# SPECIALTY GUIDELINE MANAGEMENT

## BRIUMVI (ublituximab-xiiy)

### POLICY

#### I. INDICATIONS

The indications below including FDA-approved indications and compendial uses are considered a covered benefit provided that all the approval criteria are met and the member has no exclusions to the prescribed therapy.

#### FDA-Approved Indications

Briumvi is indicated for the treatment of relapsing forms of multiple sclerosis (MS), to include clinically isolated syndrome, relapsing-remitting disease, and active secondary progressive disease, in adults.

All other indications are considered experimental/investigational and not medically necessary.

#### **II. PRESCRIBER SPECIALTIES**

This medication must be prescribed by or in consultation with a neurologist.

#### **III. CRITERIA FOR INITIAL APPROVAL**

#### A. Relapsing forms of multiple sclerosis

Authorization of 12 months may be granted to members who have been diagnosed with a relapsing form of multiple sclerosis (including relapsing-remitting and secondary progressive disease for those who continue to experience relapse).

#### B. Clinically isolated syndrome

Authorization of 12 months may be granted to members for the treatment of clinically isolated syndrome of multiple sclerosis.

#### IV. CONTINUATION OF THERAPY

For all indications: Authorization of 12 months may be granted for members who are experiencing disease stability or improvement while receiving Briumvi.

#### V. OTHER

- A. Members will not use Briumvi concomitantly with other disease modifying multiple sclerosis agents (Note: Ampyra and Nuedexta are not disease modifying).
- B. Authorization may be granted for pediatric members less than 18 years of age when benefits outweigh risks.

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#### **VI. REFERENCES**

1. Briumvi [package insert]. Morrisville, NC: TG Therapeutics, Inc.; December 2022.

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