KAISER PERMANENTE®

Ublituximab-xiiy

Infusion Therapy Plan Orders

Name: ____

Kaiser Permanente Member I.D. #: ____________________

Date of Birth: ______________________________________

Instructions to Provider

Review orders and note any changes. All orders with ☒ will be placed unless otherwise noted. Please fax completed order form to the infusion center where the patient will be receiving treatment (see fax numbers at the end of this protocol).
Lab orders are not included on this form – place orders via usual method. Lab monitoring is the responsibility of the ordering physician.

Please complete all the following:

☐ **Pre-Service Authorization** has been obtained by Kaiser Permanente **Fax:** 1-888-282-2685 **Voice:** 1-800-289-1363

Order Date: ____________________ **Weight:** _____________________kg	**Diagnosis** ICD-10 code (*REQUIRED):* ____ ICD-10 description: ____

General Plan Communication

- **Standard Dosing:**
  - *First Infusion,* Administer 150 mg over 4 hours x1
  - *Second Infusion,* Administer 450 mg over 1 hour x1 two weeks after the first infusion
  - *Subsequent Infusions,* Administer 450 mg over 1 hour administered 24 weeks after the first infusion and every 24 weeks thereafter
- **Warning for Hypogammaglobulinemia**:
  - Ublituximab-xiiy treatment can result in profound hypogammaglobulinemia along with increased infections in a subset of patients
  - Please obtain baseline immunoglobulins: IgG, IgM, AND IgA prior to initiation of treatment, before each cycle, and every 6 months x 2 after completion of treatment
  - Please refer to Allergy/Asthma if 1) levels are below normal prior to starting therapy or 2) levels are low and having frequent infections during therapy or 3) levels remain low beyond 9 months post treatment or if 4) IgG is less than 200 mg/dL at any point
- **Special instructions/notes:**

  ____

Provider Information

Baseline Monitoring Parameters

- **Timing:** Within 3 months prior to expected therapy initiation
  - CBC with differential
  - Immunoglobulins (IgG, IgM, IgA)
  - Hepatitis B Core Antibody (Total)
  - Hepatitis B Surface Antigen
  - Hepatitis B Surface Antibody
  - Hepatitis C Screen
  - HIV Screen
  - QuantiFERON – TB Gold
  - Varicella Immune Screen if no positive immunity screening available and patient does NOT have documentation of appropriately timed vaccinations against varicella virus
  - Rubeola Immune Screen if patient does not meet criteria for presumptive evidence of immunity (i.e., written documentation of two doses of measles-containing, prior laboratory evidence of immunity, laboratory confirmation of disease, or birth before 1957)
  - Pregnancy testing if there is potential pregnancy risk (including females of child-bearing age not using effective contraceptive and sexually active)

Monitoring Parameters for Subsequent Infusions

- **Timing:** Within 1 month prior to infusion day (if subsequent infusions are scheduled more than 4 weeks apart)
  - CBC with differential
  - Immunoglobulins (IgG, IgM, IgA)

Provider Signature: ___________________________________ **Date:** _________________________

Printed Name: ___________________________________ **Phone:** ____________ **Fax:** ____________

Name: ____________________

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- Immunocompetency Panel
- Pregnancy testing if there is potential pregnancy risk (including females of child-bearing age not using effective contraceptive and sexually active)

Infusion Therapy

☐ **First Infusion**

ublituximab-xiiy 150 mg in 0.9 % sodium chloride (NS) 250 mL IV infusion

Dose: □ 150 mg

Route: Intravenous

Frequency: Once on Day 1

Infusion Rate:

- Start at 10 mL/hr for 30 minutes
- Increase to 20 mL/hr for 30 minutes
- Increase to 35 mL/hr for 1 hour
- Increase to 100 mL/hr for remaining 2 hours

If infusion-related reaction:

1) STOP infusion immediately
2) Begin primary infusion to wide open rate
3) Notify MD
4) Monitor vital signs
5) Administer PRN medications
6) 30 minutes after symptoms have resolved, restart infusion at 50% of rate when reaction occurred

Note any changes to above regimen:

____

☐ **Second and Subsequent Infusions**

ublituximab-xiiy 450 mg in 0.9 % sodium chloride (NS) 250 mL IV infusion

Dose: □ 450 mg

Route: Intravenous

Frequency: Once on day 15, then 24 weeks after the first infusion, and every 24 weeks thereafter

Infusion Rate:

- Start at 100 mL/hr for 30 minutes.
- Increase to 400 mL/hr for remaining 30 minutes

If infusion-related reaction:

1) STOP infusion immediately
2) Begin primary infusion to wide open rate
3) Notify MD
4) Monitor vital signs
5) Administer PRN medications
6) 30 minutes after symptoms have resolved, restart infusion at 50% of rate when reaction occurred

Note any changes to above regimen:

____

Provider Signature: ______________________ **Date:** ______________

Printed Name: ______________________ **Phone:** __________ **Fax:** __________

Ublituximab-xiiy

Infusion Therapy Plan Orders

Name: ______________________

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Date of Birth: ______________________

Pre-Meds

☒ **acetaminophen (TYLENOL) tablet**

Dose: 650 mg | *Route:* Oral | *Frequency:* Once, 30 minutes prior to ublituximab-xiiy infusion. May also be given once as needed during infusion for achiness, headache, or fever

☒ **cetirizine (ZYRTEC) tablet**

Dose: 10 mg | *Route:* Oral | *Frequency:* Once, 60 minutes prior to ublituximab-xiiy infusion (if not taken at home)

☒ **methylPREDNISolone sodium succinate (SOLU-MEDROL) injectable**

Dose: 125 mg | *Route:* Intravenous | *Frequency:* Once, 30 minutes prior to ublituximab-xiiy infusion

☒ **Other:** ______________________

Dose: _________ | *Route:* Oral | *Frequency:* Once, 30 minutes prior to ublituximab-xiiy infusion

IV Line Care

☒ **0.9% sodium chloride infusion 250 mL**

Rate: 30 mL/hr | *Route:* Intravenous | *Frequency:* Run continuously to keep vein open. Start peripheral IV if no central line

Infusion Reaction Meds

☑ Acetaminophen (TYLENOL) 325 mg tab. Take 2 tablets PO every 4 hours PRN for fever (greater than 100.4 F), myalgias, arthralgias or headache.

☑ Alteplase (CATHFLO ACTIVASE) Inj 2 mg INTRACATHETER PRN x 2 doses. Instill 2 mg to affected port(s) of central venous catheter if sluggish or occluded. Allow to dwell for 30 minutes, if unable to aspirate blood allow to dwell for an additional 90 minutes. May repeat one time if unsuccessful.

☑ DiphenhydrAMINE (BENADRYL) 50 mg injection. Give IV push over 2 minutes one time, if needed for hives, rash, itching, flushing, and/or swelling in a suspected hypersensitivity reaction. Notify provider if patient experiences a hypersensitivity reaction.

☑ Famotidine (PEPCID) (PF) Inj 20 mg. Give IV push over 2 minutes for hives, rash, itching, flushing, and/or swelling in a suspected hypersensitivity reaction. Give immediately after diphenhydrAMINE. Notify provider if patient experiences a hypersensitivity reaction.

☑ MethylPREDNISolone Sod Succ (PF) Inj 125 mg (SOLU-Medrol PF). Give 125 mg IV push one time PRN for shortness of breath, bronchospasm, or other symptoms of a suspected hypersensitivity reaction not otherwise specified. Notify provider if patient experiences a hypersensitivity reaction.

☑ Sodium Chloride 0.9% IV bolus 1,000 mL. Give IV over 1 hour one time PRN for hypotension due to presumed anaphylaxis. Notify provider if patient experiences a hypersensitivity reaction.

☑ EPINEPHrine (Epi-Pen) 0.3 mg/0.3 mL IM Auto-injector. Give IM one time PRN for severe cardiovascular or respiratory symptoms (e.g., dyspnea, wheeze/bronchospasm, stridor, hypoxemia) of a suspected hypersensitivity reaction. Provider must be present upon giving medication.

☑ meperidine (DEMEROL) injectable. Give 25 mg IV push once PRN, may repeat x1 for shaking chills or rigors. May repeat in 15 minutes if symptoms not resolved

Nursing Orders

- RN to ensure baseline labs have been completed prior to administration of first dose
- Contact the prescribing provider prior to the infusion if the patient has evidence of an active infection
- Contact the doctor prior to the infusion if ANC is less than 1,500/mm3 or IgG is less than 500 mg/dL
- Monitor patient for signs/symptoms of hypersensitivity during infusion and for one hour after the completion of the first and second infusions. Post-infusion monitoring of subsequent infusions should occur if an infusion reaction and/or hypersensitivity has been observed in association with the current or any prior infusion
- Discontinue IV line when therapy complete and patient stabilized

References

BRIUMVI [prescribing information]. New York, NY: TG Therapeutics, Inc.; 2022.

Provider Signature: ______________________ **Date:** ______________

Printed Name: ______________________ **Phone:** __________ **Fax:** __________

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Kaiser Permanente Infusion Locations
Please refer to the link below for the current list: https://wa-provider.kaiserpermanente.org/patient-services/ambulatory-infusion

Provider Signature: ____________________ **Date:** ____________________

Printed Name: ____________________ **Phone:** ____________________ **Fax:** ____________________