Briumvi (ublituximab-xiiy)
PAM – 060

Iowa Medicaid Program	Prior Authorization	**Effective Date**	07/01/2023
Revision Number	3	**Last Reviewed**	04/18/2025
Reviewed By	Medicaid Medical Director	**Next Review**	04/17/2026
Approved By	Medicaid Clinical Advisory Committee	**Approved Date**	10/20/2023

Overview

Medication: [1]	ublituximab-xiiy
Brand Name:	Briumvi™
Pharmacologic Category:	Central nervous system agents; multiple sclerosis agents; CD20-directed cytolytic antibody
FDA-Approved Indication(s):	Treatment of relapsing forms of multiple sclerosis (MS) in adults, to include: • clinically isolated syndrome (CIS) • relapsing-remitting disease (RRMS) • active secondary progressive disease (SPMS)
How Supplied:	Single-dose vial, 150 mg/6 mL (25 mg/mL)
Dosage and Administration:	Intravenous infusion: • First infusion: 150 mg • Second infusion: 450 mg (administered 2 weeks after first infusion) • Subsequent infusions: 450 mg (administered 24 weeks after the first infusion, and every 24 weeks thereafter) Administer under close supervision of an experienced healthcare professional with access to appropriate medical support to manage severe reactions, such as serious infusion reactions.
Benefit Category:	Medical

Descriptive Narrative

Multiple sclerosis (MS) affects more than 400,000 people in the United States, and more than 2.3 million people have multiple sclerosis worldwide. It is the most common immune-mediated inflammatory demyelinating disease of the central nervous system and is a leading cause of disability in young adults. The core phenotypes of MS are relapsing-remitting and progressive disease. The pattern and course of MS is further categorized into the following clinical subtypes:

1. Clinically isolated syndrome (CIS) (often representing the first attack of MS);
2. Relapsing-remitting multiple sclerosis (RRMS);
3. Secondary progressive multiple sclerosis (SPMS);
4. Primary progressive multiple sclerosis (PPMS).

Clinically isolated syndrome (CIS) is the first clinical episode that is consistent with a demyelinating etiology and suggestive of multiple sclerosis (MS). Symptoms usually develop over the course of hours to days, and then gradually remit over the ensuing weeks to months, although remission may not be complete. CIS is considered as a precursor to MS in most patients. The long-term (i.e., 10- to 20-year) likelihood of developing MS ranges from 60 to 80 percent. In patients with a CIS who have a normal baseline MRI, limited data suggests that the long-term prevalence of MS is approximately 20 percent.

Relapsing-remitting multiple sclerosis (RRMS) accounts for 85 to 90 percent of cases at disease onset. It is characterized by clearly defined attacks (also known as relapses, flares, or exacerbations) with full or incomplete recovery. Symptoms and signs associated with a relapse usually reach a peak in days to weeks, followed by a remission during which the symptoms and signs resolve to a variable extent.

Secondary progressive multiple sclerosis (SPMS) begins as relapsing-remitting disease, but over time the disease enters a stage of steady deterioration in function. There are no established criteria to determine when RRMS converts to SPMS; the diagnosis of SPMS is made retrospectively. SPMS ultimately develops in up to 90 percent of patients with RRMS after 25 years and causes the greatest amount of neurologic disability attributable to MS.

Primary progressive multiple sclerosis (PPMS) is characterized by progressive accumulation of disability from disease onset with occasional plateaus, temporary minor improvements, or acute relapses still consistent with the definition. A diagnosis of PPMS is made exclusively on patient history, and there are no imaging or exam findings that distinguish PPMS from RRMS. PPMS represents about 10 percent of adult multiple sclerosis cases at disease onset.[2]

Briumvi™ (ublituximab-xiiy) is a recombinant chimeric monoclonal IgG1 antibody with reduced fucose content directed against CD20-expressing B-cells. It is indicated for the treatment of relapsing forms of multiple sclerosis (MS) in adults, to include clinically isolated syndrome, relapsing-remitting disease, and active secondary progressive disease.

Guidelines

The American Academy of Neurology (AAN) published practice guidelines in 2018 regarding disease-modifying therapies (DMTs) for adults with multiple sclerosis. Recommendations regarding starting, switching, and stopping DMT were reviewed and assigned one of three designations: A, B, or C. Each designation denotes the level of recommendation strength. These guidelines were reaffirmed on October 19, 2024.[3]

Level	Helping Verb	Description
A	MUST	Level A is the strongest recommendation level. These recommendations are rare, as they are based on high confidence in the evidence and require both a high magnitude of benefit and low risk.
B	SHOULD	These recommendations are more common, as the requirements are less stringent but still based on the evidence and benefit-risk profile.
C	MAY	Level C represents the lowest allowable recommendation level the AAN considers useful within the scope of clinical practice and can accommodate the highest degree of practice variation.

Starting disease-modifying therapy (DMT): Level A ("must") Recommendation Statements	
2a	Clinicians must ascertain and incorporate/review preferences in terms of safety, route of administration, lifestyle, cost, efficacy, common adverse effects, and tolerability in the choice of DMT in people with MS being considered for DMT.
2b	Clinicians must engage in an ongoing dialogue regarding treatment decisions throughout the disease course with people with MS.
3b	Clinicians must counsel people with MS on DMTs to notify the clinicians of new or worsening symptoms.

Switching DMT: Level A ("must") Recommendation Statements	
9a	Physicians must counsel people with MS considering natalizumab discontinuation that there is an increased risk of MS relapse or MRI-detected disease activity within 6 months of discontinuation.

Discontinuing DMT: Level A ("must") Recommendation Statements	
	There are not any Level A recommendations regarding discontinuing DMT.

Expanded Disability Status Scale (EDSS) [4,5]

The Expanded Disability Status Scale (EDSS) is commonly used to evaluate the degree of disability of multiple sclerosis (MS) patients. There are eight functional systems (FS): pyramidal, cerebellar, brainstem, sensory, visual, bowel and bladder, cerebral, and other. Following neurological examination, each FS is rated on a scale of 0–5 (cerebellar and brainstem), 0–1 (other), and 0–6 (all others). These ratings assist in assigning an EDSS score which ranges from 0 (normal) to 10 (death due to MS). EDSS steps 1.0-4.5 refer to fully ambulatory patients, and the precise step number is defined by the FS score(s), while EDSS steps 5.0-9.5 are mostly described by impairment of ambulation.

Expanded Disability Status Scale (EDSS): Score and Description	
0.0	Normal neurologic exam (all grade 0 in Functional Systems [FS]; Cerebral grade 1 acceptable)
1.0	No disability, minimal signs in one FS (i.e., grade 1 excluding Cerebral grade 1)
1.5	No disability minimal signs in more than one FS (more than one grade 1 excluding Cerebral grade 1)
2.0	Minimal disability in one FS (one FS grade 2, others 0 or 1)
2.5	Minimal disability in two FS (two FS grade 2, others 0 or 1)
3.0	Moderate disability in one FS (one FS grade 3, others 0 or 1), or mild disability in three or four FS (three/four FS grade 2, others 0 or 1) though fully ambulatory
3.5	Fully ambulatory but with moderate disability in one FS (one grade 3) and one or two FS grade 2; or two FS grade 3; or five FS grade 2 (others 0 or 1)
4.0	Fully ambulatory without aid, self-sufficient, up and about some 12 hours a day despite relatively severe disability consisting of one FS grade 4 (others 0 or 1, or combinations of lesser grades exceeding limits of previous steps. Able to walk without aid or rest some 500 meters.
4.5	Fully ambulatory without aid, up and about much of the day, able to work a full day, may otherwise have some limitation of full activity or require minimal assistance; characterized by relatively severe disability, usually consisting of one FS grade 4 (others 0 or 1) or combinations of lesser grades exceeding limits of previous steps. Able to walk without aid or rest for some 300 meters.
5.0	Ambulatory without aid or rest for about 200 meters; disability severe enough to impair full daily activities (e.g., to work full day without special provisions). (Usual FS equivalents are one grade 5 alone, others 0 or 1; or combinations of lesser grades usually exceeding specifications for step 4.0.)
5.5	Ambulatory without aid or rest for about 100 meters; disability severe enough to preclude full daily activities. (Usual FS equivalents are one grade 5 alone, others 0 or 1; or combinations of lesser grades usually exceeding those for step 4.0.)
6.0	Intermittent or unilateral constant assistance (cane, crutch, or brace) required to walk about 100 meters with or without resting. (Usual FS equivalents are combinations with more than two FS grade 3+.)
6.5	Constant bilateral assistance (canes, crutches, or braces) required to walk about 20 meters without resting. (Usual FS equivalents are combinations with more than two FS grade 3+.)
7.0	Unable to walk beyond about 5 meters even with aid, essentially restricted to wheelchair; wheels self in standard wheelchair and transfers alone; up and about in wheelchair 12 hours a day. (Usual FS equivalents are combinations with more than one FS grade 4+; very rarely, pyramidal grade 5 alone.)
7.5	Unable to take more than a few steps; restricted to wheelchair; may need aid in transfer; wheels self but cannot carry on in standard wheelchair a full day; may require motorized wheelchair. (Usual FS equivalents are combinations with more than one FS grade 4+.)
8.0	Essentially restricted to bed or chair or perambulated in wheelchair, but may be out of bed itself much of the day; retains many self-care functions; generally has effective use of arms. (Usual FS equivalents are combinations, generally grade 4+ in several systems.)
8.5	Essentially restricted to bed much of the day; has some effective use of arm(s); retains some self-care functions. (Usual FS equivalents are combinations, generally 4+ in several systems.)
9.0	Helpless bed patient; can communicate and eat. (Usual FS equivalents are combinations, mostly grade 4+.)
9.5	Totally helpless bed patient; unable to communicate effectively or eat/swallow. (Usual FS equivalents are combinations, almost all grade 4+.)
10.0	10 = Death due to multiple sclerosis (MS)

Criteria

Prior authorization is required.

Briumvi™ is considered medically necessary when **ALL** of the following are met:

1. Diagnosis of one of the following clinical subtypes of multiple sclerosis (MS) (a, b, or c);
    a. Clinically isolated syndrome (CIS); or
    b. Relapsing-remitting multiple sclerosis (RRMS); or
    c. Active secondary progressive multiple sclerosis (SPMS); **AND**
2. Member is 18 years of age or older; **AND**
3. Member does not have active hepatitis B or another active infection at initiation of therapy; **AND**
4. Clinical notes provided document both baseline number of relapses per year and Expanded Disability Status Scale (EDSS) score; **AND**
5. Member is able to ambulate without aid or rest for at least 100 meters (corresponding to EDSS score of 0 – 5.5); **AND**
6. Briumvi™ is not prescribed or administered concurrently with other disease-modifying therapies for MS (with the exception of dalfampridine*, which may be used in combination with Briumvi™); **AND**
7. Prescribed by, or in consultation with, a neurologist; **AND**
8. Regimen prescribed is within the FDA-approved labeling:
    a. Initial dose: 150 mg, followed by a 450 mg dose given 2 weeks later;
    b. Maintenance dose: 450 mg every 24 weeks (starting 24 weeks after the first infusion).

Briumvi™ is considered medically necessary for continuation of therapy when **ALL** of the following are met:

1. Member is currently receiving medication through the Iowa Medicaid benefit or has previously met initial approval criteria; **AND**
2. Documentation of positive clinical response or stable disease based on at least one of the following (a, b, c, and/or d);
    a. Member has not had an increase in the number of relapses per year compared to baseline; and/or
    b. Member has not had ≥ 2 new MRI-detected lesions; and/or
    c. Member has not had an increase in expanded disability status scale (EDSS) score from baseline; and/or
    d. Medical justification supports that member is responding positively to therapy; **AND**
3. Briumvi™ is not prescribed or administered concurrently with other disease-modifying therapies for MS (with the exception of dalfampridine*, which may be used in combination with Briumvi™); **AND**
4. Prescribed by, or in consultation with, a neurologist; **AND**
5. Maintenance dosing regimen does not exceed 450 mg every 24 weeks.

* Dalfampridine may require a separate pharmacy prior authorization (see Iowa Medicaid preferred drug list for more information).

Approval Duration and Quantity Limits

	Initial Authorization	Subsequent Authorization(s)
Approval Duration	12 months	12 months
Quantity Limits	Dose 1 (150 mg) and dose 2 (450 mg, given 2 weeks later), then 450 mg given 24 weeks after dose 1 and every 24 weeks thereafter	450 mg every 24 weeks

Coding and Product Information

The following list(s) of codes and product information are provided for reference purposes only and may not be all inclusive. The inclusion of a code does not imply any right to reimbursement or guarantee claim payment, nor does the exclusion of a code imply that its association to the HCPCS code is inappropriate.

HCPCS	Description
J2329	Injection, ublituximab-xiiy, 1 mg

ICD-10	Description
G35	Multiple sclerosis

NDC (Strength)	Labeler	Dosage	Pkg Size	Pkg Qty	Units/ Pkg
73150-0150-06 (150 mg/6 mL)	TG Therapeutics, Inc. (73150)	1 mg	1	EA	150

Compliance

1. Should conflict exist between the policy and applicable statute, the applicable statute shall supersede.
2. Federal and State law, as well as contract language, including definitions and specific contract provisions or exclusions, take precedence over medical policy and must be considered first in determining eligibility for coverage.
3. Medical technology is constantly evolving, and Iowa Medicaid reserves the right to review and update medical policy on an annual or as-needed basis.

Medical necessity guidelines have been developed for determining coverage for member benefits and are published to provide a better understanding of the basis upon which coverage decisions are made. Medical necessity guidelines are developed for selected physician-administered medications found to be safe and proven to be effective in a limited, defined population or clinical circumstances. They include concise clinical coverage criteria based on current literature review, consultation with practicing physicians in the service area who are medical experts in the particular field, FDA and other government agency policies, and standards adopted by national accreditation organizations. Criteria are revised and updated annually, or more frequently if new evidence becomes available that suggests needed revisions.

References

[1] Briumvi™ prescribing information (10/2024). TG Therapeutics, Inc.: Morrisville, NC. Available online: briumvihcp.com. Accessed February 24, 2025.

[2] Olek MJ, Howard J. Clinical presentation, course, and prognosis of multiple sclerosis in adults. Dashe JF, ed. UpToDate. Waltham, MA: UpToDate Inc. www.uptodate.com. Accessed March 6, 2025.

[3] Rae-Grant A, et al. Practice guideline recommendations summary: Disease-modifying therapies for adults with multiple sclerosis: Report of the Guideline Development, Dissemination, and Implementation Subcommittee of the American Academy of Neurology. Neurology. 2018 Apr 24;90(17):777-788. Erratum in: Neurology. 2019 Jan 8;92(2):112. PMID: 29686116. Reaffirmed on October 19, 2024.

[4] Kurtzke JF. Rating neurologic impairment in multiple sclerosis: an expanded disability status scale (EDSS). Neurology. 1983 Nov;33(11):1444-52. PMID: 6685237.

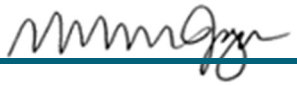
[5] Hatipoglu H, Canbaz Kabay S, et al. Expanded Disability Status Scale-Based Disability and Dental-Periodontal Conditions in Patients with Multiple Sclerosis. Med Princ Pract. 2016;25(1):49-55. Epub 2015 Oct 17. PMID: 26473494.

Development of utilization management criteria may also involve research into other state Medicaid programs, other payer policies, consultation with experts and review by the Medicaid Clinical Advisory Committee (CAC). These sources may not be referenced individually unless they are specifically published and are otherwise applicable to the criteria at issue.

Criteria Change History

Change Date	Changed By	Description of Change	Version
[mm/dd/yyyy]	CAC		
Signature			

Change Date	Changed By	Description of Change	Version
[mm/dd/yyyy]	CAC		
Signature			

Change Date	Changed By	Description of Change	Version
04/18/2025	CAC	Annual review. Added notation in Guidelines section: the 2018 guidelines from the American Academy of Neurology (AAN) were reaffirmed on October 19, 2024.	3
Signature William (Bill) Jagiello, DO			

Criteria Change History *(continued)*

Change Date	Changed By	Description of Change	Version
10/18/2024	CAC	Annual review. Move to April for future review cycles to align with other multiple sclerosis therapies.	2
Signature William (Bill) Jagiello, DO			

Change Date	Changed By	Description of Change	Version
10/20/2023	CAC	Criteria implementation.	1
Signature William (Bill) Jagiello, DO			

CAC = Medicaid Clinical Advisory Committee