Controller	The flow controller model and/or setting has a significant effect on flow rate. The flow controller model and/or setting should be selected from the flow rate tables provided in this manual.
	Subcutaneous Infusion Sets and Needle Gauge	The effect of the subcutaneous infusion set and needle size depend on the dimensions of the fluid path. Appropriate subcutaneous infusion set and needle gauge should be selected for specific clinical requirements, then the appropriate flow controller should be selected to achieve the desired flow rate.
	Ambient and Fluid Temperatures	Temperature of the fluid has a significant effect on drug viscosity, and therefore has a significant effect on flow rate. Ambient temperature may affect the fluid temperature given time to equilibrate. The system flow rate will change approximately 1 to 1.5% for each degree Fahrenheit temperature change of the fluid. Optimal operating temperature is between 20 – 25 °C (68 – 77 °F).
MODERATE EFFECT	Syringe Model	Different syringe models have different barrel diameter sizes. This results in different fluid pressure within the syringe thus has a moderate effect on flow rate. The flow controller model and/or setting should be selected from the flow rate tables based on the specific syringe model used.
	Patient Factors	• Tissue back pressure • Type of tissue and the absorption rate • Location of infusion site • Body Mass Index • Age • Health
SMALL EFFECT	Infuser Relative Height	Difference in relative height between the infuser and the infusion site has a minimal effect on flow rate.

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How to determine approximate flow rate during infusion:

1. Record the starting volume and time.
2. Wait an appropriate amount of time for volume to infuse (Examples: 10 minutes or after 5 mL infused).
3. Record the elapsed volume in mL and elapsed time in minutes.
4. Calculate flow rate using the equation:

$$\text{Flow Rate [mL/h]} = \frac{\text{Volume [mL]}}{\text{Time [minutes]}} \times 60$$

How to determine per site flow rate:

$$\text{Flow Rate Per Site [mL/h/site]} = \frac{\text{Total Flow Rate [mL/h]}}{\text{Number of Needles}}$$

How to choose a subcutaneous infusion set and flow controller:

Visit www.versarate.com website for an electronic version of the flow rate information.

In the following pages you will find tables that can be used to identify the combination of the EMED subcutaneous infusion set and the Infuset model or VersaRate Plus position that will provide a flow rate that may accommodate the patient’s need for infusion while falling within drug manufacturer’s prescribing limits. Flow rate information for use with the Infuset and VersaRate Plus will be presented separately for each of the indicated fluids that are to be used with the VersaPump Infusion System. In the case of Hizentra, separate flow rate tables have been included for patients infusing for the treatment of Primary Immunodeficiency (PI) or Chronic Inflammatory Demyelinating Polyneuropathy (CIDP).

The flow rate values presented in the following tables are based on bench testing in a lab environment and controlled temperature range of 20 – 25 °C (68 – 77 °F) without the effect of the patient. It is important to understand that flow rates of infused immunoglobulin fluids can be affected by multiple factors. See previous section *Factors that Affect Flow Rate* for additional information.

To choose a system combination, first find the correct table according to the drug type and flow controller model. Select the table row that contains the needle gauge, SUB-Q set model, needle length, number of needle sites, and flow rate that best meets therapeutic needs and/or patient preferences.

Total flow rate values are presented in the following tables. Flow rate per site can be determined by dividing the total flow rate by the number of needle sites.

CAUTION:

Using a combination of SUB-Q infusion set and Infuset or VersaRate Plus position not specified in the tables on the following pages may result in a flow rate outside of what has been approved for use.

NOTE:

Please contact EMED Technologies at +1-916-932-0071 for additional information regarding selection of flow controllers with SUB-Q sets to obtain a desired flow rate.

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Infusing Cutaquig in Canada

Tables 1 and 2 show expected total flow rates for infusing Cutaquig using various combinations of subcutaneous infusion sets, flow controllers, and syringe models. The table legend describes flow rate limits for Cutaquig applicable for only in Canada. Cells shaded in white are suitable for initial and maintenance infusions. Cells shaded in yellow are only suitable for maintenance infusions. Cells shaded in red may exceed the prescribing information flow rate limits (Exceeds 25 mL/h/site or 100 mL/h total) and are for reference purpose only. Cells shaded in gray do not have values listed because testing has not been performed.

Table Legend:

	Suitable for initial and maintenance infusions (up to 20 mL/h/site or 30 mL/h total)
	Suitable for maintenance infusions only (up to 25 mL/h/site or 100 mL/h total)
	May exceed the prescribing information flow rate limits (Exceeds 25 mL/h/site or 100 mL/h total)
	No data available

Table 1		Drug						Flow Controller										
		Cutaquig						Infuset										
Values shaded in yellow are only suitable for maintenance infusions according to the drug's prescribing information.																		
Syringe Type (Model #)	SUB-Q Set				Total flow rate (mL/h) for ALL sites per Infuset flow controller													
	Gauge	REF#	Length (mm)	# of Needles	Infuset-45	Infuset-80	Infuset-120	Infuset-190	Infuset-290	Infuset-430	Infuset-650	Infuset-820	Infuset-930	Infuset-1850	Infuset-3200	Infuset-4000	Infuset-4300	
BD 30 (302832)	26G	OPT12604	4	1			8	15	20	31	39	48	49	80	85	90	90	
		OPT12606	6	1			8	15	20	31	39	48	49	80	85	90	90	
		OPT12609	9	1			8	15	20	31	39	48	49	80	85	90	90	
		OPT12612	12	1			8	15	20	31	39	48	49	80	85	90	90	
		OPT12614	14	1			8	15	20	31	39	48	49	80	85	90	90	
		OPT22604	4	2				17	23	37	50	65	68	143	161	178	179	
		OPT22606	6	2				17	23	37	50	65	68	143	161	178	179	
		OPT22609	9	2				17	23	37	50	65	68	143	161	178	179	
		OPT22612	12	2				17	23	37	50	65	68	143	161	178	179	
		OPT22614	14	2				17	23	37	50	65	68	143	161	178	179	
		OPT32606	6	3					24	39	53	71	75	180	208	237	240	
		OPT32609	9	3					24	39	53	71	75	180	208	237	240	
		OPT32612	12	3					24	39	53	71	75	180	208	237	240	
		OPT32614	14	3					24	39	53	71	75	180	208	237	240	
		OPT42606	6	4						40	56	77	81	218	262	309	313	
		OPT42609	9	4						40	56	77	81	218	262	309	313	
		OPT42612	12	4						40	56	77	81	218	262	309	313	
		OPT42614	14	4						40	56	77	81	218	262	309	313	
		OPT52606	6	5							41	57	79	83	236	288	346	351
		OPT52609	9	5							41	57	79	83	236	288	346	351
	OPT52612	12	5							41	57	79	83	236	288	346	351	
	OPT62609	9	6								58	81	86	258	322	397	404	
	OPT62612	12	6								58	81	86	258	322	397	404	
27G	SAF-Q-109-G27	9	1					12	14	19	22	24	24	30	31	31	31	

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Table 1		Drug						Flow Controller										
		Cutaquig						Infuset										
Values shaded in yellow are only suitable for maintenance infusions according to the drug's prescribing information.																		
Syringe Type (Model #)	SUB-Q Set				Total flow rate (mL/h) for ALL sites per Infuset flow controller													
	Gauge	REF#	Length (mm)	# of Needles	Infuset-45	Infuset-80	Infuset-120	Infuset-190	Infuset-290	Infuset-430	Infuset-650	Infuset-820	Infuset-990	Infuset-1850	Infuset-3200	Infuset-4000	Infuset-4300	
BD 20 (302830)	26G	OPT12604	4	1			10	20	26	39	50	61	63	103	109	115	115	
		OPT12606	6	1			10	20	26	39	50	61	63	103	109	115	115	
		OPT12609	9	1			10	20	26	39	50	61	63	103	109	115	115	
		OPT12612	12	1			10	20	26	39	50	61	63	103	109	115	115	
		OPT12614	14	1			10	20	26	39	50	61	63	103	109	115	115	
		OPT22604	4	2				21	29	47	63	83	87	183	206	228	229	
		OPT22606	6	2				21	29	47	63	83	87	183	206	228	229	
		OPT22609	9	2				21	29	47	63	83	87	183	206	228	229	
		OPT22612	12	2				21	29	47	63	83	87	183	206	228	229	
		OPT22614	14	2				21	29	47	63	83	87	183	206	228	229	
		OPT32606	6	3					30	49	68	91	96	230	267	304	307	
		OPT32609	9	3					30	49	68	91	96	230	267	304	307	
		OPT32612	12	3					30	49	68	91	96	230	267	304	307	
		OPT32614	14	3					30	49	68	91	96	230	267	304	307	
		OPT42606	6	4							51	72	98	103	279	335	396	401
		OPT42609	9	4							51	72	98	103	279	335	396	401
		OPT42612	12	4							51	72	98	103	279	335	396	401
		OPT42614	14	4							51	72	98	103	279	335	396	401
		OPT52606	6	5							52	73	101	106	302	368	443	450
		OPT52609	9	5							52	73	101	106	302	368	443	450
	OPT52612	12	5							52	73	101	106	302	368	443	450	
	OPT62609	9	6							53	75	104	110	330	412	508	517	
	OPT62612	12	6							53	75	104	110	330	412	508	517	
	27G	SAF-Q-109-G27	9	1				9	15	18	24	28	31	31	38	39	40	40
B.Braun 30 (4617304F)	26G	OPT12604	4	1				8	15	20	30	38	47	48	78	83	88	88
		OPT12606	6	1				8	15	20	30	38	47	48	78	83	88	88
		OPT12609	9	1				8	15	20	30	38	47	48	78	83	88	88
		OPT12612	12	1				8	15	20	30	38	47	48	78	83	88	88
		OPT12614	14	1				8	15	20	30	38	47	48	78	83	88	88
		OPT22604	4	2					16	22	36	48	63	66	140	157	174	175
		OPT22606	6	2					16	22	36	48	63	66	140	157	174	175
		OPT22609	9	2					16	22	36	48	63	66	140	157	174	175
		OPT22612	12	2					16	22	36	48	63	66	140	157	174	175
		OPT22614	14	2					16	22	36	48	63	66	140	157	174	175
		OPT32606	6	3							38	52	70	73	176	204	232	234
		OPT32609	9	3							38	52	70	73	176	204	232	234
		OPT32612	12	3							38	52	70	73	176	204	232	234
		OPT32614	14	3							38	52	70	73	176	204	232	234
		OPT42606	6	4							39	55	75	79	213	256	302	303

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Table 1		Drug						Flow Controller										
		Cutaquig						Infuset										
Values shaded in yellow are only suitable for maintenance infusions according to the drug's prescribing information.																		
Syringe Type (Model #)	SUB-Q Set				Total flow rate (mL/h) for ALL sites per Infuset flow controller													
	Gauge	REF#	Length (mm)	# of Needles	Infuset-45	Infuset-80	Infuset-120	Infuset-190	Infuset-290	Infuset-430	Infuset-650	Infuset-820	Infuset-930	Infuset-1850	Infuset-3200	Infuset-4000	Infuset-4300	
		OPT42609	9	4						39	55	75	79	213	256	302	306	
		OPT42612	12	4						39	55	75	79	213	256	302	306	
		OPT42614	14	4						39	55	75	79	213	256	302	306	
		OPT52606	6	5						40	56	77	81	230	281	338	343	
		OPT52609	9	5						40	56	77	81	230	281	338	343	
		OPT52612	12	5						40	56	77	81	230	281	338	343	
		OPT62609	9	6							57	79	84	252	315	388	394	
	OPT62612	12	6							57	79	84	252	315	388	394		
27G	SAF-Q-109-G27	9	1				11	14	18	21	23	24	29	30	31	31		
Monoject 35 (1183500777 or 8881535762)	26G	OPT12604	4	1				12	16	24	30	37	38	62	66	70	70	
		OPT12606	6	1				12	16	24	30	37	38	62	66	70	70	
		OPT12609	9	1				12	16	24	30	37	38	62	66	70	70	
		OPT12612	12	1				12	16	24	30	37	38	62	66	70	70	
		OPT12614	14	1				12	16	24	30	37	38	62	66	70	70	
		OPT22604	4	2					18	28	38	50	52	111	125	138	139	
		OPT22606	6	2					18	28	38	50	52	111	125	138	139	
		OPT22609	9	2					18	28	38	50	52	111	125	138	139	
		OPT22612	12	2					18	28	38	50	52	111	125	138	139	
		OPT22614	14	2					18	28	38	50	52	111	125	138	139	
		OPT32606	6	3						30	41	55	58	139	161	184	185	
		OPT32609	9	3						30	41	55	58	139	161	184	185	
		OPT32612	12	3						30	41	55	58	139	161	184	185	
		OPT32614	14	3						30	41	55	58	139	161	184	185	
		OPT42606	6	4							43	59	62	169	202	239	242	
		OPT42609	9	4							43	59	62	169	202	239	242	
		OPT42612	12	4							43	59	62	169	202	239	242	
		OPT42614	14	4							43	59	62	169	202	239	242	
		OPT52606	6	5							44	61	64	182	223	268	272	
		OPT52609	9	5							44	61	64	182	223	268	272	
		OPT52612	12	5							44	61	64	182	223	268	272	
		OPT62609	9	6								63	66	200	249	307	312	
		OPT62612	12	6								63	66	200	249	307	312	
		27G	SAF-Q-109-G27	9	1				9	11	14	17	19	19	23	24	24	24

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Table 2		Drug					Flow Controller									
		Cutaquig					VersaRate Plus									
Values shaded in yellow are only suitable for maintenance infusions according to the drug’s prescribing information.																
Syringe Type (Model #)	SUB-Q Set				Total flow rate (mL/h) for ALL sites per VersaRate Plus position setting											
	Gauge	REF#	Length (mm)	# of Needles	1	2	3	4	5	6	7	8	9	10	11	OPEN
BD 30 (302832)	26G	OPT12604	4	1			47	54	69	74	81	83	85	87	88	94
		OPT12606	6	1			47	54	69	74	81	83	85	87	88	94
		OPT12609	9	1			47	54	69	74	81	83	85	87	88	94
		OPT12612	12	1			47	54	69	74	81	83	85	87	88	94
		OPT12614	14	1			47	54	69	74	81	83	85	87	88	94
		OPT22604	4	2			64	77	111	126	146	153	158	165	171	193
		OPT22606	6	2			64	77	111	126	146	153	158	165	171	193
		OPT22609	9	2			64	77	111	126	146	153	158	165	171	193
		OPT22612	12	2			64	77	111	126	146	153	158	165	171	193
		OPT22614	14	2			64	77	111	126	146	153	158	165	171	193
		OPT32606	6	3			70	86	131	153	184	195	204	216	226	265
		OPT32609	9	3			70	86	131	153	184	195	204	216	226	265
		OPT32612	12	3			70	86	131	153	184	195	204	216	226	265
		OPT32614	14	3			70	86	131	153	184	195	204	216	226	265
		OPT42606	6	4			75	94	150	180	224	241	254	273	290	358
		OPT42609	9	4			75	94	150	180	224	241	254	273	290	358
		OPT42612	12	4			75	94	150	180	224	241	254	273	290	358
		OPT42614	14	4			75	94	150	180	224	241	254	273	290	358
		OPT52606	6	5			77	97	158	192	243	263	279	302	322	409
		OPT52609	9	5			77	97	158	192	243	263	279	302	322	409
	OPT52612	12	5			77	97	158	192	243	263	279	302	322	409	
	OPT62609	9	6			79	101	168	207	267	292	311	339	365	481	
	OPT62612	12	6			79	101	168	207	267	292	311	339	365	481	
	27G	SAF-Q-109-G27	9	1			24	25	28	29	30	30	31	31	31	32
BD 20 (302830)	26G	OPT12604	4	1			60	69	88	95	104	106	108	111	113	120
		OPT12606	6	1			60	69	88	95	104	106	108	111	113	120
		OPT12609	9	1			60	69	88	95	104	106	108	111	113	120
		OPT12612	12	1			60	69	88	95	104	106	108	111	113	120
		OPT12614	14	1			60	69	88	95	104	106	108	111	113	120
		OPT22604	4	2			81	98	142	161	187	196	203	212	219	247
		OPT22606	6	2			81	98	142	161	187	196	203	212	219	247
		OPT22609	9	2			81	98	142	161	187	196	203	212	219	247
		OPT22612	12	2			81	98	142	161	187	196	203	212	219	247
		OPT22614	14	2			81	98	142	161	187	196	203	212	219	247
		OPT32606	6	3			89	110	168	196	235	250	261	276	289	339

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Table 2		Drug						Flow Controller								
		Cutaquig						VersaRate Plus								
Values shaded in yellow are only suitable for maintenance infusions according to the drug’s prescribing information.																
Syringe Type (Model #)	SUB-Q Set				Total flow rate (mL/h) for ALL sites per VersaRate Plus position setting											
	Gauge	REF#	Length (mm)	# of Needles	1	2	3	4	5	6	7	8	9	10	11	OPEN
		OPT32609	9	3			89	110	168	196	235	250	261	276	289	339
		OPT32612	12	3			89	110	168	196	235	250	261	276	289	339
		OPT32614	14	3			89	110	168	196	235	250	261	276	289	339
		OPT42606	6	4			96	120	192	231	287	309	325	350	371	458
		OPT42609	9	4			96	120	192	231	287	309	325	350	371	458
		OPT42612	12	4			96	120	192	231	287	309	325	350	371	458
		OPT42614	14	4			96	120	192	231	287	309	325	350	371	458
		OPT52606	6	5			98	124	203	246	311	337	357	386	412	523
		OPT52609	9	5			98	124	203	246	311	337	357	386	412	523
		OPT52612	12	5			98	124	203	246	311	337	357	386	412	523
	OPT62609	9	6			101	129	215	265	342	374	398	435	468	616	
OPT62612	12	6			101	129	215	265	342	374	398	435	468	616		
27G	SAF-Q-109-G27	9	1			30	33	36	37	39	39	39	40	40	41	
B.Braun 30 (4617304F)	26G	OPT12604	4	1			46	53	67	73	79	81	83	85	86	91
		OPT12606	6	1			46	53	67	73	79	81	83	85	86	91
		OPT12609	9	1			46	53	67	73	79	81	83	85	86	91
		OPT12612	12	1			46	53	67	73	79	81	83	85	86	91
		OPT12614	14	1			46	53	67	73	79	81	83	85	86	91
		OPT22604	4	2			62	75	108	123	143	150	155	162	167	189
		OPT22606	6	2			62	75	108	123	143	150	155	162	167	189
		OPT22609	9	2			62	75	108	123	143	150	155	162	167	189
		OPT22612	12	2			62	75	108	123	143	150	155	162	167	189
		OPT22614	14	2			62	75	108	123	143	150	155	162	167	189
		OPT32606	6	3			68	84	128	150	180	191	199	211	221	259
		OPT32609	9	3			68	84	128	150	180	191	199	211	221	259
		OPT32612	12	3			68	84	128	150	180	191	199	211	221	259
		OPT32614	14	3			68	84	128	150	180	191	199	211	221	259
		OPT42606	6	4			73	92	147	176	219	236	248	267	283	350
		OPT42609	9	4			73	92	147	176	219	236	248	267	283	350
		OPT42612	12	4			73	92	147	176	219	236	248	267	283	350
		OPT42614	14	4			73	92	147	176	219	236	248	267	283	350
		OPT52606	6	5			75	95	155	188	238	257	272	295	315	399
		OPT52609	9	5			75	95	155	188	238	257	272	295	315	399
		OPT52612	12	5			75	95	155	188	238	257	272	295	315	399
		OPT62609	9	6			77	98	164	202	261	285	304	332	357	470
		OPT62612	12	6			77	98	164	202	261	285	304	332	357	470
	27G	SAF-Q-109-G27	9	1			23	25	28	29	29	30	30	30	30	31

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Table 2		Drug					Flow Controller									
		Cutaquig					VersaRate Plus									
Values shaded in yellow are only suitable for maintenance infusions according to the drug’s prescribing information.																
Syringe Type (Model #)	SUB-Q Set				Total flow rate (mL/h) for ALL sites per VersaRate Plus position setting											
	Gauge	REF#	Length (mm)	# of Needles	1	2	3	4	5	6	7	8	9	10	11	OPEN
Monoject 35 (1183500777 or 8881535762)	26G	OPT12604	4	1			36	42	53	58	63	64	65	67	68	72
		OPT12606	6	1			36	42	53	58	63	64	65	67	68	72
		OPT12609	9	1			36	42	53	58	63	64	65	67	68	72
		OPT12612	12	1			36	42	53	58	63	64	65	67	68	72
		OPT12614	14	1			36	42	53	58	63	64	65	67	68	72
		OPT22604	4	2			49	59	86	98	113	119	122	128	133	149
		OPT22606	6	2			49	59	86	98	113	119	122	128	133	149
		OPT22609	9	2			49	59	86	98	113	119	122	128	133	149
		OPT22612	12	2			49	59	86	98	113	119	122	128	133	149
		OPT22614	14	2			49	59	86	98	113	119	122	128	133	149
		OPT32606	6	3			54	67	101	119	142	151	158	167	175	205
		OPT32609	9	3			54	67	101	119	142	151	158	167	175	205
		OPT32612	12	3			54	67	101	119	142	151	158	167	175	205
		OPT32614	14	3			54	67	101	119	142	151	158	167	175	205
		OPT42606	6	4			58	73	116	140	174	187	197	211	224	277
		OPT42609	9	4			58	73	116	140	174	187	197	211	224	277
		OPT42612	12	4			58	73	116	140	174	187	197	211	224	277
		OPT42614	14	4			58	73	116	140	174	187	197	211	224	277
		OPT52606	6	5			60	75	123	149	188	204	216	233	249	316
		OPT52609	9	5			60	75	123	149	188	204	216	233	249	316
		OPT52612	12	5			60	75	123	149	188	204	216	233	249	316
	OPT62609	9	6			61	78	130	160	207	226	240	263	283	372	
	OPT62612	12	6			61	78	130	160	207	226	240	263	283	372	
	27G	SAF-Q-109-G27	9	1			18	20	22	23	23	24	24	24	24	25

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Infusing Cutaquig (International Use, excluding Canada)

Tables 3a to 4b show expected total flow rates for infusing Cutaquig using various combinations of subcutaneous infusion sets, flow controllers, and syringe models. The table legend describes flow rate limits for Cutaquig applicable for international use (excluding Canada). Cells shaded in white are suitable for initial and maintenance infusions. Cells shaded in yellow are only suitable for maintenance infusions. Cells shaded in red may exceed the prescribing information flow rate limits and are for reference purpose only. Cells shaded in gray do not have values listed because testing has not been performed.

Table Legend:

	Suitable for initial and maintenance infusions (All patient body weights: up to 15 mL/h/site)
	Suitable for maintenance infusions only (Under 40 kg (88 lb) body weight: up to 25 mL/h/site; 40 kg (88 lb) and greater: up to 67.5 mL/h/site)
	May exceed the flow rate limits for maintenance infusions
	No data available

Table 3a		Drug			Patient Information										Flow Controller			
		Cutaquig			Patients <u>under</u> 40 kg (88 lb)										Infuset			
Values shaded in yellow are only suitable for maintenance infusions according to the drug's prescribing information.																		
Syringe Type (Model #)	SUB-Q Set				Total flow rate (mL/h) for ALL sites per Infuset flow controller													
	Gauge	REF#	Length (mm)	# of Needles	Infuset-45	Infuset-80	Infuset-120	Infuset-190	Infuset-290	Infuset-430	Infuset-650	Infuset-820	Infuset-930	Infuset-1850	Infuset-3200	Infuset-4000	Infuset-4300	
BD 30 (302832)	26G	OPT12604	4	1			8	15	20	31	39	48	49	80	85	90	90	
		OPT12606	6	1			8	15	20	31	39	48	49	80	85	90	90	
		OPT12609	9	1			8	15	20	31	39	48	49	80	85	90	90	
		OPT12612	12	1			8	15	20	31	39	48	49	80	85	90	90	
		OPT12614	14	1			8	15	20	31	39	48	49	80	85	90	90	
		OPT22604	4	2				17	23	37	50	65	68	143	161	178	179	
		OPT22606	6	2				17	23	37	50	65	68	143	161	178	179	
		OPT22609	9	2				17	23	37	50	65	68	143	161	178	179	
		OPT22612	12	2				17	23	37	50	65	68	143	161	178	179	
		OPT22614	14	2				17	23	37	50	65	68	143	161	178	179	
		OPT32606	6	3					24	39	53	71	75	180	208	237	240	
		OPT32609	9	3					24	39	53	71	75	180	208	237	240	
		OPT32612	12	3					24	39	53	71	75	180	208	237	240	
		OPT32614	14	3					24	39	53	71	75	180	208	237	240	
		OPT42606	6	4						40	56	77	81	218	262	309	313	
		OPT42609	9	4						40	56	77	81	218	262	309	313	
		OPT42612	12	4						40	56	77	81	218	262	309	313	
		OPT42614	14	4						40	56	77	81	218	262	309	313	
		OPT52606	6	5						41	57	79	83	236	288	346	351	
		OPT52609	9	5						41	57	79	83	236	288	346	351	
		OPT52612	12	5						41	57	79	83	236	288	346	351	
		OPT62609	9	6							58	81	86	258	322	397	404	
		OPT62612	12	6							58	81	86	258	322	397	404	

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Table 3a		Drug			Patient Information										Flow Controller			
		Cutaquig			Patients <u>under</u> 40 kg (88 lb)										Infuset			
Values shaded in yellow are only suitable for maintenance infusions according to the drug’s prescribing information.																		
Syringe Type (Model #)	SUB-Q Set				Total flow rate (mL/h) for ALL sites per Infuset flow controller													
	Gauge	REF#	Length (mm)	# of Needles	Infuset-45	Infuset-80	Infuset-120	Infuset-190	Infuset-290	Infuset-430	Infuset-650	Infuset-820	Infuset-930	Infuset-1850	Infuset-3200	Infuset-4000	Infuset-4300	
	27G	SAF-Q-109-G27	9	1				12	14	19	22	24	24	30	31	31	31	
BD 20 (302830)	26G	OPT12604	4	1			10	20	26	39	50	61	63	103	109	115	115	
		OPT12606	6	1			10	20	26	39	50	61	63	103	109	115	115	
		OPT12609	9	1			10	20	26	39	50	61	63	103	109	115	115	
		OPT12612	12	1			10	20	26	39	50	61	63	103	109	115	115	
		OPT12614	14	1			10	20	26	39	50	61	63	103	109	115	115	
		OPT22604	4	2				21	29	47	63	83	87	183	206	228	229	
		OPT22606	6	2				21	29	47	63	83	87	183	206	228	229	
		OPT22609	9	2				21	29	47	63	83	87	183	206	228	229	
		OPT22612	12	2				21	29	47	63	83	87	183	206	228	229	
		OPT22614	14	2				21	29	47	63	83	87	183	206	228	229	
		OPT32606	6	3					30	49	68	91	96	230	267	304	307	
		OPT32609	9	3					30	49	68	91	96	230	267	304	307	
		OPT32612	12	3					30	49	68	91	96	230	267	304	307	
		OPT32614	14	3					30	49	68	91	96	230	267	304	307	
		OPT42606	6	4						51	72	98	103	279	335	396	401	
		OPT42609	9	4						51	72	98	103	279	335	396	401	
		OPT42612	12	4						51	72	98	103	279	335	396	401	
		OPT42614	14	4						51	72	98	103	279	335	396	401	
		OPT52606	6	5						52	73	101	106	302	368	443	450	
		OPT52609	9	5						52	73	101	106	302	368	443	450	
		OPT52612	12	5						52	73	101	106	302	368	443	450	
		OPT62609	9	6						53	75	104	110	330	412	508	517	
		OPT62612	12	6						53	75	104	110	330	412	508	517	
	27G	SAF-Q-109-G27	9	1			9	15	18	24	28	31	31	38	39	40	40	
B.Braun 30 (4617304F)	26G	OPT12604	4	1			8	15	20	30	38	47	48	78	83	88	88	
		OPT12606	6	1			8	15	20	30	38	47	48	78	83	88	88	
		OPT12609	9	1			8	15	20	30	38	47	48	78	83	88	88	
		OPT12612	12	1			8	15	20	30	38	47	48	78	83	88	88	
		OPT12614	14	1			8	15	20	30	38	47	48	78	83	88	88	
		OPT22604	4	2				16	22	36	48	63	66	140	157	174	175	
		OPT22606	6	2				16	22	36	48	63	66	140	157	174	175	
		OPT22609	9	2				16	22	36	48	63	66	140	157	174	175	
		OPT22612	12	2				16	22	36	48	63	66	140	157	174	175	
		OPT22614	14	2				16	22	36	48	63	66	140	157	174	175	
		OPT32606	6	3						38	52	70	73	176	204	232	234	
		OPT32609	9	3						38	52	70	73	176	204	232	234	
		OPT32612	12	3						38	52	70	73	176	204	232	234	
		OPT32614	14	3						38	52	70	73	176	204	232	234	

VersaPump® Infusion System

Table 3a		Drug			Patient Information										Flow Controller			
		Cutaquig			Patients <u>under</u> 40 kg (88 lb)										Infuset			
Values shaded in yellow are only suitable for maintenance infusions according to the drug’s prescribing information.																		
Syringe Type (Model #)	SUB-Q Set				Total flow rate (mL/h) for ALL sites per Infuset flow controller													
	Gauge	REF#	Length (mm)	# of Needles	Infuset-45	Infuset-80	Infuset-120	Infuset-190	Infuset-290	Infuset-430	Infuset-650	Infuset-820	Infuset-930	Infuset-1850	Infuset-3200	Infuset-4000	Infuset-4300	
		OPT42606	6	4						39	55	75	79	213	256	302	306	
		OPT42609	9	4						39	55	75	79	213	256	302	306	
		OPT42612	12	4						39	55	75	79	213	256	302	306	
		OPT42614	14	4						39	55	75	79	213	256	302	306	
		OPT52606	6	5						40	56	77	81	230	281	338	343	
		OPT52609	9	5						40	56	77	81	230	281	338	343	
		OPT52612	12	5						40	56	77	81	230	281	338	343	
		OPT62609	9	6						57	79	84	84	252	315	388	394	
OPT62612	12	6						57	79	84	84	252	315	388	394			
27G	SAF-Q-109-G27	9	1				11	14	18	21	23	24	29	30	31	31		
Monoject 35 (1183500777 or 8881535762)	26G	OPT12604	4	1				12	16	24	30	37	38	62	66	70	70	
		OPT12606	6	1				12	16	24	30	37	38	62	66	70	70	
		OPT12609	9	1				12	16	24	30	37	38	62	66	70	70	
		OPT12612	12	1				12	16	24	30	37	38	62	66	70	70	
		OPT12614	14	1				12	16	24	30	37	38	62	66	70	70	
		OPT22604	4	2					18	28	38	50	52	111	125	138	139	
		OPT22606	6	2					18	28	38	50	52	111	125	138	139	
		OPT22609	9	2					18	28	38	50	52	111	125	138	139	
		OPT22612	12	2					18	28	38	50	52	111	125	138	139	
		OPT22614	14	2					18	28	38	50	52	111	125	138	139	
		OPT32606	6	3						30	41	55	58	139	161	184	185	
		OPT32609	9	3						30	41	55	58	139	161	184	185	
		OPT32612	12	3						30	41	55	58	139	161	184	185	
		OPT32614	14	3						30	41	55	58	139	161	184	185	
		OPT42606	6	4							43	59	62	169	202	239	242	
		OPT42609	9	4							43	59	62	169	202	239	242	
		OPT42612	12	4							43	59	62	169	202	239	242	
		OPT42614	14	4							43	59	62	169	202	239	242	
		OPT52606	6	5							44	61	64	182	223	268	272	
		OPT52609	9	5							44	61	64	182	223	268	272	
		OPT52612	12	5							44	61	64	182	223	268	272	
		OPT62609	9	6								63	66	200	249	307	312	
		OPT62612	12	6								63	66	200	249	307	312	
		27G	SAF-Q-109-G27	9	1				9	11	14	17	19	19	23	24	24	24

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Table 3b		Drug			Patient Information								Flow Controller					
		Cutaquig			Patients 40 kg (88 lb) and higher								Infuset					
Values shaded in yellow are only suitable for maintenance infusions according to the drug's prescribing information.																		
Syringe Type (Model #)	SUB-Q Set				Total flow rate (mL/h) for ALL sites per Infuset flow controller													
	Gauge	REF#	Length (mm)	# of Needles	Infuset-45	Infuset-80	Infuset-120	Infuset-190	Infuset-290	Infuset-430	Infuset-650	Infuset-820	Infuset-930	Infuset-1850	Infuset-3200	Infuset-4000	Infuset-4300	
BD 30 (302832)	26G	OPT12604	4	1			8	15	20	31	39	48	49	80	85	90	90	
		OPT12606	6	1			8	15	20	31	39	48	49	80	85	90	90	
		OPT12609	9	1			8	15	20	31	39	48	49	80	85	90	90	
		OPT12612	12	1			8	15	20	31	39	48	49	80	85	90	90	
		OPT12614	14	1			8	15	20	31	39	48	49	80	85	90	90	
		OPT22604	4	2				17	23	37	50	65	68	143	161	178	179	
		OPT22606	6	2				17	23	37	50	65	68	143	161	178	179	
		OPT22609	9	2				17	23	37	50	65	68	143	161	178	179	
		OPT22612	12	2				17	23	37	50	65	68	143	161	178	179	
		OPT22614	14	2				17	23	37	50	65	68	143	161	178	179	
		OPT32606	6	3					24	39	53	71	75	180	208	237	240	
		OPT32609	9	3					24	39	53	71	75	180	208	237	240	
		OPT32612	12	3					24	39	53	71	75	180	208	237	240	
		OPT32614	14	3					24	39	53	71	75	180	208	237	240	
		OPT42606	6	4						40	56	77	81	218	262	309	313	
		OPT42609	9	4						40	56	77	81	218	262	309	313	
		OPT42612	12	4						40	56	77	81	218	262	309	313	
		OPT42614	14	4						40	56	77	81	218	262	309	313	
		OPT52606	6	5						41	57	79	83	236	288	346	351	
		OPT52609	9	5						41	57	79	83	236	288	346	351	
	OPT52612	12	5						41	57	79	83	236	288	346	351		
	OPT62609	9	6							58	81	86	258	322	397	404		
	OPT62612	12	6							58	81	86	258	322	397	404		
	27G	SAF-Q-109-G27	9	1				12	14	19	22	24	24	30	31	31	31	
BD 20 (302830)	26G	OPT12604	4	1			10	20	26	39	50	61	63	103	109	115	115	
		OPT12606	6	1			10	20	26	39	50	61	63	103	109	115	115	
		OPT12609	9	1			10	20	26	39	50	61	63	103	109	115	115	
		OPT12612	12	1			10	20	26	39	50	61	63	103	109	115	115	
		OPT12614	14	1			10	20	26	39	50	61	63	103	109	115	115	
		OPT22604	4	2				21	29	47	63	83	87	183	206	228	229	
		OPT22606	6	2				21	29	47	63	83	87	183	206	228	229	
		OPT22609	9	2				21	29	47	63	83	87	183	206	228	229	
		OPT22612	12	2				21	29	47	63	83	87	183	206	228	229	
		OPT22614	14	2				21	29	47	63	83	87	183	206	228	229	
		OPT32606	6	3					30	49	68	91	96	230	267	304	307	
		OPT32609	9	3					30	49	68	91	96	230	267	304	307	
		OPT32612	12	3					30	49	68	91	96	230	267	304	307	
		OPT32614	14	3					30	49	68	91	96	230	267	304	307	
		OPT42606	6	4						51	72	98	103	279	335	396	401	

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Table 3b		Drug			Patient Information										Flow Controller			
		Cutaquig			Patients 40 kg (88 lb) and higher										Infuset			
Values shaded in yellow are only suitable for maintenance infusions according to the drug’s prescribing information.																		
Syringe Type (Model #)	SUB-Q Set				Total flow rate (mL/h) for ALL sites per Infuset flow controller													
	Gauge	REF#	Length (mm)	# of Needles	Infuset-45	Infuset-80	Infuset-120	Infuset-190	Infuset-290	Infuset-430	Infuset-650	Infuset-820	Infuset-930	Infuset-1850	Infuset-3200	Infuset-4000	Infuset-4300	
		OPT42609	9	4						51	72	98	103	279	335	396	401	
		OPT42612	12	4						51	72	98	103	279	335	396	401	
		OPT42614	14	4						51	72	98	103	279	335	396	401	
		OPT52606	6	5						52	73	101	106	302	368	443	450	
		OPT52609	9	5						52	73	101	106	302	368	443	450	
		OPT52612	12	5						52	73	101	106	302	368	443	450	
		OPT62609	9	6						53	75	104	110	330	412	508	517	
		OPT62612	12	6						53	75	104	110	330	412	508	517	
27G	SAF-Q-109-G27	9	1			9	15	18	24	28	31	31	38	39	40	40		
B. Braun 30 (4617304F)	26G	OPT12604	4	1			8	15	20	30	38	47	48	78	83	88	88	
		OPT12606	6	1			8	15	20	30	38	47	48	78	83	88	88	
		OPT12609	9	1			8	15	20	30	38	47	48	78	83	88	88	
		OPT12612	12	1			8	15	20	30	38	47	48	78	83	88	88	
		OPT12614	14	1			8	15	20	30	38	47	48	78	83	88	88	
		OPT22604	4	2				16	22	36	48	63	66	140	157	174	175	
		OPT22606	6	2				16	22	36	48	63	66	140	157	174	175	
		OPT22609	9	2				16	22	36	48	63	66	140	157	174	175	
		OPT22612	12	2				16	22	36	48	63	66	140	157	174	175	
		OPT22614	14	2				16	22	36	48	63	66	140	157	174	175	
		OPT32606	6	3						38	52	70	73	176	204	232	234	
		OPT32609	9	3						38	52	70	73	176	204	232	234	
		OPT32612	12	3						38	52	70	73	176	204	232	234	
		OPT32614	14	3						38	52	70	73	176	204	232	234	
		OPT42606	6	4						39	55	75	79	213	256	302	306	
		OPT42609	9	4						39	55	75	79	213	256	302	306	
		OPT42612	12	4						39	55	75	79	213	256	302	306	
		OPT42614	14	4						39	55	75	79	213	256	302	306	
		OPT52606	6	5						40	56	77	81	230	281	338	343	
		OPT52609	9	5						40	56	77	81	230	281	338	343	
		OPT52612	12	5						40	56	77	81	230	281	338	343	
		OPT62609	9	6							57	79	84	252	315	388	394	
		OPT62612	12	6							57	79	84	252	315	388	394	
		27G	SAF-Q-109-G27	9	1				11	14	18	21	23	24	29	30	31	31

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Table 3b		Drug			Patient Information								Flow Controller					
		Cutaquig			Patients 40 kg (88 lb) and higher								Infuset					
Values shaded in yellow are only suitable for maintenance infusions according to the drug's prescribing information.																		
Syringe Type (Model #)	SUB-Q Set				Total flow rate (mL/h) for ALL sites per Infuset flow controller													
	Gauge	REF#	Length (mm)	# of Needles	Infuset-45	Infuset-80	Infuset-120	Infuset-190	Infuset-290	Infuset-430	Infuset-650	Infuset-820	Infuset-930	Infuset-1850	Infuset-3200	Infuset-4000	Infuset-4300	
Monoject 35 (1183500777 or 8881535762)	26G	OPT12604	4	1				12	16	24	30	37	38	62	66	70	70	
		OPT12606	6	1				12	16	24	30	37	38	62	66	70	70	
		OPT12609	9	1				12	16	24	30	37	38	62	66	70	70	
		OPT12612	12	1				12	16	24	30	37	38	62	66	70	70	
		OPT12614	14	1				12	16	24	30	37	38	62	66	70	70	
		OPT22604	4	2					18	28	38	50	52	111	125	138	139	
		OPT22606	6	2					18	28	38	50	52	111	125	138	139	
		OPT22609	9	2					18	28	38	50	52	111	125	138	139	
		OPT22612	12	2					18	28	38	50	52	111	125	138	139	
		OPT22614	14	2					18	28	38	50	52	111	125	138	139	
		OPT32606	6	3						30	41	55	58	139	161	184	185	
		OPT32609	9	3						30	41	55	58	139	161	184	185	
		OPT32612	12	3						30	41	55	58	139	161	184	185	
		OPT32614	14	3						30	41	55	58	139	161	184	185	
		OPT42606	6	4							43	59	62	169	202	239	242	
		OPT42609	9	4							43	59	62	169	202	239	242	
		OPT42612	12	4							43	59	62	169	202	239	242	
		OPT42614	14	4							43	59	62	169	202	239	242	
		OPT52606	6	5							44	61	64	182	223	268	272	
		OPT52609	9	5							44	61	64	182	223	268	272	
		OPT52612	12	5							44	61	64	182	223	268	272	
		OPT62609	9	6								63	66	200	249	307	312	
		OPT62612	12	6								63	66	200	249	307	312	
27G	SAF-Q-109-G27	9	1					9	11	14	17	19	19	23	24	24	24	

VersaPump® Infusion System

Table 4a		Drug			Patient Information										Flow Controller		
		Cutaquig			Patients <u>under</u> 40 kg (88 lb)										VersaRate Plus		
Values shaded in yellow are only suitable for maintenance infusions according to the drug’s prescribing information.																	
Syringe Type (Model #)	SUB-Q Set				Total flow rate (mL/h) for ALL sites per VersaRate Plus position setting												
	Gauge	REF#	Length (mm)	# of Needles	1	2	3	4	5	6	7	8	9	10	11	OPEN	
BD 30 (302832)	26G	OPT12604	4	1			47	54	69	74	81	83	85	87	88	94	
		OPT12606	6	1			47	54	69	74	81	83	85	87	88	94	
		OPT12609	9	1			47	54	69	74	81	83	85	87	88	94	
		OPT12612	12	1			47	54	69	74	81	83	85	87	88	94	
		OPT12614	14	1			47	54	69	74	81	83	85	87	88	94	
		OPT22604	4	2			64	77	111	126	146	153	158	165	171	193	
		OPT22606	6	2			64	77	111	126	146	153	158	165	171	193	
		OPT22609	9	2			64	77	111	126	146	153	158	165	171	193	
		OPT22612	12	2			64	77	111	126	146	153	158	165	171	193	
		OPT22614	14	2			64	77	111	126	146	153	158	165	171	193	
		OPT32606	6	3			70	86	131	153	184	195	204	216	226	265	
		OPT32609	9	3			70	86	131	153	184	195	204	216	226	265	
		OPT32612	12	3			70	86	131	153	184	195	204	216	226	265	
		OPT32614	14	3			70	86	131	153	184	195	204	216	226	265	
		OPT42606	6	4			75	94	150	180	224	241	254	273	290	358	
		OPT42609	9	4			75	94	150	180	224	241	254	273	290	358	
		OPT42612	12	4			75	94	150	180	224	241	254	273	290	358	
		OPT42614	14	4			75	94	150	180	224	241	254	273	290	358	
		OPT52606	6	5			77	97	158	192	243	263	279	302	322	409	
		OPT52609	9	5			77	97	158	192	243	263	279	302	322	409	
		OPT52612	12	5			77	97	158	192	243	263	279	302	322	409	
		OPT62609	9	6			79	101	168	207	267	292	311	339	365	481	
		OPT62612	12	6			79	101	168	207	267	292	311	339	365	481	
	27G	SAF-Q-109-G27	9	1			24	25	28	29	30	30	31	31	31	32	
BD 30 (302830)	26G	OPT12604	4	1			60	69	88	95	104	106	108	111	113	120	
		OPT12606	6	1			60	69	88	95	104	106	108	111	113	120	
		OPT12609	9	1			60	69	88	95	104	106	108	111	113	120	
		OPT12612	12	1			60	69	88	95	104	106	108	111	113	120	
		OPT12614	14	1			60	69	88	95	104	106	108	111	113	120	
		OPT22604	4	2			81	98	142	161	187	196	203	212	219	247	
		OPT22606	6	2			81	98	142	161	187	196	203	212	219	247	
		OPT22609	9	2			81	98	142	161	187	196	203	212	219	247	
		OPT22612	12	2			81	98	142	161	187	196	203	212	219	247	
		OPT22614	14	2			81	98	142	161	187	196	203	212	219	247	
		OPT32606	6	3			89	110	168	196	235	250	261	276	289	339	
		OPT32609	9	3			89	110	168	196	235	250	261	276	289	339	
		OPT32612	12	3			89	110	168	196	235	250	261	276	289	339	

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Table 4a		Drug			Patient Information										Flow Controller			
		Cutaquig			Patients <u>under</u> 40 kg (88 lb)										VersaRate Plus			
Values shaded in yellow are only suitable for maintenance infusions according to the drug’s prescribing information.																		
Syringe Type (Model #)	SUB-Q Set				Total flow rate (mL/h) for ALL sites per VersaRate Plus position setting													
	Gauge	REF#	Length (mm)	# of Needles	1	2	3	4	5	6	7	8	9	10	11	OPEN		
		OPT32614	14	3			89	110	168	196	235	250	261	276	289	339		
		OPT42606	6	4			96	120	192	231	287	309	325	350	371	458		
		OPT42609	9	4			96	120	192	231	287	309	325	350	371	458		
		OPT42612	12	4			96	120	192	231	287	309	325	350	371	458		
		OPT42614	14	4			96	120	192	231	287	309	325	350	371	458		
		OPT52606	6	5			98	124	203	246	311	337	357	386	412	523		
		OPT52609	9	5			98	124	203	246	311	337	357	386	412	523		
		OPT52612	12	5			98	124	203	246	311	337	357	386	412	523		
		OPT62609	9	6			101	129	215	265	342	374	398	435	468	616		
		OPT62612	12	6			101	129	215	265	342	374	398	435	468	616		
	27G	SAF-Q-109-G27	9	1			30	33	36	37	39	39	39	40	40	41		
B.Braun 30 (4617304F)	26G	OPT12604	4	1			46	53	67	73	79	81	83	85	86	91		
		OPT12606	6	1			46	53	67	73	79	81	83	85	86	91		
		OPT12609	9	1			46	53	67	73	79	81	83	85	86	91		
		OPT12612	12	1			46	53	67	73	79	81	83	85	86	91		
		OPT12614	14	1			46	53	67	73	79	81	83	85	86	91		
		OPT22604	4	2			62	75	108	123	143	150	155	162	167	189		
		OPT22606	6	2			62	75	108	123	143	150	155	162	167	189		
		OPT22609	9	2			62	75	108	123	143	150	155	162	167	189		
		OPT22612	12	2			62	75	108	123	143	150	155	162	167	189		
		OPT22614	14	2			62	75	108	123	143	150	155	162	167	189		
		OPT32606	6	3			68	84	128	150	180	191	199	211	221	259		
		OPT32609	9	3			68	84	128	150	180	191	199	211	221	259		
		OPT32612	12	3			68	84	128	150	180	191	199	211	221	259		
		OPT32614	14	3			68	84	128	150	180	191	199	211	221	259		
		OPT42606	6	4			73	92	147	176	219	236	248	267	283	350		
		OPT42609	9	4			73	92	147	176	219	236	248	267	283	350		
		OPT42612	12	4			73	92	147	176	219	236	248	267	283	350		
		OPT42614	14	4			73	92	147	176	219	236	248	267	283	350		
		OPT52606	6	5			75	95	155	188	238	257	272	295	315	399		
		OPT52609	9	5			75	95	155	188	238	257	272	295	315	399		
		OPT52612	12	5			75	95	155	188	238	257	272	295	315	399		
		OPT62609	9	6			77	98	164	202	261	285	304	332	357	470		
		OPT62612	12	6			77	98	164	202	261	285	304	332	357	470		
			27G	SAF-Q-109-G27	9	1			23	25	28	29	29	30	30	30	30	31

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Table 4a		Drug			Patient Information										Flow Controller		
		Cutaquig			Patients <u>under</u> 40 kg (88 lb)										VersaRate Plus		
Values shaded in yellow are only suitable for maintenance infusions according to the drug’s prescribing information.																	
Syringe Type (Model #)	SUB-Q Set				Total flow rate (mL/h) for ALL sites per VersaRate Plus position setting												
	Gauge	REF#	Length (mm)	# of Needles	1	2	3	4	5	6	7	8	9	10	11	OPEN	
Monoject 35 (1183500777 or 8881535762)	26G	OPT12604	4	1			36	42	53	58	63	64	65	67	68	72	
		OPT12606	6	1			36	42	53	58	63	64	65	67	68	72	
		OPT12609	9	1			36	42	53	58	63	64	65	67	68	72	
		OPT12612	12	1			36	42	53	58	63	64	65	67	68	72	
		OPT12614	14	1			36	42	53	58	63	64	65	67	68	72	
		OPT22604	4	2			49	59	86	98	113	119	122	128	133	149	
		OPT22606	6	2			49	59	86	98	113	119	122	128	133	149	
		OPT22609	9	2			49	59	86	98	113	119	122	128	133	149	
		OPT22612	12	2			49	59	86	98	113	119	122	128	133	149	
		OPT22614	14	2			49	59	86	98	113	119	122	128	133	149	
		OPT32606	6	3			54	67	101	119	142	151	158	167	175	205	
		OPT32609	9	3			54	67	101	119	142	151	158	167	175	205	
		OPT32612	12	3			54	67	101	119	142	151	158	167	175	205	
		OPT32614	14	3			54	67	101	119	142	151	158	167	175	205	
		OPT42606	6	4			58	73	116	140	174	187	197	211	224	277	
		OPT42609	9	4			58	73	116	140	174	187	197	211	224	277	
		OPT42612	12	4			58	73	116	140	174	187	197	211	224	277	
		OPT42614	14	4			58	73	116	140	174	187	197	211	224	277	
		OPT52606	6	5			60	75	123	149	188	204	216	233	249	316	
		OPT52609	9	5			60	75	123	149	188	204	216	233	249	316	
		OPT52612	12	5			60	75	123	149	188	204	216	233	249	316	
		OPT62609	9	6			61	78	130	160	207	226	240	263	283	372	
		OPT62612	12	6			61	78	130	160	207	226	240	263	283	372	
	27G	SAF-Q-109-G27	9	1			18	20	22	23	23	24	24	24	24	25	

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Table 4b		Drug			Patient Information										Flow Controller		
		Cutaquig			Patients <u>over</u> 40 kg (88 lb)										VersaRate Plus		
Values shaded in yellow are only suitable for maintenance infusions according to the drug’s prescribing information.																	
Syringe Type (Model #)	SUB-Q Set				Total flow rate (mL/h) for ALL sites per VersaRate Plus position setting												
	Gauge	REF#	Length (mm)	# of Needles	1	2	3	4	5	6	7	8	9	10	11	OPEN	
BD 30 (302832)	26G	OPT12604	4	1			47	54	69	74	81	83	85	87	88	94	
		OPT12606	6	1			47	54	69	74	81	83	85	87	88	94	
		OPT12609	9	1			47	54	69	74	81	83	85	87	88	94	
		OPT12612	12	1			47	54	69	74	81	83	85	87	88	94	
		OPT12614	14	1			47	54	69	74	81	83	85	87	88	94	
		OPT22604	4	2			64	77	111	126	146	153	158	165	171	193	
		OPT22606	6	2			64	77	111	126	146	153	158	165	171	193	
		OPT22609	9	2			64	77	111	126	146	153	158	165	171	193	
		OPT22612	12	2			64	77	111	126	146	153	158	165	171	193	
		OPT22614	14	2			64	77	111	126	146	153	158	165	171	193	
		OPT32606	6	3			70	86	131	153	184	195	204	216	226	265	
		OPT32609	9	3			70	86	131	153	184	195	204	216	226	265	
		OPT32612	12	3			70	86	131	153	184	195	204	216	226	265	
		OPT32614	14	3			70	86	131	153	184	195	204	216	226	265	
		OPT42606	6	4			75	94	150	180	224	241	254	273	290	358	
		OPT42609	9	4			75	94	150	180	224	241	254	273	290	358	
		OPT42612	12	4			75	94	150	180	224	241	254	273	290	358	
		OPT42614	14	4			75	94	150	180	224	241	254	273	290	358	
		OPT52606	6	5			77	97	158	192	243	263	279	302	322	409	
		OPT52609	9	5			77	97	158	192	243	263	279	302	322	409	
		OPT52612	12	5			77	97	158	192	243	263	279	302	322	409	
		OPT62609	9	6			79	101	168	207	267	292	311	339	365	481	
		OPT62612	12	6			79	101	168	207	267	292	311	339	365	481	
	27G	SAF-Q-109-G27	9	1			24	25	28	29	30	30	31	31	31	32	
BD 20 (302830)	26G	OPT12604	4	1			60	69	88	95	104	106	108	111	113	120	
		OPT12606	6	1			60	69	88	95	104	106	108	111	113	120	
		OPT12609	9	1			60	69	88	95	104	106	108	111	113	120	
		OPT12612	12	1			60	69	88	95	104	106	108	111	113	120	
		OPT12614	14	1			60	69	88	95	104	106	108	111	113	120	
		OPT22604	4	2			81	98	142	161	187	196	203	212	219	247	
		OPT22606	6	2			81	98	142	161	187	196	203	212	219	247	
		OPT22609	9	2			81	98	142	161	187	196	203	212	219	247	
		OPT22612	12	2			81	98	142	161	187	196	203	212	219	247	
		OPT22614	14	2			81	98	142	161	187	196	203	212	219	247	
		OPT32606	6	3			89	110	168	196	235	250	261	276	289	339	
		OPT32609	9	3			89	110	168	196	235	250	261	276	289	339	
		OPT32612	12	3			89	110	168	196	235	250	261	276	289	339	

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Table 4b		Drug			Patient Information										Flow Controller		
		Cutaquig			Patients <u>over</u> 40 kg (88 lb)										VersaRate Plus		
Values shaded in yellow are only suitable for maintenance infusions according to the drug’s prescribing information.																	
Syringe Type (Model #)	SUB-Q Set				Total flow rate (mL/h) for ALL sites per VersaRate Plus position setting												
	Gauge	REF#	Length (mm)	# of Needles	1	2	3	4	5	6	7	8	9	10	11	OPEN	
		OPT32614	14	3			89	110	168	196	235	250	261	276	289	339	
		OPT42606	6	4			96	120	192	231	287	309	325	350	371	458	
		OPT42609	9	4			96	120	192	231	287	309	325	350	371	458	
		OPT42612	12	4			96	120	192	231	287	309	325	350	371	458	
		OPT42614	14	4			96	120	192	231	287	309	325	350	371	458	
		OPT52606	6	5			98	124	203	246	311	337	357	386	412	523	
		OPT52609	9	5			98	124	203	246	311	337	357	386	412	523	
		OPT52612	12	5			98	124	203	246	311	337	357	386	412	523	
		OPT62609	9	6			101	129	215	265	342	374	398	435	468	616	
	OPT62612	12	6			101	129	215	265	342	374	398	435	468	616		
	27G	SAF-Q-109-G27	9	1			30	33	36	37	39	39	39	40	40	41	
B.Braun 30 (4617304F)	26G	OPT12604	4	1			46	53	67	73	79	81	83	85	86	91	
		OPT12606	6	1			46	53	67	73	79	81	83	85	86	91	
		OPT12609	9	1			46	53	67	73	79	81	83	85	86	91	
		OPT12612	12	1			46	53	67	73	79	81	83	85	86	91	
		OPT12614	14	1			46	53	67	73	79	81	83	85	86	91	
		OPT22604	4	2			62	75	108	123	143	150	155	162	167	189	
		OPT22606	6	2			62	75	108	123	143	150	155	162	167	189	
		OPT22609	9	2			62	75	108	123	143	150	155	162	167	189	
		OPT22612	12	2			62	75	108	123	143	150	155	162	167	189	
		OPT22614	14	2			62	75	108	123	143	150	155	162	167	189	
		OPT32606	6	3			68	84	128	150	180	191	199	211	221	259	
		OPT32609	9	3			68	84	128	150	180	191	199	211	221	259	
		OPT32612	12	3			68	84	128	150	180	191	199	211	221	259	
		OPT32614	14	3			68	84	128	150	180	191	199	211	221	259	
		OPT42606	6	4			73	92	147	176	219	236	248	267	283	350	
		OPT42609	9	4			73	92	147	176	219	236	248	267	283	350	
		OPT42612	12	4			73	92	147	176	219	236	248	267	283	350	
		OPT42614	14	4			73	92	147	176	219	236	248	267	283	350	
		OPT52606	6	5			75	95	155	188	238	257	272	295	315	399	
		OPT52609	9	5			75	95	155	188	238	257	272	295	315	399	
		OPT52612	12	5			75	95	155	188	238	257	272	295	315	399	
		OPT62609	9	6			77	98	164	202	261	285	304	332	357	470	
	OPT62612	12	6			77	98	164	202	261	285	304	332	357	470		
	27G	SAF-Q-109-G27	9	1			23	25	28	29	29	30	30	30	30	31	

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Table 4b		Drug			Patient Information										Flow Controller		
		Cutaquig			Patients <u>over</u> 40 kg (88 lb)										VersaRate Plus		
Values shaded in yellow are only suitable for maintenance infusions according to the drug’s prescribing information.																	
Syringe Type (Model #)	SUB-Q Set				Total flow rate (mL/h) for ALL sites per VersaRate Plus position setting												
	Gauge	REF#	Length (mm)	# of Needles	1	2	3	4	5	6	7	8	9	10	11	OPEN	
Monoject 35 (1183500777 or 8881535762)	26G	OPT12604	4	1			36	42	53	58	63	64	65	67	68	72	
		OPT12606	6	1			36	42	53	58	63	64	65	67	68	72	
		OPT12609	9	1			36	42	53	58	63	64	65	67	68	72	
		OPT12612	12	1			36	42	53	58	63	64	65	67	68	72	
		OPT12614	14	1			36	42	53	58	63	64	65	67	68	72	
		OPT22604	4	2			49	59	86	98	113	119	122	128	133	149	
		OPT22606	6	2			49	59	86	98	113	119	122	128	133	149	
		OPT22609	9	2			49	59	86	98	113	119	122	128	133	149	
		OPT22612	12	2			49	59	86	98	113	119	122	128	133	149	
		OPT22614	14	2			49	59	86	98	113	119	122	128	133	149	
		OPT32606	6	3			54	67	101	119	142	151	158	167	175	205	
		OPT32609	9	3			54	67	101	119	142	151	158	167	175	205	
		OPT32612	12	3			54	67	101	119	142	151	158	167	175	205	
		OPT32614	14	3			54	67	101	119	142	151	158	167	175	205	
		OPT42606	6	4			58	73	116	140	174	187	197	211	224	277	
		OPT42609	9	4			58	73	116	140	174	187	197	211	224	277	
		OPT42612	12	4			58	73	116	140	174	187	197	211	224	277	
		OPT42614	14	4			58	73	116	140	174	187	197	211	224	277	
		OPT52606	6	5			60	75	123	149	188	204	216	233	249	316	
		OPT52609	9	5			60	75	123	149	188	204	216	233	249	316	
		OPT52612	12	5			60	75	123	149	188	204	216	233	249	316	
		OPT62609	9	6			61	78	130	160	207	226	240	263	283	372	
		OPT62612	12	6			61	78	130	160	207	226	240	263	283	372	
	27G	SAF-Q-109-G27	9	1			18	20	22	23	23	24	24	24	24	25	

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Infusing Cuvitru

Tables 5 and 6 show expected total flow rates for infusing Cuvitru using various combinations of subcutaneous infusion sets, flow controllers, and syringe models. Cells shaded in white are suitable for initial and maintenance infusions. Cells shaded in yellow are only suitable for maintenance infusions. Cells shaded in red may exceed the prescribing information flow rate limits and are for reference purpose only. Cells shaded in gray do not have values listed because testing has not been performed.

Table Legend:

	Suitable for initial and maintenance infusions (up to 20 mL/h/site or 80 mL/h total)
	Suitable for maintenance infusions only (up to 60 mL/h/site or 240 mL/h total)
	May exceed the prescribing information flow rate limits (Exceeds 60 mL/h/site or 240 mL/h total)
	No data available

Table 5		Drug							Flow Controller								
		Cuvitru							Infuset								
Values shaded in yellow are only suitable for maintenance infusions according to the drug’s prescribing information.																	
Syringe Type (Model #)	SUB-Q Set				Total flow rate (mL/h) for ALL sites per Infuset flow controller												
	Gauge	REF#	Length (mm)	# of Needles	Infuset-45	Infuset-80	Infuset-120	Infuset-190	Infuset-290	Infuset-430	Infuset-650	Infuset-820	Infuset-930	Infuset-1850	Infuset-3200	Infuset-4000	Infuset-4300
BD 30 (302832)	26G	OPT12604	4	1				8	11	17	21	26	27	44	47	50	50
		OPT12606	6	1				8	11	17	21	26	27	44	47	50	50
		OPT12609	9	1				8	11	17	21	26	27	44	47	50	50
		OPT12612	12	1				8	11	17	21	26	27	44	47	50	50
		OPT12614	14	1				8	11	17	21	26	27	44	47	50	50
		OPT22604	4	2						20	27	36	37	79	89	98	99
		OPT22606	6	2						20	27	36	37	79	89	98	99
		OPT22609	9	2						20	27	36	37	79	89	98	99
		OPT22612	12	2						20	27	36	37	79	89	98	99
		OPT22614	14	2						20	27	36	37	79	89	98	99
		OPT32606	6	3							29	39	41	99	115	131	132
		OPT32609	9	3							29	39	41	99	115	131	132
		OPT32612	12	3							29	39	41	99	115	131	132
		OPT32614	14	3							29	39	41	99	115	131	132
		OPT42606	6	4								42	44	120	144	170	173
		OPT42609	9	4								42	44	120	144	170	173
		OPT42612	12	4								42	44	120	144	170	173
		OPT42614	14	4								42	44	120	144	170	173
	27G	SAF-Q-109-G27	9	1					8	10	12	13	13	17	17	17	17
BD 20 (302830)	26G	OPT12604	4	1				11	14	22	27	34	35	57	60	63	64
		OPT12606	6	1				11	14	22	27	34	35	57	60	63	64
		OPT12609	9	1				11	14	22	27	34	35	57	60	63	64
		OPT12612	12	1				11	14	22	27	34	35	57	60	63	64

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Table 5		Drug						Flow Controller									
		Cuvitru						Infuset									
Values shaded in yellow are only suitable for maintenance infusions according to the drug's prescribing information.																	
Syringe Type (Model #)	SUB-Q Set				Total flow rate (mL/h) for ALL sites per Infuset flow controller												
	Gauge	REF#	Length (mm)	# of Needles	Infuset-45	Infuset-80	Infuset-120	Infuset-190	Infuset-290	Infuset-430	Infuset-650	Infuset-820	Infuset-930	Infuset-1850	Infuset-3200	Infuset-4000	Infuset-4300
		OPT12614	14	1				11	14	22	27	34	35	57	60	63	64
		OPT22604	4	2					16	26	35	46	48	101	114	125	126
		OPT22606	6	2					16	26	35	46	48	101	114	125	126
		OPT22609	9	2					16	26	35	46	48	101	114	125	126
		OPT22612	12	2					16	26	35	46	48	101	114	125	126
		OPT22614	14	2					16	26	35	46	48	101	114	125	126
		OPT32606	6	3						27	38	50	53	127	147	167	169
		OPT32609	9	3						27	38	50	53	127	147	167	169
		OPT32612	12	3						27	38	50	53	127	147	167	169
		OPT32614	14	3						27	38	50	53	127	147	167	169
		OPT42606	6	4							40	54	57	154	185	218	221
		OPT42609	9	4							40	54	57	154	185	218	221
		OPT42612	12	4							40	54	57	154	185	218	221
		OPT42614	14	4							40	54	57	154	185	218	221
27G	SAF-Q-109-G27	9	1				8	10	13	15	17	17	21	22	22	22	
B. Braun 30 (4617304F)	26G	OPT12604	4	1				8	11	16	21	26	27	43	46	48	49
		OPT12606	6	1				8	11	16	21	26	27	43	46	48	49
		OPT12609	9	1				8	11	16	21	26	27	43	46	48	49
		OPT12612	12	1				8	11	16	21	26	27	43	46	48	49
		OPT12614	14	1				8	11	16	21	26	27	43	46	48	49
		OPT22604	4	2						20	27	35	36	77	87	96	97
		OPT22606	6	2						20	27	35	36	77	87	96	97
		OPT22609	9	2						20	27	35	36	77	87	96	97
		OPT22612	12	2						20	27	35	36	77	87	96	97
		OPT22614	14	2						20	27	35	36	77	87	96	97
		OPT32606	6	3							29	38	40	97	112	128	129
		OPT32609	9	3							29	38	40	97	112	128	129
		OPT32612	12	3							29	38	40	97	112	128	129
		OPT32614	14	3							29	38	40	97	112	128	129
		OPT42606	6	4								41	43	117	141	166	169
		OPT42609	9	4								41	43	117	141	166	169
		OPT42612	12	4								41	43	117	141	166	169
		OPT42614	14	4								41	43	117	141	166	169
	27G	SAF-Q-109-G27	9	1					8	10	12	13	13	16	17	17	17

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Table 5		Drug							Flow Controller								
		Cuvitru							Infuset								
Values shaded in yellow are only suitable for maintenance infusions according to the drug's prescribing information.																	
Syringe Type (Model #)	SUB-Q Set				Total flow rate (mL/h) for ALL sites per Infuset flow controller												
	Gauge	REF#	Length (mm)	# of Needles	Infuset-45	Infuset-80	Infuset-120	Infuset-190	Infuset-290	Infuset-430	Infuset-650	Infuset-820	Infuset-930	Infuset-1850	Infuset-3200	Infuset-4000	Infuset-4300
Monoject 35 (1183500777 or 8881535762)	26G	OPT12604	4	1					9	13	17	20	21	34	36	38	38
		OPT12606	6	1					9	13	17	20	21	34	36	38	38
		OPT12609	9	1					9	13	17	20	21	34	36	38	38
		OPT12612	12	1					9	13	17	20	21	34	36	38	38
		OPT12614	14	1					9	13	17	20	21	34	36	38	38
		OPT22604	4	2						16	21	28	29	61	69	76	76
		OPT22606	6	2						16	21	28	29	61	69	76	76
		OPT22609	9	2						16	21	28	29	61	69	76	76
		OPT22612	12	2						16	21	28	29	61	69	76	76
		OPT22614	14	2						16	21	28	29	61	69	76	76
		OPT32606	6	3								30	32	77	89	101	102
		OPT32609	9	3								30	32	77	89	101	102
		OPT32612	12	3								30	32	77	89	101	102
		OPT32614	14	3								30	32	77	89	101	102
		OPT42606	6	4								33	34	93	112	132	133
	OPT42609	9	4								33	34	93	112	132	133	
	OPT42612	12	4								33	34	93	112	132	133	
	OPT42614	14	4								33	34	93	112	132	133	
27G	SAF-Q-109-G27	9	1						8	9	10	10	13	13	13	13	

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Table 6		Drug								Flow Controller						
		Cuvitru								VersaRate Plus						
Values shaded in yellow are only suitable for maintenance infusions according to the drug’s prescribing information.																
Syringe Type (Model #)	SUB-Q Set				Total flow rate (mL/h) for ALL sites per VersaRate Plus position setting											
	Gauge	REF#	Length (mm)	# of Needles	1	2	3	4	5	6	7	8	9	10	11	OPEN
BD 30 (302832)	26G	OPT12604	4	1			26	30	38	41	45	46	47	48	49	52
		OPT12606	6	1			26	30	38	41	45	46	47	48	49	52
		OPT12609	9	1			26	30	38	41	45	46	47	48	49	52
		OPT12612	12	1			26	30	38	41	45	46	47	48	49	52
		OPT12614	14	1			26	30	38	41	45	46	47	48	49	52
		OPT22604	4	2			35	42	61	69	81	84	87	91	94	106
		OPT22606	6	2			35	42	61	69	81	84	87	91	94	106
		OPT22609	9	2			35	42	61	69	81	84	87	91	94	106
		OPT22612	12	2			35	42	61	69	81	84	87	91	94	106
		OPT22614	14	2			35	42	61	69	81	84	87	91	94	106
		OPT32606	6	3			38	47	72	84	101	108	112	119	124	146
		OPT32609	9	3			38	47	72	84	101	108	112	119	124	146
		OPT32612	12	3			38	47	72	84	101	108	112	119	124	146
		OPT32614	14	3			38	47	72	84	101	108	112	119	124	146
		OPT42606	6	4			41	52	83	99	124	133	140	151	160	197
		OPT42609	9	4			41	52	83	99	124	133	140	151	160	197
		OPT42612	12	4			41	52	83	99	124	133	140	151	160	197
		OPT42614	14	4			41	52	83	99	124	133	140	151	160	197
	27G	SAF-Q-109-G27	9	1			13	14	16	16	17	17	17	17	17	17
BD 20 (302830)	26G	OPT12604	4	1			33	38	48	52	57	59	60	61	62	66
		OPT12606	6	1			33	38	48	52	57	59	60	61	62	66
		OPT12609	9	1			33	38	48	52	57	59	60	61	62	66
		OPT12612	12	1			33	38	48	52	57	59	60	61	62	66
		OPT12614	14	1			33	38	48	52	57	59	60	61	62	66
		OPT22604	4	2			45	54	78	89	103	108	112	117	121	136
		OPT22606	6	2			45	54	78	89	103	108	112	117	121	136
		OPT22609	9	2			45	54	78	89	103	108	112	117	121	136
		OPT22612	12	2			45	54	78	89	103	108	112	117	121	136
		OPT22614	14	2			45	54	78	89	103	108	112	117	121	136
		OPT32606	6	3			49	61	92	108	130	138	144	152	159	187
		OPT32609	9	3			49	61	92	108	130	138	144	152	159	187
		OPT32612	12	3			49	61	92	108	130	138	144	152	159	187
		OPT32614	14	3			49	61	92	108	130	138	144	152	159	187
		OPT42606	6	4			53	66	106	127	158	170	179	193	204	252
		OPT42609	9	4			53	66	106	127	158	170	179	193	204	252
		OPT42612	12	4			53	66	106	127	158	170	179	193	204	252
		OPT42614	14	4			53	66	106	127	158	170	179	193	204	252
	27G	SAF-Q-109-G27	9	1			17	18	20	21	21	21	22	22	22	22

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Table 6		Drug								Flow Controller						
		Cuvitru								VersaRate Plus						
Values shaded in yellow are only suitable for maintenance infusions according to the drug’s prescribing information.																
Syringe Type (Model #)	SUB-Q Set				Total flow rate (mL/h) for ALL sites per VersaRate Plus position setting											
	Gauge	REF#	Length (mm)	# of Needles	1	2	3	4	5	6	7	8	9	10	11	OPEN
B.Braun 30 (4617304F)	26G	OPT12604	4	1			25	29	37	40	44	45	46	47	47	50
		OPT12606	6	1			25	29	37	40	44	45	46	47	47	50
		OPT12609	9	1			25	29	37	40	44	45	46	47	47	50
		OPT12612	12	1			25	29	37	40	44	45	46	47	47	50
		OPT12614	14	1			25	29	37	40	44	45	46	47	47	50
		OPT22604	4	2			34	41	60	68	79	82	85	89	92	104
		OPT22606	6	2			34	41	60	68	79	82	85	89	92	104
		OPT22609	9	2			34	41	60	68	79	82	85	89	92	104
		OPT22612	12	2			34	41	60	68	79	82	85	89	92	104
		OPT22614	14	2			34	41	60	68	79	82	85	89	92	104
		OPT32606	6	3			38	46	71	83	99	105	110	116	122	143
		OPT32609	9	3			38	46	71	83	99	105	110	116	122	143
		OPT32612	12	3			38	46	71	83	99	105	110	116	122	143
		OPT32614	14	3			38	46	71	83	99	105	110	116	122	143
		OPT42606	6	4			40	51	81	97	121	130	137	147	156	193
		OPT42609	9	4			40	51	81	97	121	130	137	147	156	193
	OPT42612	12	4			40	51	81	97	121	130	137	147	156	193	
OPT42614	14	4			40	51	81	97	121	130	137	147	156	193		
27G	SAF-Q-109-G27	9	1			13	14	15	16	16	16	17	17	17	17	
Monoject 35 (1183500777 or 8881535762)	26G	OPT12604	4	1			20	23	29	32	35	35	36	37	38	40
		OPT12606	6	1			20	23	29	32	35	35	36	37	38	40
		OPT12609	9	1			20	23	29	32	35	35	36	37	38	40
		OPT12612	12	1			20	23	29	32	35	35	36	37	38	40
		OPT12614	14	1			20	23	29	32	35	35	36	37	38	40
		OPT22604	4	2			27	33	47	54	62	65	67	70	73	82
		OPT22606	6	2			27	33	47	54	62	65	67	70	73	82
		OPT22609	9	2			27	33	47	54	62	65	67	70	73	82
		OPT22612	12	2			27	33	47	54	62	65	67	70	73	82
		OPT22614	14	2			27	33	47	54	62	65	67	70	73	82
		OPT32606	6	3			30	37	56	65	78	83	87	92	96	113
		OPT32609	9	3			30	37	56	65	78	83	87	92	96	113
		OPT32612	12	3			30	37	56	65	78	83	87	92	96	113
		OPT32614	14	3			30	37	56	65	78	83	87	92	96	113
		OPT42606	6	4			32	40	64	77	96	103	108	116	124	153
		OPT42609	9	4			32	40	64	77	96	103	108	116	124	153
	OPT42612	12	4			32	40	64	77	96	103	108	116	124	153	
	OPT42614	14	4			32	40	64	77	96	103	108	116	124	153	
	27G	SAF-Q-109-G27	9	1			10	11	12	12	13	13	13	13	13	14

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Infusing Gammagard

Tables 7a and 7b show expected total flow rates for infusing Gammagard using various combinations of subcutaneous infusion sets, flow controllers, and syringe models. Cells shaded in white are suitable for initial and maintenance infusions. Cells shaded in yellow are only suitable for maintenance infusions. Cells shaded in red may exceed the prescribing information flow rate limits and are for reference purpose only. Cells shaded in gray do not have values listed because testing has not been performed.

Table Legend:

	Suitable for initial and maintenance infusions (Under 40 kg (88 lb) body weight: up to 15 mL/h/site; 40 kg (88 lb) and greater: up to 20 mL/h/site)
	Suitable for maintenance infusions only (Under 40 kg (88 lb) body weight: up to 20 mL/h/site; 40 kg (88 lb) and greater: up to 30 mL/h/site)
	May exceed the flow rate limits for maintenance infusions
	No data available

Table 7a		Drug			Patient Information								Flow Controller				
		Gammagard			Patients <u>under</u> 40 kg (88 lb)								Infuset				
Values shaded in yellow are only suitable for maintenance infusions according to the drug's prescribing information.																	
Syringe Type (Model #)	SUB-Q Set				Total flow rate (mL/h) for ALL sites per Infuset flow controller												
	Gauge	REF#	Length (mm)	# of Needles	Infuset-45	Infuset-80	Infuset-120	Infuset-190	Infuset-290	Infuset-430	Infuset-650	Infuset-820	Infuset-930	Infuset-1850	Infuset-3200	Infuset-4000	Infuset-4300
BD 30 (302832)	26G	OPT12604	4	1	10	15	23	43	57	85	109	133	138	224	238	251	252
		OPT12606	6	1	10	15	23	43	57	85	109	133	138	224	238	251	252
		OPT12609	9	1	10	15	23	43	57	85	109	133	138	224	238	251	252
		OPT12612	12	1	10	15	23	43	57	85	109	133	138	224	238	251	252
		OPT12614	14	1	10	15	23	43	57	85	109	133	138	224	238	251	252
		OPT22604	4	2			24	46	64	102	138	181	189	400	450	497	501
		OPT22606	6	2			24	46	64	102	138	181	189	400	450	497	501
		OPT22609	9	2			24	46	64	102	138	181	189	400	450	497	501
		OPT22612	12	2			24	46	64	102	138	181	189	400	450	497	501
		OPT22614	14	2			24	46	64	102	138	181	189	400	450	497	501
		OPT32606	6	3			24	48	66	108	149	199	209	502	582	663	670
		OPT32609	9	3			24	48	66	108	149	199	209	502	582	663	670
		OPT32612	12	3			24	48	66	108	149	199	209	502	582	663	670
		OPT32614	14	3			24	48	66	108	149	199	209	502	582	663	670
		OPT42606	6	4				48	68	112	157	214	225	609	731	863	875
		OPT42609	9	4				48	68	112	157	214	225	609	731	863	875
		OPT42612	12	4				48	68	112	157	214	225	609	731	863	875
		OPT42614	14	4				48	68	112	157	214	225	609	731	863	875
		OPT52606	6	5				49	68	114	160	220	232	658	804	967	981
		OPT52609	9	5				49	68	114	160	220	232	658	804	967	981
		OPT52612	12	5				49	68	114	160	220	232	658	804	967	981
		OPT62609	9	6				49	69	116	163	226	239	721	899	1109	1127
		OPT62612	12	6				49	69	116	163	226	239	721	899	1109	1127
	27G	SAF-Q-109-G27	9	1	9	13	19	32	40	52	60	67	68	84	86	87	88

VersaPump® Infusion System

Table 7a		Drug			Patient Information								Flow Controller				
		Gammagard			Patients <u>under</u> 40 kg (88 lb)								Infuset				
Values shaded in yellow are only suitable for maintenance infusions according to the drug’s prescribing information.																	
Syringe Type (Model #)	SUB-Q Set				Total flow rate (mL/h) for ALL sites per Infuset flow controller												
	Gauge	REF#	Length (mm)	# of Needles	Infuset-45	Infuset-80	Infuset-120	Infuset-190	Infuset-290	Infuset-430	Infuset-650	Infuset-820	Infuset-930	Infuset-1850	Infuset-3200	Infuset-4000	Infuset-4300
BD 20 (302830)	26G	OPT12604	4	1	13	19	29	54	73	109	139	171	176	286	305	321	323
		OPT12606	6	1	13	19	29	54	73	109	139	171	176	286	305	321	323
		OPT12609	9	1	13	19	29	54	73	109	139	171	176	286	305	321	323
		OPT12612	12	1	13	19	29	54	73	109	139	171	176	286	305	321	323
		OPT12614	14	1	13	19	29	54	73	109	139	171	176	286	305	321	323
		OPT22604	4	2		19	30	59	82	131	177	232	242	512	576	636	641
		OPT22606	6	2		19	30	59	82	131	177	232	242	512	576	636	641
		OPT22609	9	2		19	30	59	82	131	177	232	242	512	576	636	641
		OPT22612	12	2		19	30	59	82	131	177	232	242	512	576	636	641
		OPT22614	14	2		19	30	59	82	131	177	232	242	512	576	636	641
		OPT32606	6	3			31	61	85	138	190	255	267	642	745	849	857
		OPT32609	9	3			31	61	85	138	190	255	267	642	745	849	857
		OPT32612	12	3			31	61	85	138	190	255	267	642	745	849	857
		OPT32614	14	3			31	61	85	138	190	255	267	642	745	849	857
		OPT42606	6	4				62	87	144	201	274	288	779	936	1105	1120
		OPT42609	9	4				62	87	144	201	274	288	779	936	1105	1120
		OPT42612	12	4				62	87	144	201	274	288	779	936	1105	1120
		OPT42614	14	4				62	87	144	201	274	288	779	936	1105	1120
	OPT52606	6	5				62	87	146	205	281	297	842	1029	1238	1256	
	OPT52609	9	5				62	87	146	205	281	297	842	1029	1238	1256	
OPT52612	12	5				62	87	146	205	281	297	842	1029	1238	1256		
OPT62609	9	6				63	88	148	209	290	306	923	1151	1419	1443		
OPT62612	12	6				63	88	148	209	290	306	923	1151	1419	1443		
27G	SAF-Q-109-G27	9	1	12	17	25	41	51	67	77	86	87	107	110	112	112	
B.Braun 30 (4617304F)	26G	OPT12604	4	1	10	14	22	42	56	83	106	130	135	219	233	245	246
		OPT12606	6	1	10	14	22	42	56	83	106	130	135	219	233	245	246
		OPT12609	9	1	10	14	22	42	56	83	106	130	135	219	233	245	246
		OPT12612	12	1	10	14	22	42	56	83	106	130	135	219	233	245	246
		OPT12614	14	1	10	14	22	42	56	83	106	130	135	219	233	245	246
		OPT22604	4	2			23	45	63	100	135	177	185	391	440	486	489
		OPT22606	6	2			23	45	63	100	135	177	185	391	440	486	489
		OPT22609	9	2			23	45	63	100	135	177	185	391	440	486	489
		OPT22612	12	2			23	45	63	100	135	177	185	391	440	486	489
		OPT22614	14	2			23	45	63	100	135	177	185	391	440	486	489
		OPT32606	6	3				47	65	106	145	195	204	490	569	648	654
		OPT32609	9	3				47	65	106	145	195	204	490	569	648	654

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Table 7a		Drug			Patient Information										Flow Controller			
		Gammagard			Patients <u>under</u> 40 kg (88 lb)										Infuset			
Values shaded in yellow are only suitable for maintenance infusions according to the drug's prescribing information.																		
Syringe Type (Model #)	SUB-Q Set				Total flow rate (mL/h) for ALL sites per Infuset flow controller													
	Gauge	REF#	Length (mm)	# of Needles	Infuset-45	Infuset-80	Infuset-120	Infuset-190	Infuset-290	Infuset-430	Infuset-650	Infuset-820	Infuset-930	Infuset-1850	Infuset-3200	Infuset-4000	Infuset-4300	
		OPT32612	12	3				47	65	106	145	195	204	490	569	648	654	
		OPT32614	14	3				47	65	106	145	195	204	490	569	648	654	
		OPT42606	6	4				47	66	110	153	209	220	595	714	844	855	
		OPT42609	9	4				47	66	110	153	209	220	595	714	844	855	
		OPT42612	12	4				47	66	110	153	209	220	595	714	844	855	
		OPT42614	14	4				47	66	110	153	209	220	595	714	844	855	
		OPT52606	6	5				48	67	111	156	215	226	643	786	945	959	
		OPT52609	9	5				48	67	111	156	215	226	643	786	945	959	
		OPT52612	12	5				48	67	111	156	215	226	643	786	945	959	
		OPT62609	9	6				48	67	113	160	221	234	704	879	1083	1101	
	OPT62612	12	6				48	67	113	160	221	234	704	879	1083	1101		
27G	SAF-Q-109-G27	9	1	9	13	19	32	39	51	59	65	66	82	84	85	86		
Monoject 35 (1183500777 or 8881535762)	26G	OPT12604	4	1	8	11	17	33	44	66	84	103	106	173	185	194	195	
		OPT12606	6	1	8	11	17	33	44	66	84	103	106	173	185	194	195	
		OPT12609	9	1	8	11	17	33	44	66	84	103	106	173	185	194	195	
		OPT12612	12	1	8	11	17	33	44	66	84	103	106	173	185	194	195	
		OPT12614	14	1	8	11	17	33	44	66	84	103	106	173	185	194	195	
		OPT22604	4	2			18	36	50	79	107	140	146	310	348	384	387	
		OPT22606	6	2			18	36	50	79	107	140	146	310	348	384	387	
		OPT22609	9	2			18	36	50	79	107	140	146	310	348	384	387	
		OPT22612	12	2			18	36	50	79	107	140	146	310	348	384	387	
		OPT22614	14	2			18	36	50	79	107	140	146	310	348	384	387	
		OPT32606	6	3				37	51	84	115	154	162	388	450	513	518	
		OPT32609	9	3				37	51	84	115	154	162	388	450	513	518	
		OPT32612	12	3				37	51	84	115	154	162	388	450	513	518	
		OPT32614	14	3				37	51	84	115	154	162	388	450	513	518	
		OPT42606	6	4				37	52	87	121	166	174	471	566	668	677	
		OPT42609	9	4				37	52	87	121	166	174	471	566	668	677	
		OPT42612	12	4				37	52	87	121	166	174	471	566	668	677	
		OPT42614	14	4				37	52	87	121	166	174	471	566	668	677	
		OPT52606	6	5					53	88	124	170	179	509	622	748	759	
		OPT52609	9	5					53	88	124	170	179	509	622	748	759	
		OPT52612	12	5					53	88	124	170	179	509	622	748	759	
		OPT62609	9	6					53	89	126	175	185	558	696	858	872	
		OPT62612	12	6					53	89	126	175	185	558	696	858	872	
		27G	SAF-Q-109-G27	9	1		10	15	25	31	40	46	52	53	65	66	68	68

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Table 7b		Drug			Patient Information									Flow Controller				
		Gammagard			Patients 40 kg (88 lb) and over									Infuset				
Values shaded in yellow are only suitable for maintenance infusions according to the drug's prescribing information.																		
Syringe Type (Model #)	SUB-Q Set				Total flow rate (mL/h) for ALL sites per Infuset flow controller													
	Gauge	REF#	Length (mm)	# of Needles	Infuset-45	Infuset-80	Infuset-120	Infuset-190	Infuset-290	Infuset-430	Infuset-650	Infuset-820	Infuset-930	Infuset-1850	Infuset-3200	Infuset-4000	Infuset-4300	
BD 30 (302832)	26G	OPT12604	4	1	10	15	23	43	57	85	109	133	138	224	238	251	252	
		OPT12606	6	1	10	15	23	43	57	85	109	133	138	224	238	251	252	
		OPT12609	9	1	10	15	23	43	57	85	109	133	138	224	238	251	252	
		OPT12612	12	1	10	15	23	43	57	85	109	133	138	224	238	251	252	
		OPT12614	14	1	10	15	23	43	57	85	109	133	138	224	238	251	252	
		OPT22604	4	2			24	46	64	102	138	181	189	400	450	497	501	
		OPT22606	6	2			24	46	64	102	138	181	189	400	450	497	501	
		OPT22609	9	2			24	46	64	102	138	181	189	400	450	497	501	
		OPT22612	12	2			24	46	64	102	138	181	189	400	450	497	501	
		OPT22614	14	2			24	46	64	102	138	181	189	400	450	497	501	
		OPT32606	6	3			24	48	66	108	149	199	209	502	582	663	670	
		OPT32609	9	3			24	48	66	108	149	199	209	502	582	663	670	
		OPT32612	12	3			24	48	66	108	149	199	209	502	582	663	670	
		OPT32614	14	3			24	48	66	108	149	199	209	502	582	663	670	
		OPT42606	6	4				48	68	112	157	214	225	609	731	863	875	
		OPT42609	9	4				48	68	112	157	214	225	609	731	863	875	
		OPT42612	12	4				48	68	112	157	214	225	609	731	863	875	
		OPT42614	14	4				48	68	112	157	214	225	609	731	863	875	
		OPT52606	6	5				49	68	114	160	220	232	658	804	967	981	
		OPT52609	9	5				49	68	114	160	220	232	658	804	967	981	
	OPT52612	12	5				49	68	114	160	220	232	658	804	967	981		
	OPT62609	9	6				49	69	116	163	226	239	721	899	1109	1127		
	OPT62612	12	6				49	69	116	163	226	239	721	899	1109	1127		
	27G	SAF-Q-109-G27	9	1	9	13	19	32	40	52	60	67	68	84	86	87	88	
BD 20 (302830)	26G	OPT12604	4	1	13	19	29	54	73	109	139	171	176	286	305	321	323	
		OPT12606	6	1	13	19	29	54	73	109	139	171	176	286	305	321	323	
		OPT12609	9	1	13	19	29	54	73	109	139	171	176	286	305	321	323	
		OPT12612	12	1	13	19	29	54	73	109	139	171	176	286	305	321	323	
		OPT12614	14	1	13	19	29	54	73	109	139	171	176	286	305	321	323	
		OPT22604	4	2		19	30	59	82	131	177	232	242	512	576	636	641	
		OPT22606	6	2		19	30	59	82	131	177	232	242	512	576	636	641	
		OPT22609	9	2		19	30	59	82	131	177	232	242	512	576	636	641	
		OPT22612	12	2		19	30	59	82	131	177	232	242	512	576	636	641	
		OPT22614	14	2		19	30	59	82	131	177	232	242	512	576	636	641	
		OPT32606	6	3			31	61	85	138	190	255	267	642	745	849	857	
		OPT32609	9	3			31	61	85	138	190	255	267	642	745	849	857	

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Table 7b		Drug			Patient Information								Flow Controller					
		Gammagard			Patients 40 kg (88 lb) and over								Infuset					
Values shaded in yellow are only suitable for maintenance infusions according to the drug's prescribing information.																		
Syringe Type (Model #)	SUB-Q Set				Total flow rate (mL/h) for ALL sites per Infuset flow controller													
	Gauge	REF#	Length (mm)	# of Needles	Infuset-45	Infuset-80	Infuset-120	Infuset-190	Infuset-290	Infuset-430	Infuset-650	Infuset-820	Infuset-930	Infuset-1850	Infuset-3200	Infuset-4000	Infuset-4300	
		OPT32612	12	3			31	61	85	138	190	255	267	642	745	849	857	
		OPT32614	14	3			31	61	85	138	190	255	267	642	745	849	857	
		OPT42606	6	4				62	87	144	201	274	288	779	936	1105	1120	
		OPT42609	9	4				62	87	144	201	274	288	779	936	1105	1120	
		OPT42612	12	4				62	87	144	201	274	288	779	936	1105	1120	
		OPT42614	14	4				62	87	144	201	274	288	779	936	1105	1120	
		OPT52606	6	5				62	87	146	205	281	297	842	1029	1238	1256	
		OPT52609	9	5				62	87	146	205	281	297	842	1029	1238	1256	
		OPT52612	12	5				62	87	146	205	281	297	842	1029	1238	1256	
		OPT62609	9	6				63	88	148	209	290	306	923	1151	1419	1443	
		OPT62612	12	6				63	88	148	209	290	306	923	1151	1419	1443	
27G	SAF-Q-109-G27	9	1	12	17	25	41	51	67	77	86	87	107	110	112	112		
B.Braun 30 (4617304F)	26G	OPT12604	4	1	10	14	22	42	56	83	106	130	135	219	233	245	246	
		OPT12606	6	1	10	14	22	42	56	83	106	130	135	219	233	245	246	
		OPT12609	9	1	10	14	22	42	56	83	106	130	135	219	233	245	246	
		OPT12612	12	1	10	14	22	42	56	83	106	130	135	219	233	245	246	
		OPT12614	14	1	10	14	22	42	56	83	106	130	135	219	233	245	246	
		OPT22604	4	2			23	45	63	100	135	177	185	391	440	486	489	
		OPT22606	6	2			23	45	63	100	135	177	185	391	440	486	489	
		OPT22609	9	2			23	45	63	100	135	177	185	391	440	486	489	
		OPT22612	12	2			23	45	63	100	135	177	185	391	440	486	489	
		OPT22614	14	2			23	45	63	100	135	177	185	391	440	486	489	
		OPT32606	6	3				47	65	106	145	195	204	490	569	648	654	
		OPT32609	9	3				47	65	106	145	195	204	490	569	648	654	
		OPT32612	12	3				47	65	106	145	195	204	490	569	648	654	
		OPT32614	14	3				47	65	106	145	195	204	490	569	648	654	
		OPT42606	6	4				47	66	110	153	209	220	595	714	844	855	
		OPT42609	9	4				47	66	110	153	209	220	595	714	844	855	
		OPT42612	12	4				47	66	110	153	209	220	595	714	844	855	
		OPT42614	14	4				47	66	110	153	209	220	595	714	844	855	
		OPT52606	6	5				48	67	111	156	215	226	643	786	945	959	
		OPT52609	9	5				48	67	111	156	215	226	643	786	945	959	
		OPT52612	12	5				48	67	111	156	215	226	643	786	945	959	
		OPT62609	9	6				48	67	113	160	221	234	704	879	1083	1101	
		OPT62612	12	6				48	67	113	160	221	234	704	879	1083	1101	
		27G	SAF-Q-109-G27	9	1	9	13	19	32	39	51	59	65	66	82	84	85	86

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Table 7b		Drug			Patient Information										Flow Controller			
		Gammagard			Patients 40 kg (88 lb) and over										Infuset			
Values shaded in yellow are only suitable for maintenance infusions according to the drug’s prescribing information.																		
Syringe Type (Model #)	SUB-Q Set				Total flow rate (mL/h) for ALL sites per Infuset flow controller													
	Gauge	REF#	Length (mm)	# of Needles	Infuset-45	Infuset-80	Infuset-120	Infuset-190	Infuset-290	Infuset-430	Infuset-650	Infuset-820	Infuset-930	Infuset-1850	Infuset-3200	Infuset-4000	Infuset-4300	
Monoject 35 (1183500777 or 8881535762)	26G	OPT12604	4	1	8	11	17	33	44	66	84	103	106	173	185	194	195	
		OPT12606	6	1	8	11	17	33	44	66	84	103	106	173	185	194	195	
		OPT12609	9	1	8	11	17	33	44	66	84	103	106	173	185	194	195	
		OPT12612	12	1	8	11	17	33	44	66	84	103	106	173	185	194	195	
		OPT12614	14	1	8	11	17	33	44	66	84	103	106	173	185	194	195	
		OPT22604	4	2			18	36	50	79	107	140	146	310	348	384	387	
		OPT22606	6	2			18	36	50	79	107	140	146	310	348	384	387	
		OPT22609	9	2			18	36	50	79	107	140	146	310	348	384	387	
		OPT22612	12	2			18	36	50	79	107	140	146	310	348	384	387	
		OPT22614	14	2			18	36	50	79	107	140	146	310	348	384	387	
		OPT32606	6	3				37	51	84	115	154	162	388	450	513	518	
		OPT32609	9	3				37	51	84	115	154	162	388	450	513	518	
		OPT32612	12	3				37	51	84	115	154	162	388	450	513	518	
		OPT32614	14	3				37	51	84	115	154	162	388	450	513	518	
		OPT42606	6	4				37	52	87	121	166	174	471	566	668	677	
		OPT42609	9	4				37	52	87	121	166	174	471	566	668	677	
		OPT42612	12	4				37	52	87	121	166	174	471	566	668	677	
		OPT42614	14	4				37	52	87	121	166	174	471	566	668	677	
		OPT52606	6	5					53	88	124	170	179	509	622	748	759	
		OPT52609	9	5					53	88	124	170	179	509	622	748	759	
		OPT52612	12	5					53	88	124	170	179	509	622	748	759	
		OPT62609	9	6					53	89	126	175	185	558	696	858	872	
		OPT62612	12	6					53	89	126	175	185	558	696	858	872	
	27G	SAF-Q-109-G27	9	1		10	15	25	31	40	46	52	53	65	66	68	68	

For Gammagard administration limits, there are no suitable flow rate system configurations with the VersaRate Plus, only with Infuset flow controller per Tables 7a and 7b.

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Infusing Gamunex-C or Gammaked

Tables 8a, 8b and 8c show expected total flow rates for infusing Gamunex-C or Gammaked using various combinations of subcutaneous infusion sets, flow controllers, and syringe models. Cells shaded in white are suitable for initial and maintenance infusions. Cells shaded in yellow are only suitable for maintenance infusions. Cells shaded in red may exceed the prescribing information flow rate limits and are for reference purpose only. Cells shaded in gray do not have values listed because testing has not been performed.

Table Legend:

	Suitable for initial and maintenance infusions For Adults: Up to 20 mL/h/site For Children: Under 25 kg (55 lb) body weight: up to 10 mL/h/site; 25 kg (55 lb) and greater: up to 15 mL/h/site
	Suitable for maintenance infusions only For Adults: Up to 20 mL/h/site For Children: Under 25 kg (55 lb) body weight: up to 10 mL/h/site; 25 kg (55 lb) and greater: up to 20 mL/h/site
	May exceed the flow rate limits for maintenance infusions
	No data available

Table 8a		Drug						Patient Information					Flow Controller					
		Gamunex-C and Gammaked						Adults					Infuset					
Values shaded in yellow are only suitable for maintenance infusions according to the drug's prescribing information.																		
Syringe Type (Model #)	SUB-Q Set				Total flow rate (mL/h) for ALL sites per Infuset flow controller													
	Gauge	REF#	Length (mm)	# of Needles	Infuset-45	Infuset-80	Infuset-120	Infuset-190	Infuset-290	Infuset-430	Infuset-650	Infuset-820	Infuset-990	Infuset-1850	Infuset-3200	Infuset-4000	Infuset-4300	
BD 30 (302832)	26G	OPT12604	4	1	10	14	22	41	55	82	105	129	133	216	231	243	244	
		OPT12606	6	1	10	14	22	41	55	82	105	129	133	216	231	243	244	
		OPT12609	9	1	10	14	22	41	55	82	105	129	133	216	231	243	244	
		OPT12612	12	1	10	14	22	41	55	82	105	129	133	216	231	243	244	
		OPT12614	14	1	10	14	22	41	55	82	105	129	133	216	231	243	244	
		OPT22604	4	2			23	45	62	99	134	175	183	387	435	480	484	
		OPT22606	6	2			23	45	62	99	134	175	183	387	435	480	484	
		OPT22609	9	2			23	45	62	99	134	175	183	387	435	480	484	
		OPT22612	12	2			23	45	62	99	134	175	183	387	435	480	484	
		OPT22614	14	2			23	45	62	99	134	175	183	387	435	480	484	
		OPT32606	6	3				46	64	104	144	193	202	485	563	641	647	
		OPT32609	9	3				46	64	104	144	193	202	485	563	641	647	
		OPT32612	12	3				46	64	104	144	193	202	485	563	641	647	
		OPT32614	14	3				46	64	104	144	193	202	485	563	641	647	
		OPT42606	6	4				47	66	108	152	207	218	588	707	835	846	
		OPT42609	9	4				47	66	108	152	207	218	588	707	835	846	
		OPT42612	12	4				47	66	108	152	207	218	588	707	835	846	
		OPT42614	14	4				47	66	108	152	207	218	588	707	835	846	
		OPT52606	6	5				47	66	110	155	213	224	636	777	935	948	
		OPT52609	9	5				47	66	110	155	213	224	636	777	935	948	
		OPT52612	12	5				47	66	110	155	213	224	636	777	935	948	
		OPT62609	9	6					67	112	158	219	231	697	869	1072	1090	
		OPT62612	12	6					67	112	158	219	231	697	869	1072	1090	
	27G	SAF-Q-109-G27	9	1	9	13	19	31	39	50	58	65	66	81	83	85	85	

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Table 8a		Drug						Patient Information						Flow Controller					
		Gamunex-C and Gammaked						Adults						Infuset					
Values shaded in yellow are only suitable for maintenance infusions according to the drug's prescribing information.																			
Syringe Type (Model #)	SUB-Q Set				Total flow rate (mL/h) for ALL sites per Infuset flow controller														
	Gauge	REF#	Length (mm)	# of Needles	Infuset-45	Infuset-80	Infuset-120	Infuset-190	Infuset-290	Infuset-430	Infuset-650	Infuset-820	Infuset-930	Infuset-1850	Infuset-3200	Infuset-4000	Infuset-4300		
BD 20 (302830)	26G	OPT12604	4	1	12	18	28	53	70	105	134	165	170	277	295	311	312		
		OPT12606	6	1	12	18	28	53	70	105	134	165	170	277	295	311	312		
		OPT12609	9	1	12	18	28	53	70	105	134	165	170	277	295	311	312		
		OPT12612	12	1	12	18	28	53	70	105	134	165	170	277	295	311	312		
		OPT12614	14	1	12	18	28	53	70	105	134	165	170	277	295	311	312		
		OPT22604	4	2		19	29	57	79	127	171	224	234	495	557	615	619		
		OPT22606	6	2		19	29	57	79	127	171	224	234	495	557	615	619		
		OPT22609	9	2		19	29	57	79	127	171	224	234	495	557	615	619		
		OPT22612	12	2		19	29	57	79	127	171	224	234	495	557	615	619		
		OPT22614	14	2		19	29	57	79	127	171	224	234	495	557	615	619		
		OPT32606	6	3			30	59	82	134	184	246	258	621	720	820	829		
		OPT32609	9	3			30	59	82	134	184	246	258	621	720	820	829		
		OPT32612	12	3			30	59	82	134	184	246	258	621	720	820	829		
		OPT32614	14	3			30	59	82	134	184	246	258	621	720	820	829		
		OPT42606	6	4				60	84	139	194	265	279	753	905	1068	1082		
		OPT42609	9	4				60	84	139	194	265	279	753	905	1068	1082		
		OPT42612	12	4				60	84	139	194	265	279	753	905	1068	1082		
		OPT42614	14	4				60	84	139	194	265	279	753	905	1068	1082		
		OPT52606	6	5				60	85	141	198	272	287	814	995	1196	1214		
		OPT52609	9	5				60	85	141	198	272	287	814	995	1196	1214		
	OPT52612	12	5				60	85	141	198	272	287	814	995	1196	1214			
	OPT62609	9	6				61	85	143	202	280	296	892	1113	1372	1395			
	OPT62612	12	6				61	85	143	202	280	296	892	1113	1372	1395			
	27G	SAF-Q-109-G27	9	1	11	16	24	40	49	64	74	83	84	104	106	108	108		
B.Braun 30 (4617304F)	26G	OPT12604	4	1	9	14	21	40	54	80	103	126	130	211	225	237	238		
		OPT12606	6	1	9	14	21	40	54	80	103	126	130	211	225	237	238		
		OPT12609	9	1	9	14	21	40	54	80	103	126	130	211	225	237	238		
		OPT12612	12	1	9	14	21	40	54	80	103	126	130	211	225	237	238		
		OPT12614	14	1	9	14	21	40	54	80	103	126	130	211	225	237	238		
		OPT22604	4	2			22	44	61	97	131	171	178	378	425	469	473		
		OPT22606	6	2			22	44	61	97	131	171	178	378	425	469	473		
		OPT22609	9	2			22	44	61	97	131	171	178	378	425	469	473		
		OPT22612	12	2			22	44	61	97	131	171	178	378	425	469	473		
		OPT22614	14	2			22	44	61	97	131	171	178	378	425	469	473		
		OPT32606	6	3				45	63	102	140	188	197	474	550	626	633		
		OPT32609	9	3				45	63	102	140	188	197	474	550	626	633		
		OPT32612	12	3				45	63	102	140	188	197	474	550	626	633		
		OPT32614	14	3				45	63	102	140	188	197	474	550	626	633		
		OPT42606	6	4				46	64	106	148	202	213	575	691	816	826		

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Table 8a		Drug						Patient Information						Flow Controller					
		Gamunex-C and Gammaked						Adults						Infuset					
Values shaded in yellow are only suitable for maintenance infusions according to the drug's prescribing information.																			
Syringe Type (Model #)	SUB-Q Set				Total flow rate (mL/h) for ALL sites per Infuset flow controller														
	Gauge	REF#	Length (mm)	# of Needles	Infuset-45	Infuset-80	Infuset-120	Infuset-190	Infuset-290	Infuset-430	Infuset-650	Infuset-820	Infuset-930	Infuset-1850	Infuset-3200	Infuset-4000	Infuset-4300		
		OPT42609	9	4				46	64	106	148	202	213	575	691	816	826		
		OPT42612	12	4				46	64	106	148	202	213	575	691	816	826		
		OPT42614	14	4				46	64	106	148	202	213	575	691	816	826		
		OPT52606	6	5				46	65	107	151	208	219	622	760	913	927		
		OPT52609	9	5				46	65	107	151	208	219	622	760	913	927		
		OPT52612	12	5				46	65	107	151	208	219	622	760	913	927		
		OPT62609	9	6					65	109	154	214	226	681	850	1047	1065		
		OPT62612	12	6					65	109	154	214	226	681	850	1047	1065		
	27G	SAF-Q-109-G27	9	1	9	13	18	31	38	49	57	63	64	79	81	83	83		
Monoject 35 (1183500777 or 8881535762)	26G	OPT12604	4	1		11	17	32	43	64	81	100	103	167	178	188	188		
		OPT12606	6	1		11	17	32	43	64	81	100	103	167	178	188	188		
		OPT12609	9	1		11	17	32	43	64	81	100	103	167	178	188	188		
		OPT12612	12	1		11	17	32	43	64	81	100	103	167	178	188	188		
		OPT12614	14	1		11	17	32	43	64	81	100	103	167	178	188	188		
		OPT22604	4	2			18	35	48	77	103	135	141	299	337	372	374		
		OPT22606	6	2			18	35	48	77	103	135	141	299	337	372	374		
		OPT22609	9	2			18	35	48	77	103	135	141	299	337	372	374		
		OPT22612	12	2			18	35	48	77	103	135	141	299	337	372	374		
		OPT22614	14	2			18	35	48	77	103	135	141	299	337	372	374		
		OPT32606	6	3				36	50	81	111	149	156	375	435	496	501		
		OPT32609	9	3				36	50	81	111	149	156	375	435	496	501		
		OPT32612	12	3				36	50	81	111	149	156	375	435	496	501		
		OPT32614	14	3				36	50	81	111	149	156	375	435	496	501		
		OPT42606	6	4				36	51	84	117	160	168	455	547	646	654		
		OPT42609	9	4				36	51	84	117	160	168	455	547	646	654		
		OPT42612	12	4				36	51	84	117	160	168	455	547	646	654		
		OPT42614	14	4				36	51	84	117	160	168	455	547	646	654		
		OPT52606	6	5					51	85	120	164	173	492	601	723	734		
		OPT52609	9	5					51	85	120	164	173	492	601	723	734		
		OPT52612	12	5					51	85	120	164	173	492	601	723	734		
		OPT62609	9	6					52	86	122	169	179	539	673	829	843		
		OPT62612	12	6					52	86	122	169	179	539	673	829	843		
			27G	SAF-Q-109-G27	9	1		10	14	24	30	39	45	50	51	63	64	65	65

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Table 8b	Drug					Patient Information									Flow Controller		
	Gamunex-C and Gammaked					Children <u>over</u> 25 kg (55 lb)									Infuset		
Values shaded in yellow are only suitable for maintenance infusions according to the drug's prescribing information.																	
Syringe Type (Model #)	SUB-Q Set				Total flow rate (mL/h) for ALL sites per Infuset flow controller												
	Gauge	REF#	Length (mm)	# of Needles	Infuset-45	Infuset-80	Infuset-120	Infuset-190	Infuset-290	Infuset-430	Infuset-650	Infuset-820	Infuset-930	Infuset-1850	Infuset-3200	Infuset-4000	Infuset-4300
BD 30 (302832)	26G	OPT12604	4	1	10	14	22	41	55	82	105	129	133	216	231	243	244
		OPT12606	6	1	10	14	22	41	55	82	105	129	133	216	231	243	244
		OPT12609	9	1	10	14	22	41	55	82	105	129	133	216	231	243	244
		OPT12612	12	1	10	14	22	41	55	82	105	129	133	216	231	243	244
		OPT12614	14	1	10	14	22	41	55	82	105	129	133	216	231	243	244
		OPT22604	4	2	10	15	23	45	62	99	134	175	183	387	435	480	484
		OPT22606	6	2	10	15	23	45	62	99	134	175	183	387	435	480	484
		OPT22609	9	2	10	15	23	45	62	99	134	175	183	387	435	480	484
		OPT22612	12	2	10	15	23	45	62	99	134	175	183	387	435	480	484
		OPT22614	14	2	10	15	23	45	62	99	134	175	183	387	435	480	484
		OPT32606	6	3		15	23	46	64	104	144	193	202	485	563	641	647
		OPT32609	9	3		15	23	46	64	104	144	193	202	485	563	641	647
		OPT32612	12	3		15	23	46	64	104	144	193	202	485	563	641	647
		OPT32614	14	3		15	23	46	64	104	144	193	202	485	563	641	647
		OPT42606	6	4			23	47	66	108	152	207	218	588	707	835	846
		OPT42609	9	4			23	47	66	108	152	207	218	588	707	835	846
		OPT42612	12	4			23	47	66	108	152	207	218	588	707	835	846
		OPT42614	14	4			23	47	66	108	152	207	218	588	707	835	846
	OPT52606	6	5				47	66	110	155	213	224	636	777	935	948	
	OPT52609	9	5				47	66	110	155	213	224	636	777	935	948	
	OPT52612	12	5				47	66	110	155	213	224	636	777	935	948	
	OPT62609	9	6				47	67	112	158	219	231	697	869	1072	1090	
	OPT62612	12	6				47	67	112	158	219	231	697	869	1072	1090	
	27G	SAF-Q-109-G27	9	1	9	13	19	31	39	50	58	65	66	81	83	85	85
BD 20 (302830)	26G	OPT12604	4	1	12	18	28	53	70	105	134	165	170	277	295	311	312
		OPT12606	6	1	12	18	28	53	70	105	134	165	170	277	295	311	312
		OPT12609	9	1	12	18	28	53	70	105	134	165	170	277	295	311	312
		OPT12612	12	1	12	18	28	53	70	105	134	165	170	277	295	311	312
		OPT12614	14	1	12	18	28	53	70	105	134	165	170	277	295	311	312
		OPT22604	4	2	12	19	29	57	79	127	171	224	234	495	557	615	619
		OPT22606	6	2	12	19	29	57	79	127	171	224	234	495	557	615	619
		OPT22609	9	2	12	19	29	57	79	127	171	224	234	495	557	615	619
		OPT22612	12	2	12	19	29	57	79	127	171	224	234	495	557	615	619
		OPT22614	14	2	12	19	29	57	79	127	171	224	234	495	557	615	619
		OPT32606	6	3		19	30	59	82	134	184	246	258	621	720	820	829

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Table 8b	Drug					Patient Information										Flow Controller	
	Gamunex-C and Gammaked					Children <u>over</u> 25 kg (55 lb)										Infuset	
Values shaded in yellow are only suitable for maintenance infusions according to the drug’s prescribing information.																	
Syringe Type (Model #)	SUB-Q Set				Total flow rate (mL/h) for ALL sites per Infuset flow controller												
	Gauge	REF#	Length (mm)	# of Needles	Infuset-45	Infuset-80	Infuset-120	Infuset-190	Infuset-290	Infuset-430	Infuset-650	Infuset-820	Infuset-930	Infuset-1850	Infuset-3200	Infuset-4000	Infuset-4300
		OPT32609	9	3		19	30	59	82	134	184	246	258	621	720	820	829
		OPT32612	12	3		19	30	59	82	134	184	246	258	621	720	820	829
		OPT32614	14	3		19	30	59	82	134	184	246	258	621	720	820	829
		OPT42606	6	4			30	60	84	139	194	265	279	753	905	1068	1082
		OPT42609	9	4			30	60	84	139	194	265	279	753	905	1068	1082
		OPT42612	12	4			30	60	84	139	194	265	279	753	905	1068	1082
		OPT42614	14	4			30	60	84	139	194	265	279	753	905	1068	1082
		OPT52606	6	5			30	60	85	141	198	272	287	814	995	1196	1214
		OPT52609	9	5			30	60	85	141	198	272	287	814	995	1196	1214
		OPT52612	12	5			30	60	85	141	198	272	287	814	995	1196	1214
		OPT62609	9	6			30	61	85	143	202	280	296	892	1113	1372	1395
		OPT62612	12	6			30	61	85	143	202	280	296	892	1113	1372	1395
B.Braun 30 (4617304F)	27G	SAF-Q-109-G27	9	1	11	16	24	40	49	64	74	83	84	104	106	108	108
	26G	OPT12604	4	1	9	14	21	40	54	80	103	126	130	211	225	237	238
		OPT12606	6	1	9	14	21	40	54	80	103	126	130	211	225	237	238
		OPT12609	9	1	9	14	21	40	54	80	103	126	130	211	225	237	238
		OPT12612	12	1	9	14	21	40	54	80	103	126	130	211	225	237	238
		OPT12614	14	1	9	14	21	40	54	80	103	126	130	211	225	237	238
		OPT22604	4	2		14	22	44	61	97	131	171	178	378	425	469	473
		OPT22606	6	2		14	22	44	61	97	131	171	178	378	425	469	473
		OPT22609	9	2		14	22	44	61	97	131	171	178	378	425	469	473
		OPT22612	12	2		14	22	44	61	97	131	171	178	378	425	469	473
		OPT22614	14	2		14	22	44	61	97	131	171	178	378	425	469	473
		OPT32606	6	3			23	45	63	102	140	188	197	474	550	626	633
		OPT32609	9	3			23	45	63	102	140	188	197	474	550	626	633
		OPT32612	12	3			23	45	63	102	140	188	197	474	550	626	633
		OPT32614	14	3			23	45	63	102	140	188	197	474	550	626	633
		OPT42606	6	4			23	46	64	106	148	202	213	575	691	816	826
		OPT42609	9	4			23	46	64	106	148	202	213	575	691	816	826
		OPT42612	12	4			23	46	64	106	148	202	213	575	691	816	826
		OPT42614	14	4			23	46	64	106	148	202	213	575	691	816	826
		OPT52606	6	5				46	65	107	151	208	219	622	760	913	927
		OPT52609	9	5				46	65	107	151	208	219	622	760	913	927
		OPT52612	12	5				46	65	107	151	208	219	622	760	913	927
		OPT62609	9	6				46	65	109	154	214	226	681	850	1047	1065
		OPT62612	12	6				46	65	109	154	214	226	681	850	1047	1065
	27G	SAF-Q-109-G27	9	1	9	13	18	31	38	49	57	63	64	79	81	83	83

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Table 8b	Drug					Patient Information										Flow Controller		
	Gamunex-C and Gammaked					Children <u>over</u> 25 kg (55 lb)										Infuset		
Values shaded in yellow are only suitable for maintenance infusions according to the drug’s prescribing information.																		
Syringe Type (Model #)	SUB-Q Set				Total flow rate (mL/h) for ALL sites per Infuset flow controller													
	Gauge	REF#	Length (mm)	# of Needles	Infuset-45	Infuset-80	Infuset-120	Infuset-190	Infuset-290	Infuset-430	Infuset-650	Infuset-820	Infuset-930	Infuset-1850	Infuset-3200	Infuset-4000	Infuset-4300	
Monoject 35 (1183500777 or 8881535762)	26G	OPT12604	4	1	7	11	17	32	43	64	81	100	103	167	178	188	188	
		OPT12606	6	1	7	11	17	32	43	64	81	100	103	167	178	188	188	
		OPT12609	9	1	7	11	17	32	43	64	81	100	103	167	178	188	188	
		OPT12612	12	1	7	11	17	32	43	64	81	100	103	167	178	188	188	
		OPT12614	14	1	7	11	17	32	43	64	81	100	103	167	178	188	188	
		OPT22604	4	2		11	18	35	48	77	103	135	141	299	337	372	374	
		OPT22606	6	2		11	18	35	48	77	103	135	141	299	337	372	374	
		OPT22609	9	2		11	18	35	48	77	103	135	141	299	337	372	374	
		OPT22612	12	2		11	18	35	48	77	103	135	141	299	337	372	374	
		OPT22614	14	2		11	18	35	48	77	103	135	141	299	337	372	374	
		OPT32606	6	3			18	36	50	81	111	149	156	375	435	496	501	
		OPT32609	9	3			18	36	50	81	111	149	156	375	435	496	501	
		OPT32612	12	3			18	36	50	81	111	149	156	375	435	496	501	
		OPT32614	14	3			18	36	50	81	111	149	156	375	435	496	501	
		OPT42606	6	4				36	51	84	117	160	168	455	547	646	654	
		OPT42609	9	4				36	51	84	117	160	168	455	547	646	654	
		OPT42612	12	4				36	51	84	117	160	168	455	547	646	654	
		OPT42614	14	4				36	51	84	117	160	168	455	547	646	654	
		OPT52606	6	5				36	51	85	120	164	173	492	601	723	734	
		OPT52609	9	5				36	51	85	120	164	173	492	601	723	734	
		OPT52612	12	5				36	51	85	120	164	173	492	601	723	734	
		OPT62609	9	6				37	52	86	122	169	179	539	673	829	843	
		OPT62612	12	6				37	52	86	122	169	179	539	673	829	843	
	27G	SAF-Q-109-G27	9	1	7	10	14	24	30	39	45	50	51	63	64	65	65	

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Table 8c		Drug				Patient Information										Flow Controller	
		Gamunex-C and Gammaked				Children <u>under</u> 25 kg (55 lb)										Infuset	
Values shaded in yellow are only suitable for maintenance infusions according to the drug's prescribing information.																	
Syringe Type (Model #)	SUB-Q Set				Total flow rate (mL/h) for ALL sites per Infuset flow controller												
	Gauge	REF#	Length (mm)	# of Needles	Infuset-45	Infuset-80	Infuset-120	Infuset-190	Infuset-290	Infuset-430	Infuset-650	Infuset-820	Infuset-930	Infuset-1850	Infuset-3200	Infuset-4000	Infuset-4300
BD 30 (302832)	26G	OPT12604	4	1	10	14	22	41	55	82	105	129	133	216	231	243	244
		OPT12606	6	1	10	14	22	41	55	82	105	129	133	216	231	243	244
		OPT12609	9	1	10	14	22	41	55	82	105	129	133	216	231	243	244
		OPT12612	12	1	10	14	22	41	55	82	105	129	133	216	231	243	244
		OPT12614	14	1	10	14	22	41	55	82	105	129	133	216	231	243	244
		OPT22604	4	2	10	15	23	45	62	99	134	175	183	387	435	480	484
		OPT22606	6	2	10	15	23	45	62	99	134	175	183	387	435	480	484
		OPT22609	9	2	10	15	23	45	62	99	134	175	183	387	435	480	484
		OPT22612	12	2	10	15	23	45	62	99	134	175	183	387	435	480	484
		OPT22614	14	2	10	15	23	45	62	99	134	175	183	387	435	480	484
		OPT32606	6	3		15	23	46	64	104	144	193	202	485	563	641	647
		OPT32609	9	3		15	23	46	64	104	144	193	202	485	563	641	647
		OPT32612	12	3		15	23	46	64	104	144	193	202	485	563	641	647
		OPT32614	14	3		15	23	46	64	104	144	193	202	485	563	641	647
		OPT42606	6	4			23	47	66	108	152	207	218	588	707	835	846
		OPT42609	9	4			23	47	66	108	152	207	218	588	707	835	846
		OPT42612	12	4			23	47	66	108	152	207	218	588	707	835	846
		OPT42614	14	4			23	47	66	108	152	207	218	588	707	835	846
		OPT52606	6	5				47	66	110	155	213	224	636	777	935	948
		OPT52609	9	5				47	66	110	155	213	224	636	777	935	948
	OPT52612	12	5				47	66	110	155	213	224	636	777	935	948	
	OPT62609	9	6				47	67	112	158	219	231	697	869	1072	1090	
	OPT62612	12	6				47	67	112	158	219	231	697	869	1072	1090	
	27G	SAF-Q-109-G27	9	1	9	13	19	31	39	50	58	65	66	81	83	85	85
BD 20 (302830)	26G	OPT12604	4	1	12	18	28	53	70	105	134	165	170	277	295	311	312
		OPT12606	6	1	12	18	28	53	70	105	134	165	170	277	295	311	312
		OPT12609	9	1	12	18	28	53	70	105	134	165	170	277	295	311	312
		OPT12612	12	1	12	18	28	53	70	105	134	165	170	277	295	311	312
		OPT12614	14	1	12	18	28	53	70	105	134	165	170	277	295	311	312
		OPT22604	4	2	12	19	29	57	79	127	171	224	234	495	557	615	619
		OPT22606	6	2	12	19	29	57	79	127	171	224	234	495	557	615	619
		OPT22609	9	2	12	19	29	57	79	127	171	224	234	495	557	615	619
		OPT22612	12	2	12	19	29	57	79	127	171	224	234	495	557	615	619
		OPT22614	14	2	12	19	29	57	79	127	171	224	234	495	557	615	619
		OPT32606	6	3		19	30	59	82	134	184	246	258	621	720	820	829
		OPT32609	9	3		19	30	59	82	134	184	246	258	621	720	820	829

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Table 8c		Drug				Patient Information										Flow Controller		
		Gamunex-C and Gammaked				Children <u>under</u> 25 kg (55 lb)										Infuset		
Values shaded in yellow are only suitable for maintenance infusions according to the drug's prescribing information.																		
Syringe Type (Model #)	SUB-Q Set				Total flow rate (mL/h) for ALL sites per Infuset flow controller													
	Gauge	REF#	Length (mm)	# of Needles	Infuset-45	Infuset-80	Infuset-120	Infuset-190	Infuset-290	Infuset-430	Infuset-650	Infuset-820	Infuset-930	Infuset-1850	Infuset-3200	Infuset-4000	Infuset-4300	
		OPT32612	12	3		19	30	59	82	134	184	246	258	621	720	820	829	
		OPT32614	14	3		19	30	59	82	134	184	246	258	621	720	820	829	
		OPT42606	6	4			30	60	84	139	194	265	279	753	905	1068	1082	
		OPT42609	9	4			30	60	84	139	194	265	279	753	905	1068	1082	
		OPT42612	12	4			30	60	84	139	194	265	279	753	905	1068	1082	
		OPT42614	14	4			30	60	84	139	194	265	279	753	905	1068	1082	
		OPT52606	6	5			30	60	85	141	198	272	287	814	995	1196	1214	
		OPT52609	9	5			30	60	85	141	198	272	287	814	995	1196	1214	
		OPT52612	12	5			30	60	85	141	198	272	287	814	995	1196	1214	
		OPT62609	9	6			30	61	85	143	202	280	296	892	1113	1372	1395	
	27G	SAF-Q-109-G27	9	1	11	16	24	40	49	64	74	83	84	104	106	108	108	
B. Braun 30 (4617304F)	26G	OPT12604	4	1	9	14	21	40	54	80	103	126	130	211	225	237	238	
		OPT12606	6	1	9	14	21	40	54	80	103	126	130	211	225	237	238	
		OPT12609	9	1	9	14	21	40	54	80	103	126	130	211	225	237	238	
		OPT12612	12	1	9	14	21	40	54	80	103	126	130	211	225	237	238	
		OPT12614	14	1	9	14	21	40	54	80	103	126	130	211	225	237	238	
		OPT22604	4	2		14	22	44	61	97	131	171	178	378	425	469	473	
		OPT22606	6	2		14	22	44	61	97	131	171	178	378	425	469	473	
		OPT22609	9	2		14	22	44	61	97	131	171	178	378	425	469	473	
		OPT22612	12	2		14	22	44	61	97	131	171	178	378	425	469	473	
		OPT22614	14	2		14	22	44	61	97	131	171	178	378	425	469	473	
		OPT32606	6	3			23	45	63	102	140	188	197	474	550	626	633	
		OPT32609	9	3			23	45	63	102	140	188	197	474	550	626	633	
		OPT32612	12	3			23	45	63	102	140	188	197	474	550	626	633	
		OPT32614	14	3			23	45	63	102	140	188	197	474	550	626	633	
		OPT42606	6	4			23	46	64	106	148	202	213	575	691	816	826	
		OPT42609	9	4			23	46	64	106	148	202	213	575	691	816	826	
		OPT42612	12	4			23	46	64	106	148	202	213	575	691	816	826	
		OPT42614	14	4			23	46	64	106	148	202	213	575	691	816	826	
		OPT52606	6	5				46	65	107	151	208	219	622	760	913	927	
		OPT52609	9	5				46	65	107	151	208	219	622	760	913	927	
		OPT52612	12	5				46	65	107	151	208	219	622	760	913	927	
		OPT62609	9	6				46	65	109	154	214	226	681	850	1047	1065	
		OPT62612	12	6				46	65	109	154	214	226	681	850	1047	1065	
		27G	SAF-Q-109-G27	9	1	9	13	18	31	38	49	57	63	64	79	81	83	83

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Table 8c		Drug				Patient Information										Flow Controller	
		Gamunex-C and Gammaked				Children <u>under</u> 25 kg (55 lb)										Infuset	
Values shaded in yellow are only suitable for maintenance infusions according to the drug's prescribing information.																	
Syringe Type (Model #)	SUB-Q Set				Total flow rate (mL/h) for ALL sites per Infuset flow controller												
	Gauge	REF#	Length (mm)	# of Needles	Infuset-45	Infuset-80	Infuset-120	Infuset-190	Infuset-290	Infuset-430	Infuset-650	Infuset-820	Infuset-930	Infuset-1850	Infuset-3200	Infuset-4000	Infuset-4300
Monoject 35 (1183500777 or 8881535762)	26G	OPT12604	4	1	7	11	17	32	43	64	81	100	103	167	178	188	188
		OPT12606	6	1	7	11	17	32	43	64	81	100	103	167	178	188	188
		OPT12609	9	1	7	11	17	32	43	64	81	100	103	167	178	188	188
		OPT12612	12	1	7	11	17	32	43	64	81	100	103	167	178	188	188
		OPT12614	14	1	7	11	17	32	43	64	81	100	103	167	178	188	188
		OPT22604	4	2		11	18	35	48	77	103	135	141	299	337	372	374
		OPT22606	6	2		11	18	35	48	77	103	135	141	299	337	372	374
		OPT22609	9	2		11	18	35	48	77	103	135	141	299	337	372	374
		OPT22612	12	2		11	18	35	48	77	103	135	141	299	337	372	374
		OPT22614	14	2		11	18	35	48	77	103	135	141	299	337	372	374
		OPT32606	6	3			18	36	50	81	111	149	156	375	435	496	501
		OPT32609	9	3			18	36	50	81	111	149	156	375	435	496	501
		OPT32612	12	3			18	36	50	81	111	149	156	375	435	496	501
		OPT32614	14	3			18	36	50	81	111	149	156	375	435	496	501
		OPT42606	6	4				36	51	84	117	160	168	455	547	646	654
		OPT42609	9	4				36	51	84	117	160	168	455	547	646	654
		OPT42612	12	4				36	51	84	117	160	168	455	547	646	654
		OPT42614	14	4				36	51	84	117	160	168	455	547	646	654
		OPT52606	6	5				36	51	85	120	164	173	492	601	723	734
		OPT52609	9	5				36	51	85	120	164	173	492	601	723	734
		OPT52612	12	5				36	51	85	120	164	173	492	601	723	734
		OPT62609	9	6				37	52	86	122	169	179	539	673	829	843
		OPT62612	12	6				37	52	86	122	169	179	539	673	829	843
	27G	SAF-Q-109-G27	9	1	7	10	14	24	30	39	45	50	51	63	64	65	65

For Gamunex-C and Gammaked administration limits, there are no suitable flow rate system configurations with the VersaRate Plus, only with Infuset flow controller per Tables 8a, 8b and 8c.

VersaPump® Infusion System

Infusing Hizentra

Tables 9 and 10 show expected total flow rates for infusing Hizentra using various combinations of subcutaneous infusion sets, flow controllers, and syringe models. Cells shaded in white are suitable for initial and maintenance infusions. Cells shaded in yellow are only suitable for maintenance infusions. Cells shaded in red may exceed the prescribing information flow rate limits and are for reference purpose only. Cells shaded in gray do not have values listed because testing has not been performed.

Table Legend:

	Suitable for initial and maintenance infusions (up to 20 mL/h/site)
	Suitable for maintenance infusions only (up to 50 mL/h/site)
	May exceed the flow rate limits for maintenance infusions (exceeds 50 mL/h/site)
	No data available

Table 9		Drug								Flow Controller							
		Hizentra								Infuset							
Values shaded in yellow are only suitable for maintenance infusions according to the drug’s prescribing information.																	
Syringe Type (Model #)	SUB-Q Set				Total flow rate (mL/h) for ALL sites per Infuset flow controller												
	Gauge	REF#	Length (mm)	# of Needles	Infuset-45	Infuset-80	Infuset-120	Infuset-190	Infuset-290	Infuset-430	Infuset-650	Infuset-820	Infuset-930	Infuset-1850	Infuset-3200	Infuset-4000	Infuset-4300
BD 30 (302832)	26G	OPT12604	4	1				9	12	18	23	28	29	48	51	54	54
		OPT12606	6	1				9	12	18	23	28	29	48	51	54	54
		OPT12609	9	1				9	12	18	23	28	29	48	51	54	54
		OPT12612	12	1				9	12	18	23	28	29	48	51	54	54
		OPT12614	14	1				9	12	18	23	28	29	48	51	54	54
		OPT22604	4	2						22	29	39	40	85	96	106	107
		OPT22606	6	2						22	29	39	40	85	96	106	107
		OPT22609	9	2						22	29	39	40	85	96	106	107
		OPT22612	12	2						22	29	39	40	85	96	106	107
		OPT22614	14	2						22	29	39	40	85	96	106	107
		OPT32606	6	3							32	42	45	107	124	141	143
		OPT32609	9	3							32	42	45	107	124	141	143
		OPT32612	12	3							32	42	45	107	124	141	143
		OPT32614	14	3							32	42	45	107	124	141	143
		OPT42606	6	4							33	46	48	130	156	184	187
		OPT42609	9	4							33	46	48	130	156	184	187
		OPT42612	12	4							33	46	48	130	156	184	187
		OPT42614	14	4							33	46	48	130	156	184	187
		OPT52606	6	5								47	49	140	171	206	209
		OPT52609	9	5								47	49	140	171	206	209
		OPT52612	12	5								47	49	140	171	206	209
		OPT62609	9	6								48	51	154	192	236	240
		OPT62612	12	6								48	51	154	192	236	240
	27G	SAF-Q-109-G27	9	1					9	11	13	14	14	18	18	19	19

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Table 9		Drug									Flow Controller							
		Hizentra									Infuset							
Values shaded in yellow are only suitable for maintenance infusions according to the drug's prescribing information.																		
Syringe Type (Model #)	SUB-Q Set				Total flow rate (mL/h) for ALL sites per Infuset flow controller													
	Gauge	REF#	Length (mm)	# of Needles	Infuset-45	Infuset-80	Infuset-120	Infuset-190	Infuset-290	Infuset-430	Infuset-650	Infuset-820	Infuset-930	Infuset-1850	Infuset-3200	Infuset-4000	Infuset-4300	
BD 20 (302830)	26G	OPT12604	4	1				12	16	23	30	36	38	61	65	69	69	
		OPT12606	6	1				12	16	23	30	36	38	61	65	69	69	
		OPT12609	9	1				12	16	23	30	36	38	61	65	69	69	
		OPT12612	12	1				12	16	23	30	36	38	61	65	69	69	
		OPT12614	14	1				12	16	23	30	36	38	61	65	69	69	
		OPT22604	4	2					17	28	38	49	52	109	123	136	137	
		OPT22606	6	2					17	28	38	49	52	109	123	136	137	
		OPT22609	9	2					17	28	38	49	52	109	123	136	137	
		OPT22612	12	2					17	28	38	49	52	109	123	136	137	
		OPT22614	14	2					17	28	38	49	52	109	123	136	137	
		OPT32606	6	3						29	41	54	57	137	159	181	183	
		OPT32609	9	3						29	41	54	57	137	159	181	183	
		OPT32612	12	3						29	41	54	57	137	159	181	183	
		OPT32614	14	3						29	41	54	57	137	159	181	183	
		OPT42606	6	4							43	58	61	166	200	236	239	
		OPT42609	9	4							43	58	61	166	200	236	239	
		OPT42612	12	4							43	58	61	166	200	236	239	
		OPT42614	14	4							43	58	61	166	200	236	239	
		OPT52606	6	5							44	60	63	180	219	264	268	
		OPT52609	9	5							44	60	63	180	219	264	268	
		OPT52612	12	5							44	60	63	180	219	264	268	
		OPT62609	9	6								62	65	197	246	303	308	
		OPT62612	12	6								62	65	197	246	303	308	
		27G	SAF-Q-109-G27	9	1				9	11	14	16	18	19	23	23	24	24
B.Braun 30 (4617304F)	26G	OPT12604	4	1				9	12	18	23	28	29	47	50	52	53	
		OPT12606	6	1				9	12	18	23	28	29	47	50	52	53	
		OPT12609	9	1				9	12	18	23	28	29	47	50	52	53	
		OPT12612	12	1				9	12	18	23	28	29	47	50	52	53	
		OPT12614	14	1				9	12	18	23	28	29	47	50	52	53	
		OPT22604	4	2						21	29	38	39	83	94	104	104	
		OPT22606	6	2						21	29	38	39	83	94	104	104	
		OPT22609	9	2						21	29	38	39	83	94	104	104	
		OPT22612	12	2						21	29	38	39	83	94	104	104	
		OPT22614	14	2						21	29	38	39	83	94	104	104	
		OPT32606	6	3							31	41	44	105	121	138	140	
		OPT32609	9	3							31	41	44	105	121	138	140	

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Table 9		Drug								Flow Controller							
		Hizentra								Infuset							
Values shaded in yellow are only suitable for maintenance infusions according to the drug's prescribing information.																	
Syringe Type (Model #)	SUB-Q Set				Total flow rate (mL/h) for ALL sites per Infuset flow controller												
	Gauge	REF#	Length (mm)	# of Needles	Infuset-45	Infuset-80	Infuset-120	Infuset-190	Infuset-290	Infuset-430	Infuset-650	Infuset-820	Infuset-930	Infuset-1850	Infuset-3200	Infuset-4000	Infuset-4300
		OPT32612	12	3							31	41	44	105	121	138	140
		OPT32614	14	3							31	41	44	105	121	138	140
		OPT42606	6	4							33	45	47	127	152	180	182
		OPT42609	9	4							33	45	47	127	152	180	182
		OPT42612	12	4							33	45	47	127	152	180	182
		OPT42614	14	4							33	45	47	127	152	180	182
		OPT52606	6	5								46	48	137	168	202	204
		OPT52609	9	5								46	48	137	168	202	204
		OPT52612	12	5								46	48	137	168	202	204
		OPT62609	9	6									50	150	187	231	235
		OPT62612	12	6								50	150	187	231	235	
	27G	SAF-Q-109-G27	9	1					8	11	13	14	14	17	18	18	18
Monoject 35 (1183500777 or 8881535762)	26G	OPT12604	4	1					9	14	18	22	23	37	39	41	42
		OPT12606	6	1					9	14	18	22	23	37	39	41	42
		OPT12609	9	1					9	14	18	22	23	37	39	41	42
		OPT12612	12	1					9	14	18	22	23	37	39	41	42
		OPT12614	14	1					9	14	18	22	23	37	39	41	42
		OPT22604	4	2						17	23	30	31	66	74	82	83
		OPT22606	6	2						17	23	30	31	66	74	82	83
		OPT22609	9	2						17	23	30	31	66	74	82	83
		OPT22612	12	2						17	23	30	31	66	74	82	83
		OPT22614	14	2						17	23	30	31	66	74	82	83
		OPT32606	6	3							25	33	34	83	96	109	110
		OPT32609	9	3							25	33	34	83	96	109	110
		OPT32612	12	3							25	33	34	83	96	109	110
		OPT32614	14	3							25	33	34	83	96	109	110
		OPT42606	6	4								35	37	100	121	142	144
		OPT42609	9	4								35	37	100	121	142	144
		OPT42612	12	4								35	37	100	121	142	144
		OPT42614	14	4								35	37	100	121	142	144
		OPT52606	6	5										109	133	160	162
		OPT52609	9	5										109	133	160	162
		OPT52612	12	5										109	133	160	162
		OPT62609	9	6										119	148	183	186
			OPT62612	12	6								119	148	183	186	
	27G	SAF-Q-109-G27	9	1						9	10	11	11	14	14	14	14

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Table 9		Drug								Flow Controller							
		Hizentra								Infuset							
Values shaded in yellow are only suitable for maintenance infusions according to the drug's prescribing information.																	
Syringe Type (Model #)	SUB-Q Set				Total flow rate (mL/h) for ALL sites per Infuset flow controller												
	Gauge	REF#	Length (mm)	# of Needles	Infuset-45	Infuset-80	Infuset-120	Infuset-190	Infuset-290	Infuset-430	Infuset-650	Infuset-820	Infuset-930	Infuset-1850	Infuset-3200	Infuset-4000	Infuset-4300
Hizentra Prefilled 20 (NDC 44206-458-96)	26G	OPT12604	4	1			8	15	20	29	37	46	47	77	82	86	86
		OPT12606	6	1			8	15	20	29	37	46	47	77	82	86	86
		OPT12609	9	1			8	15	20	29	37	46	47	77	82	86	86
		OPT12612	12	1			8	15	20	29	37	46	47	77	82	86	86
		OPT12614	14	1			8	15	20	29	37	46	47	77	82	86	86
		OPT22604	4	2				16	22	35	47	62	65	137	154	170	172
		OPT22606	6	2				16	22	35	47	62	65	137	154	170	172
		OPT22609	9	2				16	22	35	47	62	65	137	154	170	172
		OPT22612	12	2				16	22	35	47	62	65	137	154	170	172
		OPT22614	14	2				16	22	35	47	62	65	137	154	170	172
		OPT32606	6	3						37	51	68	72	172	200	227	230
		OPT32609	9	3						37	51	68	72	172	200	227	230
		OPT32612	12	3						37	51	68	72	172	200	227	230
		OPT32614	14	3						37	51	68	72	172	200	227	230
		OPT42606	6	4						38	54	73	77	209	251	296	300
		OPT42609	9	4						38	54	73	77	209	251	296	300
		OPT42612	12	4						38	54	73	77	209	251	296	300
		OPT42614	14	4						38	54	73	77	209	251	296	300
		OPT52606	6	5							55	75	79	226	276	332	336
		OPT52609	9	5							55	75	79	226	276	332	336
		OPT52612	12	5							55	75	79	226	276	332	336
		OPT62609	9	6							56	78	82	247	308	380	387
		OPT62612	12	6							56	78	82	247	308	380	387
	27G	SAF-Q-109-G27	9	1				11	14	18	21	23	23	29	29	30	30

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Table 10		Drug								Flow Controller						
		Hizentra								VersaRate Plus						
Values shaded in yellow are only suitable for maintenance infusions according to the drug's prescribing information.																
Syringe Type (Model #)	SUB-Q Set				Total flow rate (mL/h) for ALL sites per VersaRate Plus position setting											
	Gauge	REF#	Length (mm)	# of Needles	1	2	3	4	5	6	7	8	9	10	11	OPEN
BD 30 (302832)	26G	OPT12604	4	1			28	32	41	44	48	49	50	52	53	56
		OPT12606	6	1			28	32	41	44	48	49	50	52	53	56
		OPT12609	9	1			28	32	41	44	48	49	50	52	53	56
		OPT12612	12	1			28	32	41	44	48	49	50	52	53	56
		OPT12614	14	1			28	32	41	44	48	49	50	52	53	56
		OPT22604	4	2			38	46	66	75	87	91	94	98	102	115
		OPT22606	6	2			38	46	66	75	87	91	94	98	102	115
		OPT22609	9	2			38	46	66	75	87	91	94	98	102	115
		OPT22612	12	2			38	46	66	75	87	91	94	98	102	115
		OPT22614	14	2			38	46	66	75	87	91	94	98	102	115
		OPT32606	6	3			42	51	78	91	110	116	121	128	134	158
		OPT32609	9	3			42	51	78	91	110	116	121	128	134	158
		OPT32612	12	3			42	51	78	91	110	116	121	128	134	158
		OPT32614	14	3			42	51	78	91	110	116	121	128	134	158
		OPT42606	6	4			45	56	89	107	134	144	151	163	173	213
		OPT42609	9	4			45	56	89	107	134	144	151	163	173	213
		OPT42612	12	4			45	56	89	107	134	144	151	163	173	213
		OPT42614	14	4			45	56	89	107	134	144	151	163	173	213
		OPT52606	6	5			46	58	94	115	145	157	166	180	192	243
		OPT52609	9	5			46	58	94	115	145	157	166	180	192	243
		OPT52612	12	5			46	58	94	115	145	157	166	180	192	243
		OPT62609	9	6				60	100	123	159	174	185	202	218	287
		OPT62612	12	6				60	100	123	159	174	185	202	218	287
		27G	SAF-Q-109-G27	9	1			14	15	17	17	18	18	18	18	19
BD 20 (302830)	26G	OPT12604	4	1			36	41	52	57	62	63	64	66	67	71
		OPT12606	6	1			36	41	52	57	62	63	64	66	67	71
		OPT12609	9	1			36	41	52	57	62	63	64	66	67	71
		OPT12612	12	1			36	41	52	57	62	63	64	66	67	71
		OPT12614	14	1			36	41	52	57	62	63	64	66	67	71
		OPT22604	4	2			48	59	84	96	111	117	121	126	131	147

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Table 10		Drug								Flow Controller						
		Hizentra								VersaRate Plus						
Values shaded in yellow are only suitable for maintenance infusions according to the drug’s prescribing information.																
Syringe Type (Model #)	SUB-Q Set				Total flow rate (mL/h) for ALL sites per VersaRate Plus position setting											
	Gauge	REF#	Length (mm)	# of Needles	1	2	3	4	5	6	7	8	9	10	11	OPEN
		OPT22606	6	2			48	59	84	96	111	117	121	126	131	147
		OPT22609	9	2			48	59	84	96	111	117	121	126	131	147
		OPT22612	12	2			48	59	84	96	111	117	121	126	131	147
		OPT22614	14	2			48	59	84	96	111	117	121	126	131	147
		OPT32606	6	3			53	66	100	117	140	149	155	164	172	202
		OPT32609	9	3			53	66	100	117	140	149	155	164	172	202
		OPT32612	12	3			53	66	100	117	140	149	155	164	172	202
		OPT32614	14	3			53	66	100	117	140	149	155	164	172	202
		OPT42606	6	4			57	72	115	138	171	184	194	208	221	273
		OPT42609	9	4			57	72	115	138	171	184	194	208	221	273
		OPT42612	12	4			57	72	115	138	171	184	194	208	221	273
		OPT42614	14	4			57	72	115	138	171	184	194	208	221	273
		OPT52606	6	5			59	74	121	147	185	201	212	230	246	312
		OPT52609	9	5			59	74	121	147	185	201	212	230	246	312
		OPT52612	12	5			59	74	121	147	185	201	212	230	246	312
		OPT62609	9	6			60	77	128	158	204	222	237	259	279	367
	OPT62612	12	6			60	77	128	158	204	222	237	259	279	367	
27G	SAF-Q-109-G27	9	1			18	19	22	22	23	23	23	24	24	24	
B. Braun 30 (4617304F)	26G	OPT12604	4	1			27	31	40	43	47	48	49	50	51	54
		OPT12606	6	1			27	31	40	43	47	48	49	50	51	54
		OPT12609	9	1			27	31	40	43	47	48	49	50	51	54
		OPT12612	12	1			27	31	40	43	47	48	49	50	51	54
		OPT12614	14	1			27	31	40	43	47	48	49	50	51	54
		OPT22604	4	2			37	45	64	73	85	89	92	96	100	112
		OPT22606	6	2			37	45	64	73	85	89	92	96	100	112
		OPT22609	9	2			37	45	64	73	85	89	92	96	100	112
		OPT22612	12	2			37	45	64	73	85	89	92	96	100	112
		OPT22614	14	2			37	45	64	73	85	89	92	96	100	112
		OPT32606	6	3			41	50	76	89	107	114	118	125	131	154
		OPT32609	9	3			41	50	76	89	107	114	118	125	131	154
		OPT32612	12	3			41	50	76	89	107	114	118	125	131	154
		OPT32614	14	3			41	50	76	89	107	114	118	125	131	154
		OPT42606	6	4			44	55	87	105	131	141	148	159	169	208

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Table 10					Drug					Flow Controller						
					Hizentra					VersaRate Plus						
Values shaded in yellow are only suitable for maintenance infusions according to the drug’s prescribing information.																
Syringe Type (Model #)	SUB-Q Set				Total flow rate (mL/h) for ALL sites per VersaRate Plus position setting											
	Gauge	REF#	Length (mm)	# of Needles	1	2	3	4	5	6	7	8	9	10	11	OPEN
		OPT42609	9	4			44	55	87	105	131	141	148	159	169	208
		OPT42612	12	4			44	55	87	105	131	141	148	159	169	208
		OPT42614	14	4			44	55	87	105	131	141	148	159	169	208
		OPT52606	6	5			45	57	92	112	142	153	162	176	187	238
		OPT52609	9	5			45	57	92	112	142	153	162	176	187	238
		OPT52612	12	5			45	57	92	112	142	153	162	176	187	238
		OPT62609	9	6				59	98	121	155	170	181	198	213	280
		OPT62612	12	6				59	98	121	155	170	181	198	213	280
27G	SAF-Q-109-G27	9	1			14	15	16	17	18	18	18	18	18	18	
Monoject 35 (1183500777 or 8881535762)	26G	OPT12604	4	1			22	25	32	34	37	38	39	40	41	43
		OPT12606	6	1			22	25	32	34	37	38	39	40	41	43
		OPT12609	9	1			22	25	32	34	37	38	39	40	41	43
		OPT12612	12	1			22	25	32	34	37	38	39	40	41	43
		OPT12614	14	1			22	25	32	34	37	38	39	40	41	43
		OPT22604	4	2			29	35	51	58	67	71	73	76	79	89
		OPT22606	6	2			29	35	51	58	67	71	73	76	79	89
		OPT22609	9	2			29	35	51	58	67	71	73	76	79	89
		OPT22612	12	2			29	35	51	58	67	71	73	76	79	89
		OPT22614	14	2			29	35	51	58	67	71	73	76	79	89
		OPT32606	6	3			32	40	60	71	85	90	94	99	104	122
		OPT32609	9	3			32	40	60	71	85	90	94	99	104	122
		OPT32612	12	3			32	40	60	71	85	90	94	99	104	122
		OPT32614	14	3			32	40	60	71	85	90	94	99	104	122
		OPT42606	6	4			35	43	69	83	103	111	117	126	134	165
		OPT42609	9	4			35	43	69	83	103	111	117	126	134	165
		OPT42612	12	4			35	43	69	83	103	111	117	126	134	165
		OPT42614	14	4			35	43	69	83	103	111	117	126	134	165
		OPT52606	6	5				45	73	89	112	121	128	139	148	188
		OPT52609	9	5				45	73	89	112	121	128	139	148	188
		OPT52612	12	5				45	73	89	112	121	128	139	148	188
		OPT62609	9	6					78	95	123	134	143	156	168	222
		OPT62612	12	6					78	95	123	134	143	156	168	222
27G	SAF-Q-109-G27	9	1			11	12	13	13	14	14	14	14	14	15	

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Table 10		Drug								Flow Controller						
		Hizentra								VersaRate Plus						
Values shaded in yellow are only suitable for maintenance infusions according to the drug’s prescribing information.																
Syringe Type (Model #)	SUB-Q Set				Total flow rate (mL/h) for ALL sites per VersaRate Plus position setting											
	Gauge	REF#	Length (mm)	# of Needles	1	2	3	4	5	6	7	8	9	10	11	OPEN
Hizentra Prefilled 20 (NDC 44206-458-96)	26G	OPT12604	4	1			45	52	66	71	78	80	81	83	84	90
		OPT12606	6	1			45	52	66	71	78	80	81	83	84	90
		OPT12609	9	1			45	52	66	71	78	80	81	83	84	90
		OPT12612	12	1			45	52	66	71	78	80	81	83	84	90
		OPT12614	14	1			45	52	66	71	78	80	81	83	84	90
		OPT22604	4	2			61	74	106	121	140	147	152	158	164	185
		OPT22606	6	2			61	74	106	121	140	147	152	158	164	185
		OPT22609	9	2			61	74	106	121	140	147	152	158	164	185
		OPT22612	12	2			61	74	106	121	140	147	152	158	164	185
		OPT22614	14	2			61	74	106	121	140	147	152	158	164	185
		OPT32606	6	3			67	82	125	147	176	187	195	206	216	254
		OPT32609	9	3			67	82	125	147	176	187	195	206	216	254
		OPT32612	12	3			67	82	125	147	176	187	195	206	216	254
		OPT32614	14	3			67	82	125	147	176	187	195	206	216	254
		OPT42606	6	4			72	90	144	173	215	231	243	262	278	343
		OPT42609	9	4			72	90	144	173	215	231	243	262	278	343
		OPT42612	12	4			72	90	144	173	215	231	243	262	278	343
		OPT42614	14	4			72	90	144	173	215	231	243	262	278	343
		OPT52606	6	5			74	93	152	184	233	252	267	289	308	391
		OPT52609	9	5			74	93	152	184	233	252	267	289	308	391
		OPT52612	12	5			74	93	152	184	233	252	267	289	308	391
		OPT62609	9	6			76	96	161	198	256	279	298	325	350	461
		OPT62612	12	6			76	96	161	198	256	279	298	325	350	461
	27G	SAF-Q-109-G27	9	1			23	24	27	28	29	29	29	30	30	30

VersaPump® Infusion System

Infusing Xembify

Tables 11 and 12 show expected total flow rates for infusing Xembify using various combinations of subcutaneous infusion sets, flow controllers, and syringe models. Cells shaded in white are suitable for initial and maintenance infusions. Cells shaded in red may exceed the prescribing information flow rate limits and are for reference purpose only. Cells shaded in gray do not have values listed because testing has not been performed.

Table Legend:

	Suitable for initial and maintenance infusions (up to 25 mL/h/site)
	May exceed the flow rate limits for maintenance infusions (exceeds 25 mL/h/site)
	No data available

Table 11		Drug								Flow Controller								
		Xembify								Infuset								
Values shaded in yellow are only suitable for maintenance infusions according to the drug's prescribing information.																		
Syringe Type (Model #)	SUB-Q Set				Total flow rate (mL/h) for ALL sites per Infuset flow controller													
	Gauge	REF#	Length (mm)	# of Needles	Infuset-45	Infuset-80	Infuset-120	Infuset-190	Infuset-290	Infuset-430	Infuset-650	Infuset-820	Infuset-930	Infuset-1850	Infuset-3200	Infuset-4000	Infuset-4300	
BD 30 (302832)	26G	OPT12604	4	1			5	9	13	19	24	30	31	50	53	56	56	
		OPT12606	6	1			5	9	13	19	24	30	31	50	53	56	56	
		OPT12609	9	1			5	9	13	19	24	30	31	50	53	56	56	
		OPT12612	12	1			5	9	13	19	24	30	31	50	53	56	56	
		OPT12614	14	1			5	9	13	19	24	30	31	50	53	56	56	
		OPT22604	4	2				10	14	23	31	40	42	89	100	111	112	
		OPT22606	6	2				10	14	23	31	40	42	89	100	111	112	
		OPT22609	9	2				10	14	23	31	40	42	89	100	111	112	
		OPT22612	12	2				10	14	23	31	40	42	89	100	111	112	
		OPT22614	14	2				10	14	23	31	40	42	89	100	111	112	
		OPT32606	6	3					15	24	33	44	47	112	130	148	149	
		OPT32609	9	3					15	24	33	44	47	112	130	148	149	
		OPT32612	12	3					15	24	33	44	47	112	130	148	149	
		OPT32614	14	3					15	24	33	44	47	112	130	148	149	
		OPT42606	6	4							25	35	48	50	136	163	193	195
		OPT42609	9	4							25	35	48	50	136	163	193	195
		OPT42612	12	4							25	35	48	50	136	163	193	195
		OPT42614	14	4							25	35	48	50	136	163	193	195
		OPT52606	6	5							25	36	49	52	147	179	216	219
		OPT52609	9	5							25	36	49	52	147	179	216	219
	OPT52612	12	5							25	36	49	52	147	179	216	219	
	OPT62609	9	6								36	51	53	161	201	247	251	
	OPT62612	12	6								36	51	53	161	201	247	251	
27G	SAF-Q-109-G27	9	1					7	9	12	13	15	15	19	19	20	20	

User Manual (International)

Table 11

Drug

Flow Controller

Xembify

Infuset

Values shaded in yellow are only suitable for maintenance infusions according to the drug's prescribing information.

Syringe Type (Model #)	SUB-Q Set				Total flow rate (mL/h) for ALL sites per Infuset flow controller												
	Gauge	REF#	Length (mm)	# of Needles	Infuset-45	Infuset-80	Infuset-120	Infuset-190	Infuset-290	Infuset-430	Infuset-650	Infuset-820	Infuset-930	Infuset-1850	Infuset-3200	Infuset-4000	Infuset-4300
BD 20 (302830)	26G	OPT12604	4	1			6	12	16	24	31	38	39	64	68	72	72
		OPT12606	6	1			6	12	16	24	31	38	39	64	68	72	72
		OPT12609	9	1			6	12	16	24	31	38	39	64	68	72	72
		OPT12612	12	1			6	12	16	24	31	38	39	64	68	72	72
		OPT12614	14	1			6	12	16	24	31	38	39	64	68	72	72
		OPT22604	4	2				13	18	29	39	52	54	114	128	142	143
		OPT22606	6	2				13	18	29	39	52	54	114	128	142	143
		OPT22609	9	2				13	18	29	39	52	54	114	128	142	143
		OPT22612	12	2				13	18	29	39	52	54	114	128	142	143
		OPT22614	14	2				13	18	29	39	52	54	114	128	142	143
		OPT32606	6	3					19	31	42	57	60	143	166	189	191
		OPT32609	9	3					19	31	42	57	60	143	166	189	191
		OPT32612	12	3					19	31	42	57	60	143	166	189	191
		OPT32614	14	3					19	31	42	57	60	143	166	189	191
		OPT42606	6	4						32	45	61	64	174	209	247	250
		OPT42609	9	4						32	45	61	64	174	209	247	250
		OPT42612	12	4						32	45	61	64	174	209	247	250
		OPT42614	14	4						32	45	61	64	174	209	247	250
		OPT52606	6	5						32	46	63	66	188	230	276	280
		OPT52609	9	5						32	46	63	66	188	230	276	280
		OPT52612	12	5						32	46	63	66	188	230	276	280
		OPT62609	9	6						33	47	65	68	206	257	317	322
		OPT62612	12	6						33	47	65	68	206	257	317	322
B.Braun 30 (4617304F)	27G	SAF-Q-109-G27	9	1			6	9	11	15	17	19	19	24	25	25	25
	26G	OPT12604	4	1			5	9	12	19	24	29	30	49	52	55	55
		OPT12606	6	1			5	9	12	19	24	29	30	49	52	55	55
		OPT12609	9	1			5	9	12	19	24	29	30	49	52	55	55
		OPT12612	12	1			5	9	12	19	24	29	30	49	52	55	55
		OPT12614	14	1			5	9	12	19	24	29	30	49	52	55	55
		OPT22604	4	2				10	14	22	30	39	41	87	98	108	109
		OPT22606	6	2				10	14	22	30	39	41	87	98	108	109
		OPT22609	9	2				10	14	22	30	39	41	87	98	108	109
		OPT22612	12	2				10	14	22	30	39	41	87	98	108	109
		OPT22614	14	2				10	14	22	30	39	41	87	98	108	109
		OPT32606	6	3						24	32	43	46	109	127	145	146
		OPT32609	9	3						24	32	43	46	109	127	145	146

VersaPump® Infusion System

Table 11

Drug

Flow Controller

Xembify

Infuset

Values shaded in yellow are only suitable for maintenance infusions according to the drug's prescribing information.

Syringe Type (Model #)	SUB-Q Set				Total flow rate (mL/h) for ALL sites per Infuset flow controller												
	Gauge	REF#	Length (mm)	# of Needles	Infuset-45	Infuset-80	Infuset-120	Infuset-190	Infuset-290	Infuset-430	Infuset-650	Infuset-820	Infuset-930	Infuset-1850	Infuset-3200	Infuset-4000	Infuset-4300
		OPT32612	12	3						24	32	43	46	109	127	145	146
		OPT32614	14	3						24	32	43	46	109	127	145	146
		OPT42606	6	4						24	34	47	49	133	159	188	191
		OPT42609	9	4						24	34	47	49	133	159	188	191
		OPT42612	12	4						24	34	47	49	133	159	188	191
		OPT42614	14	4						24	34	47	49	133	159	188	191
		OPT52606	6	5						25	35	48	51	143	175	211	214
		OPT52609	9	5						25	35	48	51	143	175	211	214
		OPT52612	12	5						25	35	48	51	143	175	211	214
		OPT62609	9	6						36	49	52	52	157	196	242	246
		OPT62612	12	6						36	49	52	52	157	196	242	246
	27G	SAF-Q-109-G27	9	1				7	9	11	13	15	15	18	19	19	19
Monoject 35 (1183500777 or 8881535762)	26G	OPT12604	4	1				7	10	15	19	23	24	39	41	43	43
		OPT12606	6	1				7	10	15	19	23	24	39	41	43	43
		OPT12609	9	1				7	10	15	19	23	24	39	41	43	43
		OPT12612	12	1				7	10	15	19	23	24	39	41	43	43
		OPT12614	14	1				7	10	15	19	23	24	39	41	43	43
		OPT22604	4	2					11	18	24	31	33	69	78	86	86
		OPT22606	6	2					11	18	24	31	33	69	78	86	86
		OPT22609	9	2					11	18	24	31	33	69	78	86	86
		OPT22612	12	2					11	18	24	31	33	69	78	86	86
		OPT22614	14	2					11	18	24	31	33	69	78	86	86
		OPT32606	6	3						19	26	34	36	87	100	114	116
		OPT32609	9	3						19	26	34	36	87	100	114	116
		OPT32612	12	3						19	26	34	36	87	100	114	116
		OPT32614	14	3						19	26	34	36	87	100	114	116
		OPT42606	6	4							27	37	39	105	126	149	151
		OPT42609	9	4							27	37	39	105	126	149	151
		OPT42612	12	4							27	37	39	105	126	149	151
		OPT42614	14	4							27	37	39	105	126	149	151
		OPT52606	6	5							28	38	40	114	139	167	169
		OPT52609	9	5							28	38	40	114	139	167	169
		OPT52612	12	5							28	38	40	114	139	167	169
		OPT62609	9	6								39	41	124	155	191	195
		OPT62612	12	6								39	41	124	155	191	195
	27G	SAF-Q-109-G27	9	1				6	7	9	10	12	12	14	15	15	15

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Table 12				Drug						Flow Controller						
				Xembify						VersaRate Plus						
Syringe Type (Model #)	SUB-Q Set				Total flow rate (mL/h) for ALL sites per VersaRate Plus position setting											
	Gauge	REF#	Length (mm)	# of Needles	1	2	3	4	5	6	7	8	9	10	11	OPEN
BD 30 (302832)	26G	OPT12604	4	1			29	34	43	46	50	52	53	54	55	58
		OPT12606	6	1			29	34	43	46	50	52	53	54	55	58
		OPT12609	9	1			29	34	43	46	50	52	53	54	55	58
		OPT12612	12	1			29	34	43	46	50	52	53	54	55	58
		OPT12614	14	1			29	34	43	46	50	52	53	54	55	58
		OPT22604	4	2			40	48	69	79	91	95	99	103	107	120
		OPT22606	6	2			40	48	69	79	91	95	99	103	107	120
		OPT22609	9	2			40	48	69	79	91	95	99	103	107	120
		OPT22612	12	2			40	48	69	79	91	95	99	103	107	120
		OPT22614	14	2			40	48	69	79	91	95	99	103	107	120
		OPT32606	6	3			43	54	82	96	115	122	127	134	141	165
		OPT32609	9	3			43	54	82	96	115	122	127	134	141	165
		OPT32612	12	3			43	54	82	96	115	122	127	134	141	165
		OPT32614	14	3			43	54	82	96	115	122	127	134	141	165
		OPT42606	6	4			47	59	94	112	140	150	158	170	181	223
		OPT42609	9	4			47	59	94	112	140	150	158	170	181	223
		OPT42612	12	4			47	59	94	112	140	150	158	170	181	223
		OPT42614	14	4			47	59	94	112	140	150	158	170	181	223
		OPT52606	6	5			48	61	99	120	152	164	174	188	201	255
		OPT52609	9	5			48	61	99	120	152	164	174	188	201	255
		OPT52612	12	5			48	61	99	120	152	164	174	188	201	255
		OPT62609	9	6			49	63	105	129	166	182	194	212	228	300
		OPT62612	12	6			49	63	105	129	166	182	194	212	228	300
	27G	SAF-Q-109-G27	9	1			15	16	18	18	19	19	19	19	19	20
BD 20 (302830)	26G	OPT12604	4	1			38	43	55	59	65	66	67	69	70	75
		OPT12606	6	1			38	43	55	59	65	66	67	69	70	75
		OPT12609	9	1			38	43	55	59	65	66	67	69	70	75
		OPT12612	12	1			38	43	55	59	65	66	67	69	70	75
		OPT12614	14	1			38	43	55	59	65	66	67	69	70	75
		OPT22604	4	2			51	61	88	101	117	122	126	132	137	154
		OPT22606	6	2			51	61	88	101	117	122	126	132	137	154
		OPT22609	9	2			51	61	88	101	117	122	126	132	137	154
		OPT22612	12	2			51	61	88	101	117	122	126	132	137	154
		OPT22614	14	2			51	61	88	101	117	122	126	132	137	154
		OPT32606	6	3			56	69	104	122	147	156	162	172	180	211
		OPT32609	9	3			56	69	104	122	147	156	162	172	180	211

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Table 12				Drug						Flow Controller							
				Xembify						VersaRate Plus							
Syringe Type (Model #)	SUB-Q Set				Total flow rate (mL/h) for ALL sites per VersaRate Plus position setting												
	Gauge	REF#	Length (mm)	# of Needles	1	2	3	4	5	6	7	8	9	10	11	OPEN	
		OPT32612	12	3			56	69	104	122	147	156	162	172	180	211	
		OPT32614	14	3			56	69	104	122	147	156	162	172	180	211	
		OPT42606	6	4			60	75	120	144	179	193	203	218	231	286	
		OPT42609	9	4			60	75	120	144	179	193	203	218	231	286	
		OPT42612	12	4			60	75	120	144	179	193	203	218	231	286	
		OPT42614	14	4			60	75	120	144	179	193	203	218	231	286	
		OPT52606	6	5			61	77	126	153	194	210	222	241	257	326	
		OPT52609	9	5			61	77	126	153	194	210	222	241	257	326	
		OPT52612	12	5			61	77	126	153	194	210	222	241	257	326	
		OPT62609	9	6			63	80	134	165	213	233	248	271	291	384	
		OPT62612	12	6			63	80	134	165	213	233	248	271	291	384	
27G	SAF-Q-109-G27	9	1			19	20	23	23	24	24	24	25	25	25		
B.Braun 30 (4617304F)	26G	OPT12604	4	1			29	33	42	45	49	51	51	53	54	57	
		OPT12606	6	1			29	33	42	45	49	51	51	53	54	57	
		OPT12609	9	1			29	33	42	45	49	51	51	53	54	57	
		OPT12612	12	1			29	33	42	45	49	51	51	53	54	57	
		OPT12614	14	1			29	33	42	45	49	51	51	53	54	57	
		OPT22604	4	2			39	47	67	77	89	93	96	101	104	118	
		OPT22606	6	2			39	47	67	77	89	93	96	101	104	118	
		OPT22609	9	2			39	47	67	77	89	93	96	101	104	118	
		OPT22612	12	2			39	47	67	77	89	93	96	101	104	118	
		OPT22614	14	2			39	47	67	77	89	93	96	101	104	118	
		OPT32606	6	3			43	52	80	93	112	119	124	131	137	161	
		OPT32609	9	3			43	52	80	93	112	119	124	131	137	161	
		OPT32612	12	3			43	52	80	93	112	119	124	131	137	161	
		OPT32614	14	3			43	52	80	93	112	119	124	131	137	161	
		OPT42606	6	4			46	57	91	110	137	147	155	166	176	218	
		OPT42609	9	4			46	57	91	110	137	147	155	166	176	218	
		OPT42612	12	4			46	57	91	110	137	147	155	166	176	218	
		OPT42614	14	4			46	57	91	110	137	147	155	166	176	218	
		OPT52606	6	5			47	59	97	117	148	160	170	184	196	249	
		OPT52609	9	5			47	59	97	117	148	160	170	184	196	249	
		OPT52612	12	5			47	59	97	117	148	160	170	184	196	249	
		OPT62609	9	6			48	61	102	126	163	178	189	207	223	293	
		OPT62612	12	6			48	61	102	126	163	178	189	207	223	293	
		27G	SAF-Q-109-G27	9	1			14	15	17	18	18	19	19	19	19	19

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Table 12				Drug						Flow Controller						
				Xembify						VersaRate Plus						
Syringe Type (Model #)	SUB-Q Set				Total flow rate (mL/h) for ALL sites per VersaRate Plus position setting											
	Gauge	REF#	Length (mm)	# of Needles	1	2	3	4	5	6	7	8	9	10	11	OPEN
Monoject 35 (1183500777 or 8881535762)	26G	OPT12604	4	1			23	26	33	36	39	40	41	42	42	45
		OPT12606	6	1			23	26	33	36	39	40	41	42	42	45
		OPT12609	9	1			23	26	33	36	39	40	41	42	42	45
		OPT12612	12	1			23	26	33	36	39	40	41	42	42	45
		OPT12614	14	1			23	26	33	36	39	40	41	42	42	45
		OPT22604	4	2			31	37	53	61	70	74	76	80	83	93
		OPT22606	6	2			31	37	53	61	70	74	76	80	83	93
		OPT22609	9	2			31	37	53	61	70	74	76	80	83	93
		OPT22612	12	2			31	37	53	61	70	74	76	80	83	93
		OPT22614	14	2			31	37	53	61	70	74	76	80	83	93
		OPT32606	6	3			34	41	63	74	89	94	98	104	109	128
		OPT32609	9	3			34	41	63	74	89	94	98	104	109	128
		OPT32612	12	3			34	41	63	74	89	94	98	104	109	128
		OPT32614	14	3			34	41	63	74	89	94	98	104	109	128
		OPT42606	6	4			36	45	72	87	108	116	123	132	140	173
		OPT42609	9	4			36	45	72	87	108	116	123	132	140	173
		OPT42612	12	4			36	45	72	87	108	116	123	132	140	173
		OPT42614	14	4			36	45	72	87	108	116	123	132	140	173
		OPT52606	6	5			37	47	76	93	117	127	134	145	155	197
		OPT52609	9	5			37	47	76	93	117	127	134	145	155	197
		OPT52612	12	5			37	47	76	93	117	127	134	145	155	197
		OPT62609	9	6			38	49	81	100	129	141	150	164	176	232
		OPT62612	12	6			38	49	81	100	129	141	150	164	176	232
	27G	SAF-Q-109-G27	9	1			11	12	14	14	15	15	15	15	15	15

VersaPump® Infusion System

Troubleshooting

Possible causes for the VersaPump Infusion System not performing as expected might be:

Problem	Possible Cause	Correction
Syringe not compatible	Use of non-recommended syringe model.	Use only recommended syringe model listed on page 13.
Experiencing pain during insertion of needles	Incorrect insertion technique is used.	Pinch the skin to tighten the site where needles are inserted according to needle set Instructions for Use or consult your healthcare professional (see step 9 on page 10).
	Incorrect insertion site chosen.	Ensure needle is inserted into an appropriate infusion site as instructed by your healthcare professional. Do not insert into a previous infusion site where scar tissue may exist or into muscle tissue.
	Needle is not inserted at a 90-degree angle.	Ensure SUB-Q set wings are aligned while holding the needle and that the needle penetrates the skin at approximately 90 degrees during the insertion step.
	Tip of the needle can get damaged if SUB-Q set is mishandled.	Handle SUB-Q set with care and only remove needle protector shortly before inserting into the skin. Do not use a damaged needle set.
Components will not connect	Incorrect assembly, incorrect components, or damage of components.	Verify the syringe is properly connected to the flow controller and that the flow controller is correctly connected to the SUB-Q set. Use only the recommended components with the VersaPump Infuser.
Syringe disengages from the pump when the top cover is closed	Syringe was not properly loaded in the pump.	Open the top cover fully. Ensure the syringe flanges are horizontal and fully seated in the flange slots (see step 11 on page 10). Close the top cover fully to engage the drive.
	Use of non-recommended syringe model.	Use only recommended syringe model listed on page 13.
Difficult to open	User must apply enough force to overcome the spring mechanism.	Place the pump on a flat surface. With one hand, hold the lower portion of the pump near the latches. With the other hand, grasp the top cover near the latches and pull firmly until the top cover is fully open.
Fluid leak	Incorrect assembly or damage of components.	Verify Luer connectors are properly tightened. Do not overtighten as it may result in damage.
NO fluid flow	Infuser drive is not completely engaged.	Close the top cover fully until the latches engage. Refer to IFU step 12.
	Infuset flow controller is blocked by slide clamp.	For the Infuset, make sure that the slide clamp is not blocking the flow.

User Manual (International)

Problem	Possible Cause	Correction
NO fluid flow	VersaRate Plus flow controller dial is in the OFF position.	For the VersaRate Plus, make sure that the dial is set to the intended position and not on the 'OFF' position.
	Subcutaneous infusion set is blocked by slide clamp or pinched or kinked.	Verify that no other slide clamp is blocking the flow and that the tubing is not pinched or kinked.
	Occlusion of fluid path	Use new flow controller or SUB-Q set.
	When using the VersaRate Plus at the lower position settings such as 1 to 3 to infuse 20% IG (viscous) fluids, it may result in slower than expected or stopped flow rate.	Monitor the fluid volume progress throughout the infusion. If the flow rate is slower than expected, adjust the VersaRate Plus dial to a higher position setting to obtain the desired flow rate. If the flow rate completely stops, turn the VersaRate Plus dial to the OPEN position for a few seconds or until the fluid starts to flow, then rotate the dial back to the original position setting and continue to monitor the infusion progress. If the flow rate continues to stop, use a different VersaRate Plus device, or switch over to the VersaRate or Infuset flow controller devices.
Flow rate is FAST	Incorrect combination of SUB-Q set with flow controller or flow controller setting for the prescribed fluid.	Verify that the correct combination of SUB-Q set and Infuset or VersaRate Plus position is being used. Consult the appropriate flow rate data sheet or calculator for expected flow rate. If using VersaRate Plus, turn the dial to a lower setting to reduce the flow rate.
	Patient or environmental factors	Refer to section <i>Factors that Affect Flow Rate</i> .
Flow rate is SLOW	Incorrect combination of SUB-Q set with flow controller or flow controller setting for the prescribed fluid.	Verify that the correct combination of SUB-Q set and Infuset or VersaRate Plus position is being used. Consult the appropriate flow rate data sheet or calculator for expected flow rate. If using VersaRate Plus, turn the dial to a higher setting to increase the flow rate.
	Patient or environmental factors	Refer to section <i>Factors that Affect Flow Rate</i> and verify factors are within intended limits.
	Storage of the flow controller or SUB-Q set with the slide clamp engaged for an extended period of time may temporarily deform the tubing and decrease flow rate.	Do not store with slide clamp engaged for long periods of time.
	Partial occlusion of fluid path	Use new flow controller or SUB-Q set.

VersaPump® Infusion System

Problem	Possible Cause	Correction
Flow does not STOP	Flow controller is not set to 'OFF' position or slide clamp is not clamped.	Verify that the slide clamp on the Infuset is fully closed or that the VersaRate Plus is in the 'OFF' position.
		If the flow controller fails to stop the flow, fully open the VersaPump top cover to stop fluid flow.

NOTE:	If any of the above conditions persist or the VersaPump Infusion System is not performing as expected, discontinue use and contact EMED Technologies +1-916-932-0071 and/or your healthcare professional.
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Warranty

Parties Covered:

This warranty extends only to the Original Purchaser of the VersaPump Infuser, and it does not extend to subsequent purchasers or users. The “Original Purchaser” is the person purchasing the VersaPump Infuser from the Manufacturer or Manufacturers Representative.

Limited Warranty:

EMED Technologies Corporation (“Manufacturer”) warrants the VersaPump Infuser to be free from defects in materials and workmanship for three (3) years from the date of original purchase when used as intended and under the direction of authorized medical personnel. Failure to comply with these conditions will result in a void warranty.

Use of accessories or components not specified in the VersaPump Infusion System User Manual may impact immunoglobulin solution flow rates, result in a flow rate outside of what has been approved for immunoglobulin solution, and is not recommended. The Manufacturer does not represent that the VersaPump Infusion System will operate in accordance with performance specifications if third party accessories are used.

Replacement:

Subject to the conditions of and upon compliance with the procedures set forth in this limited warranty, the Manufacturer will repair or replace, at its discretion, any VersaPump Infuser, or part thereof, which has been received by the Manufacturer or Manufacturer’s Representative within the three-year warranty period, and which examination discloses, to the Manufacturer’s satisfaction, that the product is defective. Replacement product and parts are warranted only for the remaining portion of the original three-year warranty period.



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