Briumvi™ (ublituximab-xiiy)
(Intravenous)

Document Number: IC-0693

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I. Length of Authorization

Coverage will be provided for 6 months and may be renewed.

II. Dosing Limits

A. Quantity Limit (max daily dose) [NDC unit]:

- Briumvi 150 mg/6 mL single-dose vial: 1 vial initially, then 3 vials at day 15 and 168 and every 168 days thereafter

B. 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]

Coverage is provided in the following conditions:

- Patient must have had an inadequate response to an adequate trial of one of the following drugs: interferon beta-1a (Avonex), dimethyl fumarate, fingolimod, 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]

- 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**

- 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]

- 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); ‡ Compendium Recommended Indication(s); Φ Orphan Drug

***Definitive diagnosis of MS with a relapsing-remitting course is based upon BOTH dissemination in time and space. Unless contraindicated, MRI should be obtained (even if criteria are met). [10]**

Dissemination in time (*Development/appearance of new CNS lesions over time*)	**Dissemination in space** (*Development of lesions in distinct anatomical locations within the CNS; multifocal*)

• ≥ 2 clinical attacks; **OR**
• 1 clinical attack AND one of the following:
  ○ MRI indicating simultaneous presence of gadolinium-enhancing and non-enhancing lesions at any time or by a new T2-hyperintense or gadolinium-enhancing lesion on follow-up MRI compared to baseline scan
  ○ CSF-specific oligoclonal bands
	• ≥ 2 lesions; **OR**
	• 1 lesion AND one of the following:
	  ○ Clear-cut historical evidence of a previous attack involving a lesion in a distinct anatomical location
	  ○ MRI indicating ≥ 1 T2-hyperintense lesions characteristic of MS in ≥ 2 of 4 areas of the CNS (periventricular, cortical or juxtacortical, infratentorial, or spinal cord)

****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]

Coverage can 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, 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 brain/spinal 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.; December 2022. Accessed September 2023.
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4. Goodin DS, Frohman EM, Garmany GP Jr, et al. Disease modifying therapies in multiple sclerosis: report of the Therapeutics and Technology Assessment Subcommittee of the American Academy of Neurology and the MS Council for Clinical Practice Guidelines. Neurology. 2002 Jan 22; 58(2):169-78.
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12. Lorscheider J, Buzzard K, Jokubaitis V, et al, on behalf of the MSBase Study Group. Defining secondary progressive multiple sclerosis. Brain, Volume 139, Issue 9, September 2016, Pages 2395–2405, https://doi.org/10.1093/brain/aww173.

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Appendix 1 – Covered Diagnosis Codes

ICD-10	ICD-10 Description
G35	Multiple Sclerosis

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

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 Determination (NCD), Local Coverage Determinations (LCDs), and Local Coverage Articles (LCAs) may exist and compliance with these policies is required where applicable. They can be found at: https://www.cms.gov/medicare-coverage-database/search.aspx. Additional indications may be covered 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, LLC
M (11)	NC, SC, WV, VA (excluding below)	Palmetto GBA, LLC
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