Mass General Brigham
Health Plan

Briumvi (ublituximab)
Effective 11/01/2025

Plan	☐ MassHealth UPPL ☒Commercial/Exchange	**Program Type**	☒ Prior Authorization ☐ Quantity Limit ☐ Step Therapy
Benefit	☐ Pharmacy Benefit ☒ Medical Benefit		
Specialty Limitations	N/A		
Contact Information	**Medical and Specialty Medications** All Plans | Phone: 877-519-1908 | Fax: 855-540-3693		
	Non-Specialty Medications All Plans | Phone: 800-711-4555 | Fax: 844-403-1029		
Exceptions	N/A		

Overview
Briumvi is a CD20-directed cytolytic antibody 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 .

Coverage Guidelines
Authorization may be granted for members new to the plan within the past 90 days who are currently receiving treatment with the requested medication, excluding when the product is obtained as samples or via manufacturer's patient assistance programs.

OR

Authorization may be granted for treatment when all the following criteria are met:

1. Member has ONE of the following diagnoses:
    a. Relapsing form of multiple sclerosis (including relapsing-remitting and secondary progressive disease for those who continue to experience relapse)
    b. Clinically isolated syndrome of multiple sclerosis
2. Member is 18 years of age or older
3. Medication is being prescribed by or in consultation with a neurologist.

<u>Continuation of Therapy</u>
Requests for reauthorization will be approved when the following criteria are met:

1. Documentation member is experiencing disease stability or improvement on the requested medication.

Limitations

1. Initial approvals and reauthorizations will be granted for 12 months

References

1. Briumvi (ublitixumab-xiiy) [prescribing information]. Morrisville, NC: TG Therapeutics, Inc; October 2024.

Review History
05/10/2023 – Reviewed and Created for May P&T; Effective 7/1/23
07/11/2025 – Reviewed and Updated for July P&T. Updated initial criteria to require member is at least 18 years of age and remove requirement that Briumvi will not be used concomitantly with other disease modifying MS agents. Clarified that Briumvi is restricted to the medical benefit. Updated reauthorization criteria to require documentation member is experiencing stability or improvement on the requested medication. Effective 11/1/2025.