

<b>POLICY NAME</b>	Briumvi (ublituximab)	<b>POLICY #</b>	3193P
--------------------	-----------------------	-----------------	-------

## Criteria

### Coverage Criteria

- ☐ Diagnosis of relapsing forms of multiple sclerosis
- ☐ Documentation supporting active disease as defined as at least 1 relapse or presence of lesions on magnetic resonance imaging (MRI) within the previous year
- ☐ Age 18 years or older
- ☐ Prescribed by or in consultation with a neurologist (nervous system doctor)

### Exclusion Criteria – Any of the following prevents coverage

- ☐ Briumvi will not be covered in addition to another disease-modifying therapy such as Ocrevus