

UBLITUXIMAB-XIIY (BRIUMVI) THERAPY PLAN
Columbia Network Infusion CentersSelect Location: ☐ Southwest/Vancouver ☐ St John/Longview Start Date: _____

Diagnosis/Indication: _____

ICD-10 Code(s): _____ Authorization Number: _____

Patient Vitals: Height _____ Weight _____

Provider Communication Orders

To reduce delays in treatment and phone calls to your office, you may participate in the PeaceHealth formulary process by selecting this option. A clinic pharmacist will adjust orders according to PeaceHealth site approved policies and procedures.

- ☒ **I agree to utilize the PeaceHealth policies & procedures that have been reviewed by the Pharmacy & Therapeutics Committee and authorized by the Medical Executive Committee of PeaceHealth. This agreement will be issued for the duration of active orders contained within this treatment plan.**

Provider Communication Orders

- ☒ Physician Communication Once
Monitor for signs and symptoms of progressive multifocal leukoencephalopathy (PML), including progressive weakness on one side of the body or clumsiness of limbs, vision disturbances, and mental status changes. Instruct patient to notify the provider immediately.
- ☒ Physician Communication Once
Instruct patient that if they are pregnant or plan to become pregnant while taking this medication, they should inform their healthcare provider immediately.

Pre-Screening Labs

- ☒ Provider Communication
Provider to send PPD/Tuberculosis screening and Hep B screening lab results with completed orders.

Pre-Medications**Interval**

- | | | |
|--|-------------|-------------|
| <input checked="" type="checkbox"/> acetaminophen (TYLENOL) tablet 650 mg | Every Visit | Route: Oral |
| <input checked="" type="checkbox"/> diphenhydrAMINE (BENADRYL) capsule 25 mg | Every Visit | Route: Oral |
| <input checked="" type="checkbox"/> methylPREDNISolone sodium succinate (Solu-MEDROL) Injection 100 mg | Every Visit | Route: IV |

Supportive Care**Interval**

- ☐ UBLITUXIMAB-XIIY (BRIUMVI) INFUSION - **LOADING DOSE** Route: IV
DAY 1: Dose 150 mg
DAY 14: Dose 450 mg
- ☐ UBLITUXIMAB-XIIY (BRIUMVI) INFUSION - **MAINTENANCE DOSE** Route: IV
Maintenance to start 24 weeks after the Day One Dose.
Dose 450 mg Frequency Every 6 Months

Provider Signature_____
Date_____
Time_____
Provider's Printed Name:

Place Patient Label Here

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UBLITUXIMAB-XIIY (BRIUMVI) THERAPY PLAN

Vascular Access (single select)**Interval**

- ☐ IV Every Visit
- Insert peripheral IV
 - sodium chloride (NS) flush 10 mL
10 mL As Needed for Line Care
- ☐ Central line (non-PICC) Every Visit
- Access vascular device and confirm patency
 - Initiate Central line (non-PICC) maintenance protocol
 - sodium chloride (NS) flush 10 mL
10 mL As Needed for Line Care prior to medication administration PRN
 - sodium chloride (NS) flush 10 mL
10 mL As Needed for Line Care post medication administration PRN
 - sodium chloride (NS) flush 20 mL
20 mL As Needed for Line Care post lab draw PRN
 - sodium chloride (NS) flush 10 mL
10 mL for Line Care at discharge and de-access every visit
 - heparin 100 units/mL 5 mL
5 mL for de-access PRN
 - alteplase (CATHFLO) injection 2 mg
Other, Starting when released, For 2 dose, PRN, For clearing central line catheter. Add 2.2 mL sterile water for injection to vial; let the vial stand undisturbed to allow large bubbles to dissipate. Mix gently swirling until completely dissolved (complete dissolution should occur within 3 minutes); do not shake. Final concentration: 1 mg/mL. Retain in catheter for 30 minutes to 2 hours, instill a 2nd dose if occluded
- ☐ PICC line Every Visit
- Access vascular device and confirm patency
 - Initiate PICC maintenance protocol
 - Nursing Communication
Change PICC line dressing weekly and PRN
 - sodium chloride (NS) flush 10 mL
10 mL As Needed for Line Care prior to medication administration PRN
 - sodium chloride (NS) flush 10 mL
10 mL As Needed for Line Care post medication administration PRN
 - sodium chloride (NS) flush 20 mL
20 mL As Needed for Line Care post lab draw PRN
 - alteplase (CATHFLO) injection 2 mg
Other, Starting when released, For 2 dose, PRN, For clearing central line catheter. Add 2.2 mL sterile water for injection to vial; let the vial stand undisturbed to allow large bubbles to dissipate. Mix gently swirling until completely dissolved (complete dissolution should occur within 3 minutes); do not shake. Final concentration: 1 mg/mL. Retain in catheter for 30 minutes to 2 hours, instill a 2nd dose if occluded

PRN Medications**Interval**

- ☐ sodium chloride (NS) flush 10 mL PRN Route: IV
10 mL As Needed for Line Care
- ☐ sodium chloride 0.9 % bolus 500 mL PRN Route: IV
500 mL Once for Line Care, Starting when released, For 1 dose, Run at TKO (25ml/hr)

Provider Signature

Date

Time

Provider's Printed Name:

Place Patient Label Here

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Emergency Medications**Interval**

- | | | | |
|-------------------------------------|---|-----|----------------------|
| <input type="radio"/> | ketorolac (TORADOL) injection 30 mg
30 mg Once As Needed for Rigors | PRN | Route: IV |
| <input checked="" type="checkbox"/> | diphenhydrAMINE (BENADRYL) injection 25-50 mg
25-50 mg Once As Needed IV, For mild to moderate drug reactions (flushing, dizziness, headache, diaphoresis, fever, palpitations, chest discomfort, blood pressure changes (≥ 20 points in SBP), nausea, urticaria, chills, pruritis). Administer 50 mg IV if patient has NOT had diphenhydramine within 2 hours of reaction. Administer 25 mg IV if patient has had diphenhydramine within 2 hours of reaction, if reaction doesn't resolve in 3 minutes may repeat 25 mg IV dose for a total of 50 mg, and contact provider. | PRN | Route: IV |
| <input checked="" type="checkbox"/> | albuterol 90 mcg/actuation inhaler 2 puff
2 puff Once As Needed Inhalation, Wheezing, Shortness of Breath, wheezing, shortness of breath associated with infusion reaction and notify provider. Administer with a spacer if available. | PRN | Route: Inhalation |
| <input checked="" type="checkbox"/> | methylPREDNISolone sodium succinate (Solu-MEDROL) Injection 125 mg
125 mg Once As Needed IV, For shortness of breath for continued symptoms of mild to moderate drug reactions (flushing, dizziness, headache, diaphoresis, fever, palpitations, chest discomfort, blood pressure changes (≥ 20 points in SBP), nausea, urticaria, chills, pruritis) that worsen or persist 5 minutes after administration of diphenhydramine (Benadryl), and contact provider. | PRN | Route: IV |
| <input checked="" type="checkbox"/> | EPINEPHrine (ADRENALIN) injection for Allergic Reaction 0.5 mg
0.5 mg Once As Needed Intramuscular, For severe drug reaction (flushing, dizziness, headache, diaphoresis, fever, palpitations, chest discomfort plus blood pressure changes (≥ 40 points in SBP), shortness of breath with wheezing and O2Sat $<90\%$), and contact provider. | PRN | Route: Intramuscular |

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Date

Time

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