



Riverbend Medical Center Regional Infusion Center (RIC)
3377 Riverbend Drive Suite 502/510
Springfield, Oregon 97477
Phone 541-222-6280 Fax 541-349-8006

UBLITUXIMAB-XIYY (BRIUMVI) INFUSION (v. 10/15/2026)

* Hepatitis B (Hep B surface antigen and core antibody total) and tuberculosis (QuantiFERON gold or T-spot) screening must be completed and negative prior to initiation of treatment.

Diagnosis/Indication (ICD-10): _____

Medication:

- n First infusion: Ublituximab-xiyy 150 mg in 250 mL normal saline IV once, 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.
- n Second infusion, 14 days after initiation: Ublituximab-xiyy 450 mg in 250 mL normal saline IV once, initiate infusion at 100 mL/ hour for 30 minutes; if tolerated, increase to 400 mL/ hour for the remainder of the infusion
- n 3rd & subsequent infusion, every 168 days: Ublituximab-xiyy 450 mg in 250 mL normal saline IV once, initiate infusion at 100 mL/ hour for 30 minutes; if tolerated, increase to 400 mL/ hour for the remainder of the infusion

Pre-medications:

- n Acetaminophen 650 mg PO once 30 minutes before infusion
- n Diphenhydramine 25 mg PO once 30-60 minutes before infusion
- n Methylprednisolone (Solu-Medrol) 100 mg IV once 30 minutes before infusion

Nursing communications:

- n Vital signs: Initial, post-infusion and as needed
- n Monitor for signs/ 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. Notify provider immediately
- n If patient is pregnant or planning to become pregnant while taking this medication, patient should notify provider immediately.
- n Observe patient for infusion reactions during and for at least one hour after completion of infusion
- n Mild to moderate infusion reaction- Reduce infusion to ½ of the rate at which the reaction occurred, maintain the rate for at least 30 minutes. If the reduced rate is tolerated, return to original rate titration until completion of therapy.
- n Severe infusion reactions- Immediately stop infusion. Notify provider and administer appropriate supportive management as needed. After symptoms have resolved, restart infusion beginning at ½ of the rate at the onset of reaction. If reduced rate is tolerated, increase rate as above
- n Life threatening reaction- Immediately stop infusion. Notify provider and administer appropriate supportive care. Permanently discontinue.

Access:

- .. Insert peripheral IV
 - Every visit, remove after IV administration complete
- .. Access & Use Central Line/ CVAD
 - Initiate Central Line (Non-PICC) Maintenance Protocol
 - Heparin, porcine (PF) 100 unit/mL flush 5 mL as needed for Port-a-Cath line care
 - Alteplase (Cathflo) 2 mg as needed for occluded catheter. For clearing central line catheter- retain in catheter for 30 minutes to 2 hours, instill a 2nd dose if occluded
- .. Access & Use PICC
 - Initiate PICC Maintenance Protocol
 - Normal saline flush 3 mL as needed for PICC/ Hickman line care
 - Alteplase (Cathflo) 2 mg as needed for occluded catheter. For clearing central line catheter- retain in catheter for 30 minutes to 2 hours, instill a 2nd dose if occluded

Patient name: _____

Provider printed name: _____

DOB: _____

Provider signature: _____

Height _____ Weight _____

Date: _____ Time: _____

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UBLITUXIMAB-XIYY (BRIUMVI) INFUSION (v. 9/25/2026)

Emergency Medications: (May give emergency medications IM if IV route unavailable)

- n DiphenhydrAMINE (BENADRYL) 25 to 50 mg IV as needed for mild to moderate drug reactions (flushing, dizziness, headaches, diaphoresis, fever, palpitations, chest discomfort, blood pressure changes ($\geq$ 20 points in SBP), nausea, urticaria, chills, pruritic).
-- Administer 25 mg IV once, if reaction does not resolve in 3 minutes may repeat 25 mg IV dose for a total of 50 mg and contact provider.
- n MethylPREDNISolone sodium succinate (Solu-MEDROL) 125 mg IV once as needed for shortness of breath, continued symptoms of mild to moderate drug reaction (flushing, dizziness, headaches, diaphoresis, fever, palpitations, chest discomfort, blood pressure changes ($\geq$ 20 points in SBP), nausea, urticaria, chills, pruritic) that worsen or persist 5 minutes after administration of diphenhydramine (Benadryl). Contact provider if given.
- n Epinephrine 0.3 mg IM once for anaphylaxis. If reaction does not resolve in 3 minutes may repeat 0.3 mg IM dose for a total of 0.6 mg. Avoid use of hand, foot, leg veins in elderly patient and those with occlusive vascular disease. Contact provider if given.
- n Famotidine (PEPCID) 20 mg IV once as needed for infusion/ allergic reaction.

Patient name: _____

Provider printed name: _____

DOB: _____

Provider signature: _____

Height _____ Weight _____

Date: _____ Time: _____

