ROCKY MOUNTAIN
Multiple Sclerosis Clinic

Briumvi (ublituximab-xiyl) Infusion Order Set

Phone: (801) 331-9660
Please fax signed order, clinicals, and recent labs to:
RMM - Salt Lake City Fax: (844) 670-3765 | **RMM - Lehi Fax:** (844) 670-3776

Patient Information

Patient Name:		Order Date:
DOB:	Ht:	Wt:
Allergies:		
Diagnosis:		ICD-10 Code:
Patient Status: ☐ New to Therapy ☐ Continuing Therapy		Next Treatment Date:

Lab Orders

☐ CBC w/diff and Platelets ☐ CMP
☐ HBsAg and anti-HBc ☐ Immunoglobulin
☐ UA ☐ Pregnancy Test ☐ Other: _____
Frequency: ☐ Every Infusion ☐ Other:

Other Orders & Notes

Infuse 0.9% Sodium Chloride ☐ 100 mL or ☐ 500 mL IV over 1 hr following completion of infusion
☐ IV to PO premedication conversion per nurse discretion after tolerance of loading doses
☐ Switch diphenhydramine to cetirizine 10 mg PO per nurse discretion after tolerance of loading doses

Pre-Medication Orders

☐ Methylprednisolone 125mg IVP over 5 min; Administer 30 min prior to infusion
Diphenhydramine PO 25 mg ☐ or 50 mg ☐ PO 30-60 min prior; may repeat x1 in 4 hours.
Diphenhydramine IVP 25 mg ☐ or 50 mg ☐ IVP 30-60 min prior; may repeat x1 in 4 hours.
Cetirizine ☐ 10 mg PO or ☐ 10 mg IVP 30 minutes prior
☐ Famotidine 20 mg IVP 30 minutes prior
☐ Dexamethasone 20 mg PO 30 minutes prior
Acetaminophen ☐ 650 mg or ☐ 1000 mg PO 30 minutes prior; may repeat x1 in 4 hours.
☐ Other: _____

Treatment Order

☐ Briumvi (ublituximab-xiyl)	150 mg/6 mL vial	☐ Initial dose: Infuse 150 mg IV on Day 1, then infuse 450 mg IV on Day 15 ☐ Maintenance: Infuse 450 mg IV every 24 weeks

Flush orders: NS 1-20mL pre/post infusion PRN and Heparin 10U/mL or 100U/mL per protocol as indicated PRN

Nursing

Skilled RN to establish and maintain vascular access as needed, draw ordered labs, conduct patient assessments, and educate on infusion services, medication administration, self-monitoring and safety

Briumvi Infusion Titration (per PI):

• 150 mg dose: Initiate infusion at 10 mL/hour for 30 minutes; if tolerated, increase to 20 mL/hour for 30 minutes; if tolerated, increase to 35 mL/hour for 60 minutes; if tolerated, increase to 100 mL/hour for the remainder of the infusion. Infusion duration: 4 hours.
• 450 mg dose: Initiate infusion at 100 mL/hour for 30 minutes; if tolerated, increase to 400 mL/hour for the remainder of the infusion. Infusion duration: 1 hour.

Adverse Event (AE) Protocol

Epinephrine (based on patient weight)
EpiPen® Auto-Injector 0.3mg (1:1000) Inject IM or SubQ to patients who weigh ≥ 30 kg (66 lbs); may repeat in 3-5 minutes x1 if necessary.
EpiPen Jr® Auto-Injector 0.15mg (1:2000) Inject IM or SubQ for patients who weigh 15 - 30 kg (33-66lbs); may repeat in 3-5 minutes x1 if necessary.
Diphenhydramine 50mg (1 mL) If not previously administered, give 50mg slow IVP, or administer IM if no IV access; May repeat x1 after 10 minutes, if necessary.
Solumedrol 125 mg IVP
Sodium Chloride 0.9% 500mL Infuse IV at a rate of 30mL/hr.
Zofran 4mg ODT or IVP for nausea
Pepcid 20mg IV for urticaria/rash
Acetaminophen 325-650 mg PO x1 PRN pain if not already administered OR ibuprofen 200-400mg PO prn pain

Provider Information

By signing this form and utilizing our services, you are authorizing Nira Medical and its employees to serve as your prior authorization and specialty pharmacy designated agent in dealing with medical and prescription insurance companies, and to select the preferred site of care for the patient.

Office Contact Name:	Email Address:
Prescriber Name:	Date:
Prescriber NPI:	Phone: Fax:
Prescriber Signature:	

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