Briumvi® (ublituximab-xiiy)
(Intravenous)

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I. Length of Authorization

- Initial: Prior authorization validity will be provided initially for 12 months.
- Renewal: Prior authorization validity may be renewed every 12 months thereafter.

II. Dosing Limits

Max Units (per dose and over time) [HCPCS Unit]:

Initial dose:

- 150 billable units (150 mg) on day 1 and 450 billable units (450 mg) on day 15 and 168

Subsequent doses:

- 450 billable units (450 mg) every 168 days thereafter

III. Initial Approval Criteria [1]

Prior authorization validity is provided in the following conditions:

- Patient must have had an inadequate response to an adequate trial of one of the following drugs: dimethyl fumarate, fingolimod, teriflunomide, or glatiramer acetate (generic, Glatopa), unless contraindicated or not tolerated; **AND**
- Patient is at least 18 years of age; **AND**
- Patient has been screened for the presence of Hepatitis B virus (HBV) prior to initiating treatment AND does not have active disease (i.e., positive HBsAg and anti-HBV tests); **AND**
- Patient has had baseline serum immunoglobulins assessed; **AND**

Universal Criteria [1]

- Provider will confirm that patient will not receive live or live-attenuated vaccines while on therapy or within 4 weeks prior to initiation of treatment; **AND**
- Patient does not have an active infection; **AND**

- Patient will have serum aminotransferases (alanine aminotransferase [ALT] and aspartate aminotransferase [AST]), alkaline phosphatase, and bilirubin levels measured at baseline and periodically throughout therapy; **AND**
- Used as single agent therapy; **AND**
- Patient has not received a dose of ocrelizumab or ublituximab within the past 5 months; **AND**

Multiple Sclerosis † [1,6,10,15]

- Patient must have a confirmed diagnosis of multiple sclerosis (MS) as documented by laboratory report (i.e., MRI); **AND**
- Patient has a diagnosis of a relapsing form of MS [i.e., relapsing-remitting MS (RRMS)*, active secondary progressive disease (SPMS)**, or clinically isolated syndrome (CIS)***]

† FDA Approved Indication(s); ‡ Compendia Recommended Indication(s); Φ Orphan Drug

***Definitive diagnosis of MS with a relapsing-remitting course is based upon [15]:**

- Dissemination in space *(see below)* AND one or more of the following:
  - Positive cerebrospinal fluid (CSF) (e.g., presence of oligoclonal bands or kappa free light chain index)
  - Positive central vein sign (CVS) (e.g., presence of six or more lesions with CVS; if fewer than 6 white matter lesions are seen on MRI, the number of CVS positive lesions should outnumber the CVS negative lesions)
  - Dissemination in time (DIT) *(see below)*
  - Presence of lesions in at least four of five CNS anatomical locations; **OR**
- Lesions present in one CNS site (including patients with 12 months or longer progression from onset) AND one or more of the following:
  - CSF positivity and CVS positivity
  - CSF positivity and paramagnetic rim lesion (PRL) positivity (e.g., presence of one or more PRL)
  - DIT *(see below)* and CVS positivity
  - DIT *(see below)* and PRL positivity

Unless contraindicated, MRI should be obtained (even if criteria are met).

Dissemination in space (*Development of lesions in distinct anatomical locations within the CNS; multifocal*)	**Dissemination in time** *Development/appearance of new CNS lesions over time*)
• MRI indicating typical lesions in ≥ 2 of 5 areas of the CNS (optic nerve, intracortical or juxtacortical, periventricular, infratentorial, or spinal cord); **OR** • In patients with progressive disease (patients with 12 months or longer progression from onset), two spinal cord lesions	• ≥2 clinical attacks; **OR** • Simultaneous presence of gadolinium enhancing and non-enhancing lesions at any time; **OR** • A new T2-hyperintense or gadolinium enhancing lesion on follow-up MRI

**Active secondary progressive MS (SPMS) is defined as the following: [7,10-12,14]

• Expanded Disability Status Scale (EDSS) score ≥ 3.0; **AND**
• Disease is progressive ≥ 3 months following an initial relapsing-remitting course (i.e., EDSS score increase by 1.0 in patients with EDSS ≤5.5 or increase by 0.5 in patients with EDSS ≥6); **AND**
  ○ ≥ 1 relapse within the previous 2 years; **OR**
  ○ Patient has gadolinium-enhancing activity OR new or unequivocally enlarging T2 contrast-enhancing lesions as evidenced by MRI

***Definitive diagnosis of CIS is based upon ALL of the following: [10]
• A monophasic clinical episode with patient-reported symptoms and objective findings reflecting a focal or multifocal inflammatory demyelinating event in the CNS • Neurologic symptom duration of at least 24 hours, with or without recovery • Absence of fever or infection • Patient is not known to have multiple sclerosis

IV. Renewal Criteria [1,9,13]

Prior authorization validity may be renewed based on the following criteria:

- Patient continues to meet the universal and other indication-specific relevant criteria identified in section III; **AND**
- Absence of unacceptable toxicity from the drug. Examples of unacceptable toxicity include: severe infusion reactions, severe bacterial and viral infections, progressive multifocal leukoencephalopathy, hypogammaglobulinemia, clinically significant liver injury, etc.; **AND**
- Continuous monitoring of response to therapy indicates a beneficial response***** [manifestations of MS disease activity include, but are not limited to, an increase in annualized relapse rate (ARR), development of new/worsening T2 hyperintensities or enhancing lesions on MRI, and progression of sustained impairment as evidenced by expanded disability status scale (EDSS), timed 25-foot walk (T25-FW), 9-hole peg test (9-HPT)]

*****Note:
- Inadequate response, in those who have been adherent and receiving therapy for sufficient time to realize the full treatment effect, is defined as ≥ 1 relapse, ≥ 2 unequivocally new MRI-detected lesions, or increased disability on examination over a one-year period.

V. Dosage/Administration [1]

Indication	Dose
Multiple Sclerosis	Initial dosing: • First Infusion: 150 mg intravenous infusion • Second Infusion: 450 mg intravenous infusion administered two weeks after the first infusion. Subsequent doses: • 450 mg intravenous infusion administered 24 weeks after the **first** infusion and every 24 weeks thereafter

VI. Billing Code/Availability Information

HCPCS:

- J2329 – Injection, ublituximab-xiiy, 1mg; 1 billable unit = 1 mg

NDC:

- Briumvi 150 mg/6 mL single-dose vial: 73150-0150-xx

VII. References

1. Briumvi [package Insert]. Morrisville, NC; TG Therapeutics, Inc.; August 2025. Accessed November 2025.
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Appendix A – Non-Quantitative Treatment Limitations (NQTL) Factor Checklist

Non-quantitative treatment limitations (NQTLs) refer to the methods, guidelines, standards of evidence, or other conditions that can restrict how long or to what extent benefits are provided under a health plan. These may include things like utilization review or prior authorization. The utilization management NQTL applies comparably, and not more stringently, to mental health/substance use disorder (MH/SUD) Medical Benefit Prescription Drugs and medical/surgical (M/S) Medical Benefit Prescription Drugs. The table below lists the factors that were considered in designing and applying prior authorization to this drug/drug group, and a summary of the conclusions that Prime's assessment led to for each.

Factor	Conclusion
Indication	Yes: Consider for PA
Safety and efficacy	No: PA not a priority
Potential for misuse/abuse	No: PA not a priority

Cost of drug	Yes: Consider for PA

Appendix 1 – Covered Diagnosis Codes

ICD-10	ICD-10 Description
G35.A	Relapsing-remitting multiple sclerosis
G35.B0	Primary progressive multiple sclerosis, unspecified
G35.B1	Active primary progressive multiple sclerosis
G35.B2	Non-active primary progressive multiple sclerosis
G35.C0	Secondary progressive multiple sclerosis, unspecified
G35.C1	Active secondary progressive multiple sclerosis
G35.C2	Non-active secondary progressive multiple sclerosis
G35.D	Multiple sclerosis, unspecified

Appendix 2 – Centers for Medicare and Medicaid Services (CMS)

The preceding information is intended for non-Medicare coverage determinations. Medicare coverage for outpatient (Part B) drugs is outlined in the Medicare Benefit Policy Manual (Pub. 100-2), Chapter 15, §50 Drugs and Biologicals. In addition, National Coverage Determinations (NCDs) and/or Local Coverage Determinations (LCDs) may exist and compliance with these policies is required where applicable. Local Coverage Articles (LCAs) may also exist for claims payment purposes or to clarify benefit eligibility under Part B for drugs which may be self-administered. The following link may be used to search for NCD, LCD, or LCA documents: https://www.cms.gov/medicare-coverage-database/search.aspx. Additional indications, including any preceding information, may be applied at the discretion of the health plan.

Medicare Part B Covered Diagnosis Codes (applicable to existing NCD/LCD/LCA): N/A

Medicare Part B Administrative Contractor (MAC) Jurisdictions		
Jurisdiction	**Applicable State/US Territory**	**Contractor**
E (1)	CA, HI, NV, AS, GU, CNMI	Noridian Healthcare Solutions, LLC
F (2 & 3)	AK, WA, OR, ID, ND, SD, MT, WY, UT, AZ	Noridian Healthcare Solutions, LLC
5	KS, NE, IA, MO	Wisconsin Physicians Service Insurance Corp (WPS)
6	MN, WI, IL	National Government Services, Inc. (NGS)
H (4 & 7)	LA, AR, MS, TX, OK, CO, NM	Novitas Solutions, Inc.
8	MI, IN	Wisconsin Physicians Service Insurance Corp (WPS)
N (9)	FL, PR, VI	First Coast Service Options, Inc.
J (10)	TN, GA, AL	Palmetto GBA
M (11)	NC, SC, WV, VA (excluding below)	Palmetto GBA

Medicare Part B Administrative Contractor (MAC) Jurisdictions		
Jurisdiction	**Applicable State/US Territory**	**Contractor**
L (12)	DE, MD, PA, NJ, DC (includes Arlington & Fairfax counties and the city of Alexandria in VA)	Novitas Solutions, Inc.
K (13 & 14)	NY, CT, MA, RI, VT, ME, NH	National Government Services, Inc. (NGS)
15	KY, OH	CGS Administrators, LLC