

TG Therapeutics 150 mg / 6 mL single-dose vial IV infusion every 24 weeks (after loading) **Reviewed:** May 2, 2026 **ASP:** Q2 2026

HCPCS J2329 1 mg = 1 unit	MAINTENANCE 450 units 450 mg q24wk · 3 vials	MODIFIER JZ Required, every claim	ADMIN CPT 96413/96365 Chemo or therapeutic	MEDICARE ASP+6% \$68.747 /mg · \$30,936.15/450 mg
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CODES & NDC

HCPCS	J2329 — "Inj, ublituximab-xiyy, 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)

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

- ### 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 (Q2 2026)

FIELD	VALUE
ASP + 6%	\$68.747 / mg (effective 4/1 – 6/30/2026)
150 mg dose (Day 1)	\$10,312.05 (150 × \$68.747)
450 mg dose (D15 + maint)	\$30,936.15 (450 × \$68.747)
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.