

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: _____ Test Date: _____ **Initial Hepatitis B Test required prior to first dose. Any subsequent testing optional, and to be ordered and evaluated by provider.*

PRE-MEDICATIONS

When ordering a pretreatment medication, please select appropriate formulation. Give 30-60 minutes prior to treatment

- ☒ Diphenhydramine (Benadryl) - 25 mg oral capsule
- ☒ Methylprednisolone (Solumedrol) - 125 mg, IV Push
- ☒ Acetaminophen (Tylenol) - 650mg PO once
- ☐ Famotidine – 20 mg, oral. Tab. Give prior to treatment.
- ☐ Famotidine – 20 mg, IV Push. Injection. Give prior to treatment.
- ☐ Other _____

MEDICATIONS

- Prior to EVERY infusion of Brriumvi, determine whether there is an active infection. If present, delay infusion until resolved.
- All patients must be screened for Hepatitis B Virus before their first infusion.
- All females of childbearing age must have an initial negative pregnancy test prior to the first infusion.

☐ Initial Dose 150mg IV over 4 hrs <u>Infusion rate:</u> 0 - 30 min..... 10ml/hr 30 min - hour 1 20ml/hr Hours 1 - 2..... 35ml/hr Hours 2 - 4..... 100ml/hr	☐ 2nd dose 450mg IV over 1 hr 2 weeks after first infusion <u>Infusion rate:</u> 0 - 30 min..... 100ml/hr 30 min - hour 1..... 400ml/hr	☐ Subsequent doses 450mg IV over 1 hr every 24 weeks after first infusion. <u>Infusion rate:</u> 0 - 30 min..... 100ml/hr 30 min - hour 1..... 400ml/hr
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- Observe the patient during infusion and for at least 1 hour after the first 2 infusions. Post-infusion monitoring of subsequent infusions is at the physician direction unless infusion reaction has been observed in association with current or any prior infusion.

Treatment for Adverse Drug Reactions (for mild to moderate infusion reaction)

- Reduce the infusion to half the rate and maintain for 30 minutes. If tolerated, increase per protocol.
- Give:
 - Diphenhydramine (Benadryl) 25 mg slow IVP STAT (may repeat times 1)
 - Acetaminophen (Tylenol) 650 mg PO STAT, if not already given as a "premedication". (Maximum acetaminophen doses of 4000 mg in 24 hours from all combined sources.)
 - Methylprednisolone (Solu-Medrol) 125 mg IVP STAT
 - Albuterol (Albuterol HFA) 2 puff(s), inhale. As indicated, PRN shortness of breath or wheezing. Dose range 1-2 puffs.
- Place O₂ PRN at 4 – 6 liters per nasal cannula STAT
- Vital signs with PO₂ every 5 minutes until stable
- Notify the physician of reaction. Request further orders as indicated.
- Complete adverse drug reaction PowerForm and document in the allergy profile for all drug reactions.

☒ *By signing this document, the provider confirms that the patient has been informed of fetal risks, counseled on contraceptive use during Brriumvi therapy and 6 months after last dose, and has been screened for negative pregnancy.*

Provider Signature: _____ Date: _____

Provider Name and Credentials (please print): _____ Time: _____

Office Phone: _____ Office Fax: _____

