

Policy Name:	Briumvi (ublituximab)	Policy#:	3193P
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Purpose of the Policy

The purpose of this policy is to define coverage criteria for Briumvi (ublituximab).

Statement of the Policy

Health Alliance Medical Plans will approve the use of Briumvi (ublituximab) under the medical benefit if the following criteria are met.

Criteria

1. Coverage Criteria

- 1.1 Diagnosis of relapsing forms of multiple sclerosis
- 1.2 Documentation supporting active disease as defined as at least 1 relapse or presence of lesions on magnetic resonance imaging (MRI) within the previous year
- 1.3 Age 18 years or older
- 1.4 Prescribed by or in consultation with a neurologist (nervous system doctor)

2. Exclusion Criteria

- 2.1 Briumvi will not be covered in addition to another disease-modifying therapy such as Ocrevus

3. Approval Period

- 3.1 Initial: 12 months
- 3.2 Reauthorization: 12 months with documented benefit on therapy

CPT Codes

HCPCS Codes

References

1. Briumvi (ublituximab) [prescribing information]. Morrisville, NC: TG Therapeutics, Inc; December 2022.
2. Steinman L, Fox E, Hartung HP, et al; ULTIMATE I and ULTIMATE II Investigators. Ublituximab versus teriflunomide in relapsing multiple sclerosis. *N Engl J Med.* 2022;387(8):704-714.
3. Rae-Grant A, Day GS, Marrie RA, et al. Practice guideline recommendations summary: Disease-modifying therapies for adults with multiple sclerosis. *Neurology.* 2018 Apr 24;90(17):777-788.

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DISCLAIMER

This Medical Policy has been developed as a guide for determining medical necessity. The process of medical necessity review also entails review of the most recent literature and physician review. Medical Policy is not intended to dictate to providers how to practice medicine. Providers are expected to exercise their medical judgment in providing the most appropriate care. Health Alliance encourages input from providers when developing and implementing medical policies. Benefit determinations are based on applicable contract language in the member's Policy/ Subscription Certificate/ Summary Plan Description. This Medical Policy does not guarantee coverage. There may be a delay between the revision of this policy and the posting on the web. Please contact the Health Alliance Customer Service Department at 1-800-851-3379 for verification of coverage.