



**University
Hospitals Sussex**
NHS Foundation Trust

Ublituximab (Briumvi) for people with relapsing multiple sclerosis

Neurology

Patient information

What is this information about?

This information is about a drug called Ublituximab, also known by the brand name Briumvi.

Ublituximab is a drug called a disease modifying therapy (DMT). It reduces the risk of relapses and MRI activity in people with Relapsing Multiple Sclerosis (MS).

This information tells you what Ublituximab is, how it is given and how often, as well as any potential side effects to be aware of.

Why have I been given this information?

You have been given this information because the doctors looking after you think that Ublituximab will reduce your risk of developing new MS symptoms and MRI activity. These can lead to long-term disability.

Ublituximab is given to people who have active Relapsing MS. For example, if you have had a new symptom, or a new lesion on an MRI scan of your brain or spine in the last 12 months.

Keep this information in a safe place in case you need to refer to it while you are taking Ublituximab, or if you want to share it with anyone living with you or caring for you.

How does Ublituximab work?

Ublituximab is a type of disease modifying therapy called anti-CD20 monoclonal antibodies. Ublituximab lowers the number of certain immune cells in your body that are thought to cause MS to become active.

Will my MS symptoms improve?

No. Unfortunately there are no disease modifying therapies that can reduce or reverse the damage already caused by MS. The aim of this medicine is to stop further attacks and lower the risk of your disability getting worse over time.

How effective is Ublituximab?

In trials, Ublituximab was compared to a daily oral tablet called Teriflunomide.

Teriflunomide has already been shown to reduce the risk of relapses by around 35%. This is compared to being on no treatment at all.

People taking Ublituximab were 50% less likely to have a relapse compared to people taking Teriflunomide. Over 90% of people taking Ublituximab had no relapses during the two-year trial.

How is Ublituximab given?

Ublituximab is given as an intravenous infusion in hospital. This means it will be fed into your body through a thin tube that is placed into a vein, usually in your arm or back of hand.

You will need to go to the Planned Investigation Unit (PIU) on Level A10 of the Louisa Martindale Building, Royal Sussex County Hospital to receive the treatment.

You will start by be given a third of the usual dose of Ublituximab over four hours. This is to make sure you do not have any reaction to the medication.

You will then come back in two weeks for a full dose. If the first infusion went well, it can be given to you at a quicker rate so that it only takes an hour.

You will then come back every six months for further infusions.

You will be given a small dose of steroids and antihistamines half an hour before each infusion. This will reduce the risk of you having a reaction to Ublituximab.

| | Dose and volume | Duration |
|--|-----------------|--|
| First Infusion | 150mg in 250mls | 4 hours, and you will be monitored for at least one hour after the infusion |
| Second Infusion (2 weeks later) | 450mg in 250mls | 1 hour, and you will be monitored for at least one hour after the infusion |
| Subsequent Infusions (every 24 weeks) | 450mg in 250mls | 1 hour. If you have had no reactions after your previous infusions, you will not need any monitoring afterwards. |

Are there any side effects of Ublituximab?

Some people experience symptoms with Ublituximab.

These can include:

- skin rash
- sore throat
- headache
- faster heartbeat
- feeling sick
- fever.

You can get medicine to prevent and treat these if they happen. If you feel like you are developing one of these symptoms while you are having your infusion, please let the staff know.

Because Ublituximab reduces part of your immune system (your body's defence against illness) you may become more likely to get infections. This includes upper respiratory tract infections (like a cold) and urinary tract (wee) infections, as well as viral infections like Shingles, or Covid.

We will monitor how well your immune system works with a blood test in the month leading up to each six-monthly dose of Ublituximab. Your treatment may be delayed or stopped if these results are too low or you are getting frequent infections.

Should I keep taking my other medicines?

If you are already taking a disease modifying therapy for MS this will need to be stopped before you start Ublituximab.

You do not need to stop taking any medicine you may be taking for managing symptoms of MS. It is unlikely you will need to stop any medicine that you take that is not for MS, but you can talk about this with your doctor or MS nurse before you start treatment.

What happens after I have started on Ublituximab?

You will get a telephone appointment four months after your first infusion with one of the hospital MS nurses.

You will need to have a blood test every six months. This should be a month before each infusion. If you do not have your bloods taken in time, then your infusion date will be cancelled.

You will also have an MRI scan within the first six months of treatment. This will help us to monitor your response to Ublituximab. You will continue to have scans once a year while on treatment.

Can I drive while I am taking Ublituximab?

Ublituximab should not affect your ability to drive, but you may wish to arrange transport for yourself on the days of your treatment in case you react poorly to the medication.

Can I travel abroad while receiving Ublituximab?

There is no reason why you would not be able to travel abroad while you are on Ublituximab.

If you are planning on living abroad, please be aware that funding and licensing for Ublituximab is different depending on the country.

Can I have vaccines while receiving Ublituximab?

Be aware that if you are planning on travelling anywhere that you need to have a vaccination to visit, you would need to have any live vaccines before you start treatment.

Non-live vaccines such as the seasonal influenza and covid vaccines are safe to have but we would recommend you avoid them four weeks before and four weeks after treatment.

Who can I contact for further information and advice?

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