

## PREFERRED SPECIALTY MANAGEMENT POLICY

- POLICY:** Multiple Sclerosis – CD20-Directed Cytolytic Antibody Infused Products Preferred Specialty Management Policy
- Briumvi® (ublituximab-xiiv intravenous infusion – TG Therapeutics)

**REVIEW DATE:** 11/15/2023; selected revision 03/27/2024

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### OVERVIEW

This Preferred Specialty Management policy involves Briumvi, a CD20-directed cytolytic antibody infused product used for **multiple sclerosis**. Briumvi is indicated for the treatment of relapsing forms of multiple sclerosis, to include clinically isolated syndrome, relapsing-remitting disease, and active secondary progressive multiple sclerosis in adults.<sup>1</sup>

### POLICY STATEMENT

The Multiple Sclerosis Preferred Specialty Management Program for CD20-Directed Cytolytic Antibody Infused Products has been developed to encourage the use of the Preferred Products (generic glatiramer injection, generic dimethyl fumarate delayed-release capsules, and generic fingolimod capsules). For all medications (Preferred and Non-Preferred) the patient is required to meet the respective standard *Prior Authorization Policy* criteria. The Program also directs the patient to try one Preferred Product prior to the approval of a Non-Preferred Product. Requests for Non-Preferred Products will also be reviewed using the exception criteria (below). All approvals are provided for 1 year. If a patient requesting a Non-Preferred Product meets the standard *Prior Authorization Policy* criteria but has not tried one Preferred Product, an offer to review for the Preferred Products will be made.

**Automation:** None.

**Preferred Products:** generic glatiramer injection, OR generic dimethyl fumarate delayed-release capsules, OR generic fingolimod capsules

**Non-Preferred Products:** Briumvi

**RECOMMENDED EXCEPTION CRITERIA**

**REFERENCES**

1. Briumvi® intravenous infusion [prescribing information]. Morrisville, NC: TG Therapeutics; December 2022.