## Abecma

Egypt · access guide

# How to access Abecma from Egypt, the cross-border CAR-T pathway, 2026

*By Reserve Meds, Clinical and regulatory team. Last reviewed 2026-05-13.*

An Egyptian patient with relapsed or refractory multiple myeloma after two or more prior lines of therapy including an immunomodulatory agent, a proteasome inhibitor, and an anti-CD38 monoclonal antibody may receive a recommendation for Abecma (idecabtagene vicleucel) from their treating hematologist. Abecma is FDA-approved in the United States and manufactured by Bristol Myers Squibb in collaboration with 2seventy bio. Abecma is an autologous anti-BCMA chimeric antigen receptor (CAR) T-cell therapy. This is important: Abecma is not a ready-to-ship medicine. It is manufactured from the patient's own T-cells, which must be collected by leukapheresis at an Abecma-certified treatment center and then engineered at the BMS manufacturing facility before being returned for infusion. That makes the cross-border pathway materially different from a conventional named-patient drug import.

This guide explains how the pathway actually works, what documentation your hematologist needs, indicative cost and timing, and where Reserve Meds fits in.

## The clinical situation

Abecma is an autologous BCMA-directed CAR T-cell product. The treatment course involves: leukapheresis at an Abecma-certified center to collect autologous T-cells; cryopreservation and shipment to the BMS manufacturing facility; CAR-T cell engineering and expansion over approximately 3 to 4 weeks; return shipment of the patient-specific product; lymphodepleting chemotherapy (typically fludarabine and cyclophosphamide) in the days before infusion; infusion of the CAR T-cell product; and inpatient monitoring with discharge criteria typically requiring the patient to remain within 2 hours of the treatment center for 4 weeks post-infusion. The FDA boxed warning covers cytokine release syndrome (CRS), neurologic toxicity including immune effector cell-associated neurotoxicity syndrome (ICANS), hemophagocytic lymphohistiocytosis, prolonged cytopenias, and secondary hematological malignancies. Abecma is dispensed only under the Abecma REMS program in the US. Your hematologist will discuss the risk-benefit profile, the requirement for a certified center, and the practical logistics before initiating therapy.

## How does this work across borders?

Because Abecma is an autologous cell therapy that requires an Abecma-certified center for both the leukapheresis collection and the infusion, the standard cross-border access pathway is patient travel to a US Abecma-certified center, not import of a drug into Egypt. The Egyptian Drug Authority (EDA) named-patient framework does support import of medicines, but CAR-T cellular products are practically delivered via patient travel to a certified treatment facility under that facility's REMS-compliant protocol.

Reserve Meds can help coordinate the referral arc to a US Abecma-certified center (academic medical centers with myeloma CAR-T programs across the US), help your hematologist assemble the referral package, and coordinate the family logistics around the multi-week stay. We do not perform the leukapheresis, we do not manufacture the product, and we do not provide the infusion. Those are functions of the US treatment center under its FDA REMS authorisation.

## How the pathway works, step by step

1. **Consultation with your treating hematologist in Egypt.** The recommendation for CAR-T is clinical, based on prior lines (IMiD, PI, anti-CD38 exposure), relapse pattern, and fitness for the regimen. Your hematologist documents this rationale.
2. **Referral package to a US Abecma-certified center.** Pathology, imaging, prior-therapy summary, performance status, organ function panel, and infectious disease screening are assembled into a referral package.
3. **US center evaluation.** The US center reviews the package, accepts the referral (or asks for additional workup), and schedules the leukapheresis collection.
4. **Patient travel and leukapheresis.** The patient travels to the US center for collection. Reserve Meds coordinates travel, accommodations, and a designated caregiver presence requirement.
5. **Manufacturing.** The collected cells ship to the BMS manufacturing facility. Engineering and quality release take approximately 3 to 4 weeks.
6. **Lymphodepletion and infusion.** The patient receives lymphodepleting chemotherapy, then the CAR T-cell infusion at the certified center, with inpatient monitoring for CRS and ICANS.
7. **Post-infusion monitoring.** The patient remains within 2 hours of the treatment center for approximately 4 weeks post-infusion, then transitions to ongoing follow-up coordinated between the US center and the Egyptian hematologist.

## What documentation your hematologist needs

Your hematologist will typically need to assemble:

- A clinical summary letter confirming diagnosis (multiple myeloma with documented relapse after IMiD, PI, and anti-CD38 exposure), prior lines, and Abecma as the recommended next step
- BCMA expression status documentation where available
- Serum and urine paraprotein measurements, free light chain assay, and recent bone marrow biopsy
- Imaging (whole-body MRI or PET/CT) within recent timeframe
- Organ function panel (CBC, CMP, LDH, LFTs, creatinine clearance), echocardiogram, pulmonary function tests
- Infectious disease screening (HIV, HBV, HCV, CMV serologies)
- Performance status documentation (typically ECOG 0-1 for CAR-T eligibility)
- Confirmation that the patient has a designated caregiver who can accompany them for the duration of US treatment

Reserve Meds provides a CAR-T referral kit that bundles what US Abecma-certified centers expect to see in a complete referral package.

## Typical costs and indicative timing

Reserve Meds gives you a transparent reference range and an itemised quote at intake. As an illustrative composite case, the US cash-pay reference range for the Abecma product itself sits in an indicative 2026 band of roughly USD 490,000 to 540,000. The treatment center facility and physician fees, lymphodepletion, inpatient monitoring, complication management, and post-infusion follow-up add substantially more, often bringing the total course cost to USD 750,000 to 1,100,000 or higher. Travel, accommodations, caregiver presence, and the multi-week stay are additional. Reserve Meds itemises each component in the delivered quote at intake.

Indicative timing from referral acceptance to infusion is typically 5 to 9 weeks: 1 to 2 weeks to schedule and complete the patient travel and leukapheresis, 3 to 4 weeks for manufacturing, and 1 week for lymphodepletion and infusion. The post-infusion stay in the US is approximately 4 additional weeks.

Service availability is limited to our first cohort. All timelines are indicative, not guarantees. CAR-T cases require additional vetting given the clinical complexity and cost profile.

## Where Reserve Meds fits in

Reserve Meds is a US-based concierge coordinator for cross-border specialty medicine. For Abecma specifically, we provide:

- **Referral coordination.** We work with your Egyptian hematologist to identify candidate Abecma-certified centers and route the referral package.
- **Documentation.** Referral package assembly aligned with US center intake requirements.
- **Travel and logistics.** Coordination of patient and caregiver travel, accommodation near the treatment center, and the multi-week stay.
- **Concierge case lead.** A named point of contact for the family across the full case arc.

**Reserve Meds coordination fee for this pathway.**

A flat concierge fee of **USD 15,000 to 35,000** per case, scaled to the complexity of the pre-trip, in-US, and post-trip coordination required. The fee covers candidate US-certified center selection, referral package assembly and routing, pre-trip clinical workup and records transmission, financial-clearance coordination with the receiving center, visa and travel logistics for the patient and caregiver, in-US transport and translator support where needed, and post-trip clinical follow-up coordination back to the treating hematologist for 6 to 12 months.

The fee is paid directly to Reserve Meds. The CAR-T product cost, the US treatment-center charges, and any third-party travel and accommodation expenses are paid by the patient or family directly to the relevant counterparty. Reserve Meds does not mark up the center or the manufacturer, and Reserve Meds does not receive a referral fee from the center for the first patient cohort.

An itemised quote is issued at intake. Cash-pay only. No insurance billed.

We are a coordinator. We are not the prescriber, not a US treatment center, not the manufacturer of the cellular product, and not an oncology provider. The US treatment center is the clinical entity providing CAR-T under its FDA REMS authorisation. Reserve Meds operates on cash-pay only and does not bill insurance.

## Frequently asked

**Is this legal?** Yes. Patient travel to a US-certified CAR-T center is a long-established pathway used by international patients across many programs. Reserve Meds operates as the coordination layer, not the clinical provider.

**Can I get Abecma in Egypt instead?** CAR-T capability for myeloma in Egypt remains limited and is concentrated at a small number of academic centers. If your hematologist concludes a local or regional certified BCMA CAR-T option is appropriate and available, that is typically the simpler pathway. Reserve Meds is most useful when the local option is not available, not stocked for the specific indication, or your case requires a US specialist evaluation.

**What about the boxed warning for CRS, ICANS, and secondary malignancies?** These risks are managed by the certified treatment center under its REMS-compliant protocol with inpatient monitoring, tocilizumab and steroid availability, ICU access, and long-term surveillance for delayed cytopenias and secondary malignancies. Your hematologist and the US treatment team perform that clinical management. Reserve Meds does not.

**Will my private health insurance cover this?** Cash-pay is the default posture. Some Egyptian private insurance plans review CAR-T case-by-case on a pre-authorisation basis when the documentation package is strong. We supply documentation for your submission but do not process insurance claims.

**What if I cannot travel to the US?** Then cross-border Abecma access is not feasible via this pathway, and your hematologist should explore locally available CAR-T programs, bispecific antibody alternatives (teclistamab, elranatamab), or other regimens. Reserve Meds will tell you that directly rather than charge for a service that cannot deliver.

### *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.
reservemeds.com · hello@reservemeds.com