Briumvi

Bahrain · access guide

How to access Briumvi for relapsing multiple sclerosis from Bahrain: 2026 pathway via Bahrain neurology and cross-border centres

By Reserve Meds clinical & regulatory team. Last reviewed 2026-05-20.

Bahrain runs adult neurology services through Salmaniya Medical Complex (the primary MoH tertiary hospital), King Hamad University Hospital (academic referral), Bahrain Defence Force (BDF) Hospital, Bahrain Specialist Hospital, and the American Mission Hospital network. The Bahrain neurology infrastructure handles multiple sclerosis (MS) through dedicated neurology services with disease-modifying therapy (DMT) experience and cross-border referral channels to KFSHRC Riyadh and Cleveland Clinic Abu Dhabi for complex or trial-enrolment scenarios. Briumvi (ublituximab-xiiy, TG Therapeutics) was FDA-approved in December 2022 and EMA-approved in May 2023 as the third anti-CD20 biologic for relapsing MS. For a Bahrain-resident adult with confirmed relapsing-remitting MS, active secondary-progressive MS, or clinically isolated syndrome on MRI evidence, the operational question in 2026 is whether Briumvi, Ocrevus, or Kesimpta is the right fit, where the infusion is delivered, what funding pathway applies, and whether cross-border referral makes sense.

This page explains the 2026 pathway for a Bahrain-resident adult: who qualifies, where the prescribing neurologist conversation happens, how loading and maintenance infusions are coordinated locally or cross-border, what the realistic cost band looks like in BHD, what to monitor, and how the treatment plan fits into a Bahraini patient's life.

Why Briumvi, and why now

Briumvi is a glycoengineered humanised IgG1 anti-CD20 monoclonal antibody that depletes B-lymphocytes through antibody-dependent cellular cytotoxicity, complement-dependent cytotoxicity, and direct B-cell apoptosis. Glycoengineering (low-fucose Fc) makes Briumvi more potent per milligram than prior anti-CD20 agents, allowing a 450 mg maintenance dose (vs Ocrevus 600 mg) and a maintenance infusion of approximately 1 hour (vs Ocrevus 3 to 4 hours). The pivotal ULTIMATE I and II trials (Steinman L et al., NEJM 2022) showed a 49 to 59 percent reduction in annualised relapse rate versus teriflunomide.

What Briumvi is, in plain language

Briumvi is an intravenous infusion administered in a hospital infusion suite. Not self-administered.

Loading: Day 1 (150 mg IV, ~4 hours total visit) and Day 15 (450 mg IV, ~3 hours total visit). Maintenance: 450 mg IV every 24 weeks (twice yearly), ~2 to 3 hours total visit.

Premedication standard: corticosteroid + antihistamine + acetaminophen.

Treatment duration is years-long. No fixed stop point.

Eligibility at a Bahrain neurology service

1. Confirmed relapsing MS by neurologist applying 2017 McDonald criteria. 2. Recent MRI brain and spine within 3 months. 3. Active disease evidence. 4. Prior DMT history typical for funding pre-authorisation. 5. Pre-treatment screening: HBV (HBsAg + anti-HBcore), JC virus serology, HIV, TB, baseline serum immunoglobulins. 6. Vaccination status review. 7. Pregnancy planning discussion.

The Bahrain prescribing and supply picture

Briumvi National Health Regulatory Authority (NHRA) registration status is verified at intake. Named-patient supply via the prescribing centre's regulatory office is the parallel pathway during any registration transition. The dual NPP/domestic framing applies.

The pathway is: 1. **Prescribing neurologist with MS expertise**: Salmaniya Medical Complex Neurology, King Hamad University Hospital Neurology, BDF Hospital Neurology, Bahrain Specialist Hospital Neurology, American Mission Hospital Neurology, or cross-border MS centre (KFSHRC Riyadh, Cleveland Clinic Abu Dhabi). 2. **Infusion centre logistics**: Hospital infusion suite if administered locally; cross-border centre infusion suite if referred. 3. **Pharmacy dispensing**: Hospital pharmacy in either pathway. 4. **Funding pre-authorisation**: MoH funding for Bahraini nationals through the established hospital pathway. Commercial insurance for residents on case-by-case basis. Cross-border treatment funding requires separate authorisation. 5. **Pre-treatment workup**: HBV, JC virus, immunoglobulins, vaccinations completed before first infusion. 6. **Ongoing monitoring**: Neurology follow-up every 3 to 6 months. MRI annually. Quarterly IgG.

The 2026 pathway, step by step

Week 0 to 2: Documentation pack assembly. Week 2 to 6: Funding pre-authorisation review; pre-treatment screening results return. Week 6 to 8: First infusion (Day 1, 150 mg). Week 8 to 10: Second infusion (Day 15, 450 mg). Week 32: First maintenance dose. Week 56, 80, 104+: Maintenance every 24 weeks.

For cross-border pathway (KFSHRC Riyadh or Cleveland Clinic Abu Dhabi), add 2 to 4 weeks for cross-border referral coordination, visa logistics, and infusion-suite scheduling. The cross-border patient typically completes the pre-treatment workup in Bahrain and travels to the cross-border centre for the loading regimen, then returns for maintenance via local infusion suite or repeats cross-border travel depending on the centre relationship.

Cost expectation in BHD

US WAC ~ USD 59,000 per 450 mg infusion. MENA cash-pay band USD 45,000 to 55,000 per vial.

Year 1 total (loading + first maintenance): - USD 105,000 to 130,000 cash-pay band. - BHD 39,500 to 49,000 at 2026 indicative cross rates.

Year 2+ steady state (two infusions per year): - USD 90,000 to 110,000 cash-pay. - BHD 34,000 to 41,500 per year.

MoH-funded MS therapy for Bahraini nationals covers anti-CD20 treatment on documented eligibility. Commercial insurance for residents varies. Cross-border treatment funding has additional administrative steps.

What to monitor

Infusion reactions common on Day 1; managed by premedication and infusion staff.

Infection risk: URTI, UTI, herpes, respiratory infections. Report fever or unusual symptoms promptly.

Hepatitis B reactivation: HBsAg + anti-HBcore screening mandatory. Chronic HBV needs hepatology and antiviral prophylaxis.

PML (JC virus): Baseline serology. New neurological symptoms warrant urgent re-evaluation.

Hypogammaglobulinaemia: Quarterly IgG monitoring.

Vaccinations: Inactivated vaccines 2 weeks before first infusion. Live vaccines off-limits during treatment and for 6 months after. Hajj or travel requiring yellow fever vaccination requires neurology coordination.

Religious, ethical, and family-logistics framing

Briumvi is a recombinant humanised IgG1 antibody. No donor element, no human tissue source. The classical analogy to vaccines and biologics holds in MENA Islamic medical ethics.

Twice-yearly infusion cadence: two clinic days per year. No daily pill, no weekly injection.

For cross-border pathway, family-logistics planning includes visa, accommodation, and a companion-traveller arrangement for the loading regimen visits.

Pregnancy planning: contraception during treatment and for 6 months after last infusion.

When Briumvi is not the right call

For Bahrain patients with well-controlled MS on moderate-efficacy oral DMT, primary-progressive MS (Briumvi not indicated), low baseline immunoglobulins, untreated chronic HBV, or imminent pregnancy plans:

- **Ocrevus**: IV anti-CD20, similar efficacy, longer infusion, PPMS approved. - **Kesimpta**: SC monthly home-administered anti-CD20. - **Off-label rituximab**: off-label in MS, used in some MENA centres. - **Natalizumab (Tysabri)**: non-anti-CD20 high efficacy. - **High-efficacy oral agents**: cladribine, siponimod, ozanimod. - **Moderate-efficacy oral agents**: teriflunomide, dimethyl fumarate, fingolimod.

Reserve Meds does not promote one anti-CD20 MS therapy over another.

What Reserve Meds does on this case

We are a US-based concierge coordinator. Not the prescriber, not the dispensing pharmacy. On a Bahrain Briumvi case we build the documentation pack with the treating neurologist's office, run the funding pre-authorisation conversation (including cross-border funding if applicable), coordinate the pre-treatment workup with the prescribing centre's laboratory, organise the infusion-suite scheduling (locally or cross-border), and stay with the case through the first 18 months. Clinical decisions remain with your treating neurologist.

Frequently asked patient questions

How is Briumvi different from Ocrevus? Shorter maintenance infusion (~1 hour vs 3 to 4 hours).

Will I need to stop my current MS medication? Most prior DMTs require washout.

How long do I take Briumvi for? For as long as it controls your MS.

Can I get pregnant on Briumvi? Contraception during treatment and for 6 months after last infusion.

Can I have my Briumvi infusions in Bahrain or do I need to travel? Bahrain MS centres handle anti-CD20 infusions. Cross-border referral to KFSHRC Riyadh or Cleveland Clinic Abu Dhabi is an option for complex cases, trial enrolment, or where Briumvi supply is not locally available at the time of initiation.

What does the infusion day look like? Day 1: ~4 hours. Day 15: ~3 hours. Maintenance: ~2 to 3 hours.

Reserve Meds's role

US-based concierge coordinator for cross-border specialty medicine. We are not the prescriber, not the dispensing pharmacy, and not the manufacturer. All clinical decisions remain with your treating physician.

reservemeds.com · hello@reservemeds.com