

Briumvi

Dubai · access guide

How to access Briumvi for relapsing multiple sclerosis from Dubai: 2026 emirate pathway via DHA-coordinated neurology with cross-emirate referral to Abu Dhabi

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

Dubai operates one of the deepest private-sector neurology networks in the wider region, with the Dubai Health Authority (DHA) coordinating public-sector access alongside Mediclinic City Hospital and Mediclinic Parkview, American Hospital Dubai, NMC Specialty Hospital, Aster Hospitals across Bur Dubai and Mankhool, Saudi German Hospital Dubai, Dr Sulaiman Al Habib Dubai, and King's College Hospital London Dubai running multiple sclerosis (MS) services through dedicated neurology clinics with disease-modifying therapy (DMT) experience including the anti-CD20 monoclonal antibodies. Briumvi (ublituximab-xiyy, 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 Dubai-resident adult with confirmed relapsing-remitting MS, active secondary-progressive MS, or clinically isolated syndrome, the operational question in 2026 is whether Briumvi, Ocrevus, or Kesimpta is the right fit, where the infusion is delivered (Dubai infusion suite or cross-emirate at Cleveland Clinic Abu Dhabi), what insurance applies, and how the years-long treatment plan fits the patient's life.

This page explains the 2026 pathway for a Dubai-resident adult: who qualifies, where the prescribing neurologist conversation happens, how loading and maintenance infusions are coordinated locally or cross-emirate, what the realistic cost band looks like in AED, what to monitor, and how the treatment plan fits.

Why Briumvi, and why now

Briumvi is a glycoengineered humanised IgG1 anti-CD20 monoclonal antibody. By binding CD20 on B-lymphocytes and triggering antibody-dependent cellular cytotoxicity, complement-dependent cytotoxicity, and direct B-cell apoptosis, Briumvi depletes the B-cell pool that drives MS relapse activity.

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 IV infusion administered in a hospital infusion suite. Not self-administered.

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

Premedication standard: corticosteroid + antihistamine + acetaminophen.

Years-long treatment. No fixed stop point.

Eligibility at a Dubai 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 Dubai prescribing and supply picture

Briumvi UAE Emirates Drug Establishment (EDE) registration status verified at intake. Dubai-emirate dispensing coordinated through DHA Pharmaceutical Affairs Department for public-sector pathway, or directly through the prescribing private hospital's pharmacy for private-sector pathway. Named-patient supply via the prescribing centre's regulatory office is the parallel pathway during any registration transition.

The pathway is: 1. **Prescribing neurologist with MS expertise:** Mediclinic City Hospital Neurology, Mediclinic Parkview Neurology, American Hospital Dubai, NMC Specialty Hospital Neurology, Aster Hospital Neurology, Saudi German Hospital Dubai Neurology, Dr Sulaiman Al Habib Dubai Neurology, King's College Hospital London Dubai Neurology, or DHA public-sector hospitals (Rashid Hospital, Dubai Hospital). 2. **Infusion centre logistics:** Hospital infusion suite at the prescribing centre. Most Dubai tertiary hospitals run neurology infusion programmes. 3. **Pharmacy dispensing:** Hospital pharmacy. 4. **Funding pre-authorisation:** DHA coverage for Emirati nationals through Saada or Enaya plus the standard tertiary pathway. Commercial insurance for residents (Daman, Oman Insurance, AXA Gulf, MetLife, Cigna, others) handles Briumvi on case-by-case basis. 5. **Cross-emirate referral:** For complex cases or trial enrolment, cross-emirate referral to Cleveland Clinic Abu Dhabi (neurology institute), SSMC, or Tawam Al Ain is the established pathway. Cross-emirate is a same-country transit and does not require visa or cross-border funding gymnastics. 6. **Pre-treatment workup:** HBV, JC virus, immunoglobulins, vaccinations. 7. **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 with treating neurologist. Week 2 to 6: Funding pre-authorisation review; pre-treatment screening returns. 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-emirate referral to Cleveland Clinic Abu Dhabi or SSMC, add 1 to 2 weeks for inter-emirate scheduling and DHA-DoH coordination.

Cost expectation in AED

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. - AED 385,000 to 477,000 at 2026 indicative cross rates.

Year 2+ steady state (two infusions per year): - USD 90,000 to 110,000 cash-pay. - AED 330,000 to 404,000 per year.

DHA Saada or Enaya coverage for Emirati nationals reduces out-of-pocket exposure substantially on documented eligibility. Commercial insurance for residents varies.

What to monitor

Infusion reactions common Day 1; reduced by premedication.

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 coordination and antiviral prophylaxis.

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

Hypogammaglobulinaemia: Quarterly IgG.

Vaccinations: Inactivated 2 weeks before first infusion. Live vaccines off-limits during treatment and for 6 months after. Hajj planning for yellow fever 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 is the practical advantage. Two clinic days per year. No daily pill, no weekly injection. For a working Dubai adult with employer-provided leave and family commitments, the predictable low-frequency cadence reduces interruption substantially.

Pregnancy planning is the initiation conversation. Contraception during treatment and for 6 months after last infusion. Family planning conversation happens before first infusion.

When Briumvi is not the right call

For Dubai patients with well-controlled MS on moderate-efficacy oral DMT, primary-progressive MS (Briumvi not indicated; ocrelizumab is the anti-CD20 with PPMS approval), 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 Dubai Briumvi case we build the documentation pack with the treating neurologist's office, run the funding pre-authorisation conversation (DHA Saada/Enaya or commercial), coordinate the pre-treatment workup, organise the infusion-suite scheduling (locally in Dubai or cross-emirate to Abu Dhabi), 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 Dubai or do I need to travel to Abu Dhabi? Dubai MS centres handle anti-CD20 infusions locally. Cross-emirate referral to Cleveland Clinic Abu Dhabi, SSMC, or Tawam is an option for complex cases or trial enrolment but is not routine.

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.

Reserve Meds

reserved for you.

Composite case examples. This document is for general information only and does not constitute medical advice. Please consult your treating physician.

Reserve Meds is in pre-launch. Published timelines and cost ranges are indicative, not guarantees.

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