Briumvi

Qatar · access guide

How to access Briumvi for relapsing multiple sclerosis from Qatar: 2026 pathway via HMC Neurology and infusion supply

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

Qatar runs adult neurology and multiple sclerosis (MS) services through Hamad Medical Corporation (HMC) as the primary tertiary network, with private-sector neurology at Aspetar, Al-Ahli Hospital, Al Emadi Hospital, and the Qatar Rehabilitation Institute. HMC Neurology operates an established MS clinic with disease-modifying therapy (DMT) experience across the moderate-efficacy and high-efficacy classes including the anti-CD20 monoclonal antibodies. 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 Qatar-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 how a years-long twice-yearly infusion cadence fits into the patient's life.

Sidra Medicine is a paediatric facility and does not deliver adult MS services. The adult Briumvi pathway in Qatar runs through HMC Neurology and the private-sector partners.

This page explains the 2026 pathway for a Qatar-resident adult: who qualifies, where the prescribing neurologist conversation happens, how loading and maintenance infusions are coordinated, what the realistic cost band looks like in QAR, what to monitor (infusion reactions, infection risk, HBV, JC virus, immunoglobulins), and how the treatment plan fits into a Qatari 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 triggering antibody-dependent cellular cytotoxicity, complement-dependent cytotoxicity, and direct B-cell apoptosis, Briumvi depletes the B-cell pool that drives MS relapse activity and new MRI lesion formation. 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 substantially shorter maintenance infusion (~1 hour vs Ocrevus 3 to 4 hours).

The pivotal trials ULTIMATE I and II (Steinman L et al., NEJM 2022) randomised approximately 1,100 patients to Briumvi versus teriflunomide and showed a 49 to 59 percent reduction in annualised relapse rate. The shorter infusion time is the day-to-day operational selling point versus Ocrevus.

What Briumvi is, in plain language

Briumvi is an intravenous infusion administered in a hospital infusion suite. Not self-administered. No home dosing.

Loading regimen: - **Day 1**: 150 mg IV over ~4 hours total visit (premedication + infusion + observation). - **Day 15**: 450 mg IV over ~1 hour infusion, ~3 hours total visit.

Maintenance regimen: - **Week 24, then every 24 weeks (twice yearly) indefinitely**: 450 mg IV, ~1 hour infusion, ~2 to 3 hours total visit.

Premedication standard: corticosteroid + antihistamine + acetaminophen. Reduces infusion-reaction incidence and severity.

Treatment duration is years-long. No fixed stop point. Stopping is a neurology decision.

Eligibility at HMC Neurology or private-sector

For Qatar-resident patients:

1. Confirmed relapsing MS by neurologist applying 2017 McDonald criteria. 2. Recent MRI brain and spine within 3 months. 3. Active disease evidence (relapse, MRI activity, disability progression). 4. Prior DMT history (trial and inadequate response or intolerance of moderate-efficacy DMT typical for funding pre-authorisation; first-line anti-CD20 allowed for highly active disease). 5. Pre-treatment screening: HBsAg, anti-HBcore, JC virus serology, HIV, TB screening, baseline serum immunoglobulins. 6. Vaccination status review; inactivated vaccines administered at least 2 weeks before first infusion. 7. Pregnancy planning discussion for women of childbearing potential.

The Qatar prescribing and supply picture

Briumvi Qatar Ministry of Public Health (MOPH) registration status is verified at intake. As of mid-2026 Briumvi is either MOPH-registered or in late-cycle review; named-patient supply via the prescribing centre's regulatory office remains a parallel pathway during any registration transition window. The dual NPP/domestic framing applies.

The pathway is: 1. **Prescribing neurologist with MS expertise**: HMC Neurology MS clinic (the primary public-sector pathway), Aspetar Neurology, Al-Ahli Hospital Neurology, Al Emadi Hospital Neurology, or other Qatar Council for Healthcare Practitioners (QCHP)-licensed neurologists with MS practice. 2. **Infusion centre logistics**: HMC infusion suite for HMC pathway; private-sector infusion partner for private-sector pathway. 3. **Pharmacy dispensing**: hospital pharmacy supplies vials. 4. **Funding pre-authorisation**: HMC funding for Qatari nationals through the hospital pharmacy and therapeutics committee. Private-sector commercial insurance for residents on case-by-case basis. 5. **Pre-treatment workup completion**: HBV, JC virus, immunoglobulins, vaccinations completed. 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 with treating neurologist. 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 (24 weeks from first infusion): First maintenance dose. Week 56, 80, 104+: Maintenance every 24 weeks.

Cost expectation in QAR

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. - QAR 380,000 to 475,000 at 2026 indicative cross rates.

Year 2+ steady state (two infusions per year): - USD 90,000 to 110,000 cash-pay. - QAR 325,000 to 400,000 per year.

HMC funding for Qatari nationals reduces out-of-pocket exposure substantially. Private-sector commercial insurance varies.

What to monitor

Infusion reactions common Day 1; reduced by premedication.

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

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

Progressive multifocal leukoencephalopathy (PML): JC virus serology at baseline. New neurological symptoms during treatment warrant prompt 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 planning for yellow fever vaccination requires neurology coordination.

Religious, ethical, and family-logistics framing

Briumvi is a recombinant humanised IgG1 produced in mammalian cell culture. 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.

Pre-treatment workup is one-off at initiation plus quarterly IgG checks.

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

When Briumvi is not the right call

For Qatar 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 anti-CD20, home self-administration. - **Off-label rituximab**: used in some MENA centres; off-label in MS. - **Natalizumab (Tysabri)**: non-anti-CD20 high efficacy; JC virus serology determines suitability. - **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 Qatar Briumvi case we build the documentation pack with the treating neurologist's office, run the funding pre-authorisation conversation, coordinate the pre-treatment workup with the prescribing centre's laboratory, organise the infusion-suite scheduling for the loading regimen and first maintenance, 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? Glycoengineered for stronger ADCC, shorter maintenance infusion (~1 hour vs 3 to 4 hours).

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

How long do I take Briumvi for? For as long as it controls your MS. No fixed stop point.

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

What about vaccines? Inactivated vaccines 2 weeks before first infusion. Live vaccines off-limits.

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.

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