CVS Caremark®

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| Reference number(s) |
| 5737-A |

# Specialty Guideline Management Briumvi

## Products Referenced by this Document

Drugs that are listed in the following table include both brand and generic and all dosage forms and strengths unless otherwise stated. Over-the-Counter (OTC) products are not included unless otherwise stated.

| Brand Name | Generic Name |
| --- | --- |
| Briumvi | ublituximab-xiiy |

## 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 Indication1

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.

## Prescriber Specialties

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

## Coverage Criteria

### Relapsing Forms of Multiple Sclerosis1

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).

### Clinically Isolated Syndrome1

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

## 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.

## Other

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

## Reference

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

## Document History

Created: Specialty Clinical Development (ST) 01/2023

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