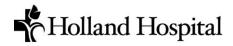


Fax (616) 394-2139



## AMBULATORY TREATMENT UNIT

## Ublituximab (Briumvi) Order Set

• Contraindications: history of life threatening reaction to this drug; active hepatitis B infection

□ = Optional Order • = Routine Order (Cross out and initial **BULLETED ORDERS** that do not apply)

ORDERS				
Date: Time:	Diagnosis Code:	(ICD-10)		
Patient Name:		Date of Birth:	Weight:	(kg)
Allergies:				
Hepatitis B Test Result:subsequent testing optional, and to			Fest required prior to first o	dose. Any
PRE-MEDICATIONS When ordering a pretreatment m  ☐ Diphenhydramine (Benadryl) - ☐ ☐ Methylprednisolone (Solumedr ☐ Acetaminophen (Tylenol) - 650 ☐ Other ☐ Other	25 mg oral capsule rol) - 125 mg, IV Push rmg po once		·	eatment
<ul> <li>MEDICATIONS</li> <li>Prior to EVERY infusion of Briun</li> <li>All patients must be screened for All females of childbearing age</li> </ul>	nvi, determine whether there is or Hepatitis B Virus before thei	s an active infection. If pres r first infusion.	•	esolved.
□ Initial Dose 150mg IV over 4 hr Infusion rate: 0 - 30 min	2nd dose 450mg IV of Infusion rate: 0 - 30 min - hour 1	100ml/hr	uent doses 450mg IV ove ks after first infusion. <u>n rate:</u> nin100ml/hr - hour 1400ml/hr	r 1 hr every
Observe the patient during infusions is at the physician dire infusion.			_	•
doses of 4000 mg in 24	rate and maintain for 30 minut dryl) 25 mg slow IVP STAT (ma l) 650 mg PO STAT, if not alrea hours from all combined sour du-Medrol) 125 mg IVP STAT nasal cannula STAT utes until stable Request further orders as indi	tes. If tolerated, increase p ay repeat times 1) ady given as a "premedicat rces.)	tion". (Maximum acetamir	nophen
☑ By signing this document, the production of the production				raceptive use
Provider Signature:			Date:	
Provider Name and Credentials (p	please print):		Time:	
Office Phone:	Office Fax:			

