

POLICY NAME	Briumvi (ublituximab)	POLICY #	
Criteria			
Exclusion Criteria – Any of the following prevents coverage			
<input type="checkbox"/> 2.1 Briumvi will not be covered in addition to another disease-modifying therapy such as Ocrevus			
Coverage Criteria			
<input type="checkbox"/> 1.1 Diagnosis of relapsing forms of multiple sclerosis			
<input type="checkbox"/> 1.2 Documentation supporting active disease as defined as at least 1 relapse or presence of lesions on magnetic resonance imaging (MRI) within the previous year			
<input type="checkbox"/> 1.3 Age 18 years or older			
<input type="checkbox"/> 1.4 Prescribed by or in consultation with a neurologist (nervous system doctor)			

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