

**Briumvi (ublituximab)**  
**Effective 07/01/2023**

<b>Plan</b>	<input type="checkbox"/> MassHealth UPPL <input checked="" type="checkbox"/> Commercial/Exchange	<b>Program Type</b>	<input checked="" type="checkbox"/> Prior Authorization <input type="checkbox"/> Quantity Limit <input type="checkbox"/> Step Therapy
<b>Benefit</b>	<input checked="" type="checkbox"/> Pharmacy Benefit <input checked="" type="checkbox"/> Medical Benefit		
<b>Specialty Limitations</b>	This medication has been designated specialty and must be filled at a contracted specialty pharmacy.		
<b>Contact Information</b>	<b>Medical and Specialty Medications</b>		
	All Plans	Phone: 877-519-1908	Fax: 855-540-3693
<b>Exceptions</b>	<b>Non-Specialty Medications</b>		
	All Plans	Phone: 800-711-4555	Fax: 844-403-1029
<b>Exceptions</b>	N/A		

### Overview

Briumvi is indicated for the treatment of relapsing forms of multiple sclerosis, 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 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. Medication is being prescribed by or in consultation with a neurologist.
3. Members will not use Briumvi concomitantly with other disease modifying multiple sclerosis agents (Note: Ampyra and Nuedexta are not disease modifying).
4. Authorization may be granted for pediatric members less than 18 years of age when benefits outweigh risks.

### Continuation of Therapy

Reauthorization will be granted for a covered indication when there is physician attestation that member is experiencing disease stability or improvement on Briumvi.

### Limitations

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

### References

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

**Review History**

05/10/2023 – Reviewed and Created for May P&T; Effective 7/1/23

