

Briumvi

Kuwait · access guide

How to access Briumvi for relapsing multiple sclerosis from Kuwait: 2026 pathway via Kuwait neurology and MoH funding

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

Kuwait runs adult neurology services through the Ministry of Health public hospital network (Ibn Sina Hospital as the neurology referral centre, Amiri Hospital, Sabah Hospital, Mubarak Al-Kabeer Hospital, Al Adan Hospital), Dasman Diabetes Institute partner sites for neurology research, and private-sector providers including Royal Hayat Hospital, New Mowasat Hospital, and Salam International Hospital. Adult multiple sclerosis (MS) services run through Ibn Sina and the major MoH hospitals with disease-modifying therapy (DMT) experience across moderate and high-efficacy classes. 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 Kuwait-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, what MoH funding or commercial cover applies, and whether the Foreign Medical Treatment (FMT) pathway makes sense for complex cases.

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

Why Briumvi, and why now

Briumvi is a glycoengineered humanised IgG1 anti-CD20 monoclonal antibody. By binding CD20 on B-lymphocytes and depleting them through antibody-dependent cellular cytotoxicity, complement-dependent cytotoxicity, and direct B-cell apoptosis, Briumvi reduces the B-cell pool that drives MS relapse activity. Glycoengineering (low-fucose Fc) makes Briumvi more potent than prior anti-CD20 agents, allowing a 450 mg maintenance dose with a shorter infusion (~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.

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 Kuwait 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 (trial and inadequate response or intolerance 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 Kuwait prescribing and supply picture

Briumvi Kuwait MoH Drug and Food Control (DFC) 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:** Ibn Sina Hospital Neurology (the primary public-sector MS service), Amiri Hospital Neurology, Sabah Hospital, Mubarak Al-Kabeer Hospital, plus private-sector neurology at Royal Hayat, New Mowasat, Salam International, and Dar Al Shifa Hospital. 2. **Infusion centre logistics:** Hospital infusion suite if administered locally. 3. **Pharmacy dispensing:** Hospital pharmacy. 4. **Funding pre-authorisation:** MoH funding for Kuwaiti nationals through the established hospital pathway. Commercial insurance for residents on case-by-case basis. 5. **FMT (Foreign Medical Treatment):** For complex cases or unavailability of Briumvi locally, MoH FMT funding covers cross-border treatment at KFSHRC Riyadh, KHCC Amman, Cleveland Clinic Abu Dhabi, or US/UK destinations. FMT requires neurology committee endorsement plus MoH FMT committee approval. 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 (MoH or commercial); 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 FMT pathway, add 4 to 8 weeks for committee review and cross-border logistics. The patient typically completes the workup in Kuwait and travels for the loading regimen, then either returns for local maintenance or repeats FMT travel depending on the cross-border centre relationship and MoH FMT approval scope.

Cost expectation in KWD

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. - KWD 32,500 to 40,000 at 2026 indicative cross rates.

Year 2+ steady state (two infusions per year): - USD 90,000 to 110,000 cash-pay. - KWD 28,000 to 34,000 per year.

MoH-funded MS therapy for Kuwaiti nationals covers anti-CD20 treatment on documented eligibility. FMT funding covers cross-border treatment for approved cases. Commercial insurance for residents varies.

What to monitor

Infusion reactions: Common Day 1, managed 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 and antiviral prophylaxis.

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

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: two clinic days per year. No daily pill, no weekly injection.

For FMT pathway, family-logistics planning includes visa, accommodation, and companion-traveller arrangement for loading regimen visits.

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

When Briumvi is not the right call

For Kuwait 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 Kuwait Briumvi case we build the documentation pack with the treating neurologist's office, run the funding pre-authorisation conversation (including MoH FMT if applicable), coordinate the pre-treatment workup, 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 Kuwait or do I need FMT travel? Kuwait MS services handle anti-CD20 infusions locally. FMT pathway is an option for complex cases or where Briumvi supply is not locally available at 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.

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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