HSE Prescribing Protocol

Ublituximab (Briumvi®)

for

the Treatment of Relapsing Multiple Sclerosis (RMS)

This document is intended for use by healthcare professionals only.

This guideline should be used in conjunction with the full prescribing and administration details in the Ublituximab (Briumvi®) Summary of Product Characteristics (SmPC) https://www.ema.europa.eu/en/documents/product-information/briumvi-epar-product-information_en.pdf[1]

INDICATIONS FOR USE[1]:

TREATMENT	INDICATIONS	ICD10	Protocol Code
Ublituximab (Briumvi®)	For the treatment of adult patients with relapsing forms of multiple sclerosis (RMS) with active disease defined by clinical or imaging features.	G35	MS104

TREATMENT[1]:

	TREATMENT	DOSE	ROUTE	FREQUENCY	RATE & DURATION
First infusion	Ublituximab	150mg	Intravenous infusion	Day 1	See SmPC for details
Second infusion	Ublituximab	450mg	Intravenous infusion	Day 15	
Subsequent infusions	Ublituximab	450mg	Intravenous infusion	Every 24 weeks	
	The first subsequent infusion should be administered 24 weeks after the first infusion				

Patients should be monitored during each infusion and for at least one hour after the completion of the infusion. Resources for the management of anaphylaxis or serious infusion related reactions should be available.

Treatment with ublituximab should be initiated and supervised by specialised physicians experienced in the diagnosis and treatment of neurological conditions and who have access to appropriate medical support to manage severe reactions such as serious infusion-related reactions (IRRs).

DOSE MODIFICATIONS:

No dose reductions are recommended with ublituximab.

ELIGIBILTY CRITERIA:

- Patient has a confirmed diagnosis of RMS and is being treated as per the indication above
- Patient is aged 18 years or older
- A *Patient Eligibility* form for ublituximab has been completed and added to the patient's clinical records. (A copy of the form is available from: https://www.hse.ie/eng/about/who/acute-hospitals-division/drugs-management-programme/protocols/multiple-sclerosis.html)
- Patient must attend for medical appointments and investigations as determined by the clinical team.

EXCLUSION CRITERIA:

Patients who do not meet the eligibility criteria above.

CONTRAINDICATIONS[1]:

- Hypersensitivity to ublituximab or to any of the excipients listed in SmPC.
- Severe active infection (see SmPC).
- Patients in a severely immunocompromised state (see SmPC).
- Known active malignancies.

PREGNANCY AND BREASTFEEDING:

See SmPC

PREMEDICATIONS[1]:

The following two medicines **must** be administered prior to each ublituximab infusion to reduce the frequency and severity of infusion related reactions (IRRs):

- 100 mg intravenous methylprednisolone or 10-20 mg dexamethasone (or an equivalent) approximately 30-60 minutes prior to each infusion
- diphenhydramine approximately 30-60 minutes prior to each infusion

In addition, premedication with an antipyretic (e.g. paracetamol) may also be considered.

Infusion adjustments in case of infusion related reactions (IRRs) (see SmPC for full information).

Life-threatening IRR:

If there are signs of a life threatening or disabling IRR during an infusion, the infusion must be stopped immediately and the patient should receive appropriate treatment. Ublituximab treatment must be permanently discontinued in these patients.

Severe IRR

If a patient experiences a severe IRR, the infusion should be interrupted immediately and the patient should receive symptomatic treatment. The infusion should be restarted only after all symptoms have resolved. When restarting, the infusion rate should be at half of the infusion rate at the time of onset of the IRR. If the rate is tolerated, the rate should be increased as described in Table 1 of the SmPC.

Mild to Moderate IRR

If a patient experiences a mild to moderate IRR, the infusion rate should be reduced to half the rate at the onset of the event. This reduced rate should be maintained for at least 30 minutes. If the reduced rate is tolerated, the infusion rate may then be increased as described in Table 1 of the SmPC.

Missed doses

If an infusion of ublituximab is missed, it should be administered as soon as possible; administration after a delayed or missed dose should not wait until the next planned dose. The treatment interval of 24 weeks (with a minimum of 5 months) should be maintained between doses.

BASELINE TESTS AND MONITORING

- Disease monitoring should be in line with the patient's treatment plan and any other test/s as directed by the supervising Consultant.
- All immunisations should be administered according to immunisation guidelines at least 4 weeks prior to treatment initiation for live or live-attenuated vaccines and, whenever possible, at least 2 weeks prior to treatment initiation for inactivated vaccines.
- Ongoing monitoring for malignancy via national screening programs should be carried out– including standard breast cancer screening.

Table 1: Recommended baseline tests and schedule of assessments for patients treatment with ublituximab

Assessment	Baseline	At Each Infusion (within 4 weeks prior to infusion)	Annually
MRI	X[1]		X
Full Blood Count & Film	X	X	
Neutrophil, IgG, IgA and IgM Titres	X	X	
EDSS Score	X	X	
Urea & electrolytes, Serum Creatinine	X	X	
Liver profile (including AST, GGT and albumin)	X	X	
Thyroid function tests (TFTs)	X		
HIV Serology	X		
Hepatitis B virus serology: anti-Hepatitis B core Antibody, Hepatitis B Surface Antigen and anti-Hepatits B Surface Antibody	X		
Hepatitis C virus serology	X		
Varicella Zoster Virus (VZV) Serology	X[2]		
Evaluation for active or latent TB as per local guidelines	X		
Annual cervical (HPV) screening for females			X
Serum Pregnancy Test	X[3]	X	
CSF JCV PCR[4]	X[4]		

[1] Within 3 months prior to treatment
[2] VZV vaccination of antibody-negative patients should be considered
[3] If female of childbearing potential
[4] If switching from natalizumab

SPECIAL WARNINGS AND PRECAUTIONS FOR USE

- See SmPC for full information
- Women of child-bearing potential should use effective contraceptive while receiving ublituximab and for at least 4 months after the last infusion.

SUPPORTIVE CARE:

For pre-medications please see **TREATMENT** section above.

ADVERSE EFFECTS

Please refer to the SmPC for full details.

This medicinal product is subject to additional monitoring. Healthcare professionals are asked to report any suspected adverse reactions; further information on reporting adverse reactions can be found at www.hpra.ie.

DRUG INTERACTIONS

See SmPC for full information.

ATC CODE

Ublituximab L04AG14

REIMBURSEMENT CATEGORY

National Drugs Management Scheme (NDMS)

PRESCRIPTIVE AUTHORITY

The treatment plan must be initiated by a Consultant Neurologist experienced in the treatment of MS.

REFERENCES

1. Summary of Product Characteristics Briumvi 150 mg concentrate for solution for infusionAccessed October 2024. Available from: https://www.ema.europa.eu/en/documents/product-information/briumvi-epar-product-information_en.pdfAccessed on: 24/10/24

REVISION HISTORY

VERSION	DATE	AMENDMENT	APPROVED BY
		-	

Comments and feedback welcome at aidmp@hse.ie.