

Therapy: **Ublituximab**
Every 6 months

[Place patient sticker here]

Name: _____
MRN: _____
DOB: _____

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Today's Date _____ Time _____

Diagnosis: _____ Other: _____

Age: _____ Height (cm): _____ Weight (kg): _____ BSA (m²): _____

ALLERGIES/Sensitivities: NKDA or _____

Start Date (at least 1 wk from today): _____ **Urgent (Call Infusion Center)**

Treatment Department: EHW OP Infusion

Appointment Requests: Tolerance: Use default, for chronic treatments order valid for 1 year

Appointment Request - Every _____ days

- Infusion Appointment Request – 6 Hours Once on day 1
- Infusion Appointment Request – 3 Hours Once on day + 14
- Infusion Appointment Request – 3 Hours Every 24 weeks starting D + 168

Treatment Conditions (Administer Treatment if): Once on Day 1

- Hepatitis B surface antigen and hepatitis B core antibody NONREACTIVE (within 365 days)
 - If patient has Hepatitis B labs available within the last 5 years, draw labs day of first dose, but do not delay treatment for lab results.
 - If patient does not have Hepatitis B labs available within the last 5 years, contact MD
- Okay to treat Include details here: _____

Labs: Lab (if selected) will be done as per appointment frequency selected above (unless specified)

Hepatitis B surface antigen and core antibody Once

Nursing Communication: Order will be done as per appointment frequency

- Maintenance doses must be separated by at least 5 months
- **Ublituximab** infusion should be interrupted for ALL infusion related reactions.
 - For mild to moderate infusion related reactions- **ublituximab** infusions may be resumed at a 50% reduction in rate when symptoms have completely resolved.
 - For severe infusion reactions – notify MD and consider transfer to ED
- Observe patient for possible reactions for 60 min after completion of dose

All information provided on this form & calculations have been independently confirmed & recalculated as indicated by signature(s) below

Licensed Medical Professional

Print Name: _____
Signature _____
Date _____
Contact # _____

Attending Physician

Print Name: _____
Signature _____
Date _____
Contact # _____

Name: _____
MRN: _____
DOB: _____

Pre-Medications:

Order will be done as per appointment frequency

- Acetaminophen tablet 650 mg, oral, Once
- DiphenhydrAMINE 25mg, once (choose one) tablet, Oral injection, IV
- methylPREDNISolone sod (PF) injection 100 mg, IV, Once
- Famotidine 20 mg, once (choose one) tablet, Oral injection, IV
- Ondansetron 4mg, once (choose one) tablet, Oral injection, IV
- Hydrocortisone (PF) injection 100 mg, IV, once
- Montelukast, oral 10 mg

Supportive Care:

- sodium chloride prime bag 250 ml Order will be done as per appointment frequency
250 ml, intravenous, at 0-999 PRN as needed, Prime Bag

Medications:

Order will be done as per appointment frequency

- Ublituximab-xiiy (Briumvi®) 150 mg in NS 250 mL, over 4 hours
- Ublituximab-xiiy (Briumvi®) 450 mg in NS 250 mL, over 1 hour
- Ublituximab-xiiy (Briumvi®) 450 mg in NS 250 mL, over 1 hour

Emergency Medications

Order will be done as per appointment frequency

- Hypersensitivity reaction protocol
Protocol Document: <https://emory.ellucid.com/documents/view/15307/15641>

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Licensed Medical Professional

Print Name: _____
Signature _____
Date _____
Contact # _____

Attending Physician

Print Name: _____
Signature _____
Date _____
Contact # _____