Briumvi (ublituximab-xiiy) — HCPCS J2329

CARECOST ESTIMATE · BILLING CHEAT SHEET

TG Therapeutics 150 mg / 6 mL single-dose vial IV infusion every 24 weeks (after loading) **Reviewed:** May 2, 2026 **ASP:** Q4 2026

HCPCS	MAINTENANCE	MODIFIER	ADMIN CPT	MEDICARE ASP+6%
J2329	450 units	JZ	96413/96365	$71.089
1 mg = 1 unit	450 mg q24wk · 3 vials	Required, every claim	Chemo or therapeutic	/mg · $31,990.05/450 mg

CODES & NDC

HCPCS	`J2329` — "Inj, ublituximab-xiiy, 1 mg" (permanent, eff. 7/1/2023; pre-2023 used `J3490/J3590`)
NDC	`73150-150-06` (10) / `73150-0150-06` (11) — N4 qualifier — only SKU
VIAL	150 mg / 6 mL (25 mg/mL) single-dose
ROUTE	IV infusion (after dilution in 0.9% NaCl)
BENEFIT	Medical (provider buy-and-bill); not specialty pharmacy

DOSING — THREE-STEP REGIMEN

- **Day 1:** 150 mg IV over 4 hr (1 vial)
- **Day 15:** 450 mg IV over 1 hr (3 vials)
- **Maintenance:** 450 mg IV q24wk over 1 hr (3 vials)

YEAR-1 UNIT MATH (NEW PATIENT)

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Day 1 — 150 mg infusion (4 hr): 150 units
Day 15 — 450 mg infusion (1 hr): 450 units
Month 6 — 450 mg maintenance (1 hr): 450 units
Month 12 — 450 mg maintenance (1 hr): 450 units
Total year 1: 1,500 units
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PREMEDICATION (LABEL-MANDATED)

- Methylprednisolone 100 mg IV ~30 min prior
- Antihistamine PO/IV 30–60 min prior
- Antipyretic optional (acetaminophen)
- Same regimen as Ocrevus IV; bill corticosteroid separately (J2920/J2930)

ADMINISTRATION CODES

CODE	WHEN
`96413` + `96415` ×3	Day 1 (4-hr chemo IV) — preferred
`96365` + `96366` ×3	Day 1 (4-hr therapeutic IV) — fallback
`96413` alone	Day 15 + maintenance (1-hr chemo IV)
`96365` alone	Day 15 + maintenance (1-hr therapeutic) — fallback
Home admin: S9329/S9379 + 99601/99602	

ICD-10-CM (EFF. 10/1/2025)

CODE	BRIUMVI-ELIGIBLE?
`G35.A` RRMS	**Yes** (primary)
`G35.C0` SPMS unspecified	Use if relapses present
`G35.C1` Active SPMS	**Yes**
`G35.D` MS unspecified	Acceptable
`G37.9` CNS demyelinating, NOS	Yes (CIS)
`G35.B0-B2` PPMS family	**NO** (not FDA-approved)

PPMS denial risk: Briumvi billed with G35.B0/B1/B2 always denies. Switch to Ocrevus (J2350) for PPMS patients.

PAYER REQUIREMENTS (MAY 2026)

PAYER	PA	STEP / PREFERENCE
UHC Medicare Advantage	Yes	**Non-preferred** (Ocrevus preferred)
Carelon / Anthem	Yes	Step: dimethyl fumarate (commercial) or Kesimpta (Medicaid)
Aetna commercial	Yes	**Step edits removed** 1/1/2026

UHC existing-utilizer exemption: patients with paid Briumvi claim within 365 days are exempt from step. Pull claim history before submitting PA.

MEDICARE REIMBURSEMENT (Q4 2026)

FIELD	VALUE
ASP + 6%	**$71.089 / mg** (effective 4/1 – 6/30/2026)
150 mg dose (Day 1)	**$10,835.85** (150 × $71.089)
450 mg dose (D15 + maint)	**$32,507.55** (450 × $71.089)
NCD/LCD	None drug-specific; LCD L33394 (generic drug coverage)

MODIFIERS

MOD	WHEN
JZ	**Required every claim** (single-dose vial, no waste)
JW	Rare — only if ≥1 mg actually wasted
25	On E/M when separately identifiable from infusion
JG / TB	340B — per MAC policy

Common denial: 450 units billed for Day 1. Day 1 = 150 mg/units; Day 15 + maintenance = 450 mg/units.

SITE OF CARE

SETTING	POS	USE
Physician office	11	Maintenance only (chair time tight for Day 1)
Ambulatory infusion suite	49	Maintenance ideal; Day 1 workable
Hospital outpatient	19/22	Common for Day 1 (4 hr); UHC/Aetna disfavor for maintenance
Patient home	12	Maintenance only (S9329 + 99601/99602)

PATIENT ASSISTANCE

- **BRIUMVI Patient Support:** 1-833-BRIUMVI / **1-833-274-8684**
- **Commercial copay:** $0/yr up to **$20,000**; $550 first / $350 subsequent admin coverage
- **Quick Start:** free drug during PA delays
- **PAP:** uninsured at $100k/1, $125k/2, $150k/3, $175k/4 income
- **Medicare:** verify open foundation funds (PAN, HealthWell, GoodDays)

Disambiguation: Briumvi vs Ocrevus IV: J2329 vs J2350. 450 mg vs 600 mg maintenance. 1-hr vs 3.5-hr infusion. Briumvi NOT FDA-approved for PPMS; Ocrevus IS.

Sources: TG Therapeutics v7 (9/25), FDA label (Feb 2026, BLA 761238), CMS ASP Q4 2026, UHC IAP.001.29, Carelon CC-0227, Aetna CPB 0264.