Breyanzi

Abu Dhabi · access guide

How to access Breyanzi for relapsed or refractory large B-cell lymphoma, CLL, mantle cell lymphoma, or follicular lymphoma from Abu Dhabi: 2026 emirate pathway via Cleveland Clinic Abu Dhabi, Sheikh Shakhbout Medical City, Burjeel Medical City, ADSCC, and Yas Clinic

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

Abu Dhabi is the centre of the UAE's adult cellular therapy capability. Cleveland Clinic Abu Dhabi runs the deepest adult cellular therapy programme in the UAE with established BMT depth and active CAR-T programme alignment for commercial CD19 products. Sheikh Shakhbout Medical City, with its MD Anderson affiliation, takes adult haematology and cell therapy referrals. The Abu Dhabi Stem Cells Centre coordinated the UAE's first Casgevy gene therapy in April 2026 and is expanding cellular therapy capability. Yas Clinic Hospital Abu Dhabi administered the UAE's first Casgevy gene therapy in April 2026 and runs an expanding cell therapy programme that may extend to CD19 CAR-T as authorisation progresses. Burjeel Medical City runs an oncology and BMT programme. Breyanzi is registered with the Emirates Drug Establishment, and authorised cell therapy administration capability is evolving across this network in coordination with Bristol Myers Squibb's global Cell Therapy 360 programme.

For an Abu Dhabi adult patient with relapsed or refractory large B-cell lymphoma, CLL after BTK and venetoclax, mantle cell lymphoma after BTK, or follicular lymphoma after two or more lines, the operational question is which Abu Dhabi certified centre fits the case, whether a cross-border path to KFSHRC Riyadh is the better fit for slot timing or programme depth, and what the total cost of care looks like once apheresis, manufacturing wait, bridging therapy, inpatient infusion and the post-infusion REMS-restricted month are added together.

This page explains how the pathway works in 2026 for an Abu Dhabi-resident adult: who qualifies, where the workup happens, where the cells are collected and infused, what the timeline looks like, what the realistic cost band is in AED, and what to expect from the four-week REMS-restricted period after infusion.

Why Breyanzi, and why now

Breyanzi is lisocabtagene maraleucel, a one-time autologous CD19-directed CAR T-cell therapy with a defined 1:1 CD4:CD8 ratio. It reached the US market in February 2021 for third-line and later LBCL, expanded to second-line LBCL in June 2022, then to CLL and follicular lymphoma in March 2024 and to mantle cell lymphoma in May 2024. Breyanzi is the only CD19 CAR-T currently labelled across all five B-cell indications.

For an Abu Dhabi patient with LBCL who has progressed on R-CHOP induction, the TRANSFORM Phase 3 randomised trial showed event-free survival of 10.1 months on Breyanzi versus 2.3 months on standard second-line therapy. For a CLL patient who has progressed on a BTK inhibitor and venetoclax, Breyanzi is the first CAR-T to receive an FDA label in CLL. For mantle cell lymphoma after BTK failure, Breyanzi and Tecartus are the two licensed CAR-Ts. For follicular lymphoma after two or more lines, TRANSCEND FL showed an overall response rate of 95 percent.

The operational pathway is the same across indications: apheresis, approximately 24 days of manufacturing wait, bridging therapy during the wait, lymphodepletion, single infusion, and the four-week REMS-restricted post-infusion period.

What Breyanzi is, in plain language

A small volume of the patient's own blood is collected by apheresis. The T cells are sent to BMS's manufacturing facility, where they are separated into CD4 and CD8 fractions, each transduced with a lentiviral vector that teaches them to recognise CD19. The fractions are expanded separately and recombined in a defined 1:1 CD4:CD8 ratio. This ratio formulation is what distinguishes Breyanzi from the other CD19 CAR-T products and contributes to its favourable CRS profile.

Manufacturing takes approximately 24 days. During manufacturing the patient continues bridging therapy where the disease tempo warrants, particularly in LBCL. When the product is ready, the patient receives three days of fludarabine plus cyclophosphamide lymphodepletion, then a single intravenous infusion of the manufactured Breyanzi at a target dose of 90 to 110 million CAR-positive viable T cells. Inpatient monitoring for CRS and ICANS typically runs around seven days. The patient and a caregiver then stay within two hours of the treating centre for four weeks for REMS-mandated monitoring.

This is not a chronic medication. It is a one-time cell therapy.

Eligibility at an Abu Dhabi haematologist's clinic

The Abu Dhabi certified centres apply the FDA and EMA criteria with local adaptation. The eligibility floor varies by indication:

- LBCL: relapsed or refractory after one or more prior lines. - CLL or SLL: relapsed or refractory after a BTK inhibitor and venetoclax. - Mantle cell lymphoma: relapsed or refractory after two or more prior lines including a BTK inhibitor. - Follicular lymphoma: relapsed or refractory after two or more prior lines.

Across all indications:

1. Histological confirmation of B-cell lymphoid malignancy by flow cytometry and immunohistochemistry; CD19 expression documented. 2. ECOG performance status 0 to 1; ECOG 2 reviewed case by case. 3. Adequate left ventricular ejection fraction, typically 45 percent or greater. 4. Adequate pulmonary function consistent with tolerating fludarabine-cyclophosphamide. 5. Adequate hepatic, renal, and bone marrow reserve. 6. No active central nervous system involvement of lymphoma in most contexts. 7. No active infection requiring systemic therapy. 8. A bridging therapy plan agreed with the treating haematologist for the manufacturing window. 9. A caregiver commitment for the four-week REMS-restricted period.

An Abu Dhabi patient should arrive at the cell therapy referral conversation with the most recent diagnostic workup in hand: histopathology with immunohistochemistry and flow cytometry confirming the B-cell malignancy and CD19 expression, PET-CT or CT staging, laboratory panels, echocardiogram, pulmonary function tests, infectious disease screening, and a current treatment history. Reserve Meds organises this documentation pack so the certified centre can give a yes or no eligibility opinion on the first review, not the fifth.

The Abu Dhabi administration picture, plainly

The Abu Dhabi network of certified cellular therapy centres for adult commercial CD19 CAR-T includes:

- Cleveland Clinic Abu Dhabi, with the deepest adult cellular therapy programme in the UAE and an established BMT capability. CAR-T programme alignment for commercial CD19 products is active; confirm current authorisation status at intake. - Sheikh Shakhbout Medical City, with an MD Anderson affiliation and an adult haematology service that takes cell therapy referrals. - Abu Dhabi Stem Cells Centre (ADSCC), which coordinated the UAE's first Casgevy gene therapy in April 2026 and is expanding cellular therapy capability. - Burjeel Medical City, with an oncology and BMT programme. - Yas Clinic Hospital Abu Dhabi, which administered the UAE's first Casgevy gene therapy in April 2026 and runs an expanding cell therapy programme that may extend to CD19 CAR-T as authorisation progresses. - Sheikh Khalifa Medical City and NMC Royal Khalifa City, which operate as adjacent haematology and oncology referral nodes.

Tawam Hospital in Al Ain serves as the oncology centre of excellence for the Al Ain region and as a referral node into the Abu Dhabi cellular therapy programme.

For Abu Dhabi-resident adults where the in-emirate slot timing is incompatible with the disease tempo or where the case warrants deeper CAR-T programme depth, the cross-border alternatives include King Faisal Specialist Hospital and Research Centre in Riyadh (the deepest adult CAR-T programme in the Gulf with 200+ commercial CAR-T patients treated since 2020 and an in-house point-of-care CAR-T manufacturing facility opened late 2025), King Hussein Cancer Center in Amman, and select European or US Authorized Treatment Centres.

The 2026 pathway, step by step

Week 0 to 2: Reserve Meds builds the document pack with the treating haematologist's office. We collect histopathology, imaging, treatment history, and laboratory panels. We submit a first-review request to one or two Abu Dhabi certified centres in parallel.

Week 2 to 4: The certified centre's cell therapy committee reviews the case. If accepted, the centre opens a manufacturing slot with BMS and schedules apheresis. The financial pre-authorisation conversation starts in parallel; Thiqa coverage for Emirati nationals and Daman or other commercial cover for residents are confirmed at this stage.

Week 4 to 5: Apheresis at the certified centre. One to two sessions, outpatient.

Week 5 to 8: Manufacturing wait of approximately 24 days. Bridging therapy during this window per treating haematologist's plan where disease tempo warrants.

Week 8: Lymphodepletion. Three days of fludarabine plus cyclophosphamide as outpatient or short-stay inpatient.

Week 8 to 9: Single inpatient Breyanzi infusion. Day 0 of the cell therapy clock.

Week 9 to 10: Inpatient monitoring for CRS and ICANS. Tocilizumab and corticosteroids per protocol. Median CRS onset around day five; median ICANS onset around day eight.

Week 10 to 13: REMS-restricted four-week post-infusion period. Patient and caregiver stay within two hours of the treating centre. No driving for 30 days. Twice-weekly clinic visits typically.

Month 4 onwards: Outpatient follow-up. Monthly disease assessment for the first year; then quarterly. Long-term haematology surveillance for cytopenias, infections, hypogammaglobulinaemia, and second-primary malignancies including the class-wide T-cell malignancy signal per the FDA July 2024 boxed warning.

Cost expectation in AED

US list price for the Breyanzi product itself is USD 419,500, set at parity with the other CD19 CAR-Ts. Real-world total cost of care including apheresis, bridging therapy, lymphodepletion, inpatient infusion and monitoring, CRS or ICANS management, and one-year follow-up commonly runs USD 700,000 to USD 1.2 million in US data. At 2026 indicative cross rates the AED-equivalent product price is approximately AED 1.54 million and the total cost of care band is approximately AED 2.6 to 4.4 million.

Thiqa coverage for Emirati nationals has historically extended to authorised advanced therapies on a case-by-case basis; the pre-authorisation conversation needs to start before apheresis, not after infusion. Daman and other commercial covers vary in cell therapy coverage; the financial pre-authorisation review at the certified centre is the gating step.

Monitoring through the first year

The first three months after infusion are the highest-acuity period. Cytopenias are common. Infection prophylaxis is standard. IVIG replacement for hypogammaglobulinaemia is often required and may continue for months to years.

Disease assessment by PET-CT, CT, or disease-specific markers proceeds monthly through year one and then quarterly. Long-term surveillance for second primary malignancies extends 15 years per REMS.

Religious, ethical, and family-logistics framing

Cell-based therapy sits within the Islamic jurisprudential framework that already permits blood transfusion, organ transplantation, and assisted reproduction with appropriate safeguards. Breyanzi is the patient's own T cells engineered ex vivo and re-infused; there is no donor element. Classical analogies extend without difficulty.

The four-week REMS-restricted post-infusion period is the practical pressure point. For Abu Dhabi-resident patients treated locally, the family logistics are simpler. A caregiver must be present continuously; many Emirati families build a rotating caregiver schedule across two or three relatives. Reserve Meds documents the proximity-accommodation, transport, and pharmacy logistics in advance.

When Breyanzi is not the right call

For an Abu Dhabi patient where disease tempo is too rapid to accommodate the approximately 24-day manufacturing wait, where performance status has degraded below ECOG 2, where active CNS involvement has emerged, or where caregiver availability for the post-infusion month cannot be arranged, the operational alternative depends on the indication. For LBCL, a bispecific T-cell engager such as epcoritamab or glofitamab is off-the-shelf. For CLL, continued targeted-therapy salvage may be appropriate. For MCL, Tecartus is the alternative CD19 CAR-T. For follicular lymphoma, mosunetuzumab is the bispecific alternative.

Reserve Meds does not promote one CD19 CAR-T over another. Across CD19 CAR-T products (Breyanzi, Yescarta, Kymriah, Tecartus) the choice is centre-specific, indication-specific, and toxicity-profile-specific.

What Reserve Meds does on this case

We are a US-based concierge coordinator. We are not the prescriber and not the dispensing pharmacy. On an Abu Dhabi Breyanzi case we build the document pack, submit first-review requests to one or two Abu Dhabi certified centres in parallel (with KFSHRC Riyadh as a parallel cross-border option where slot timing or programme depth warrants), run the financial pre-authorisation conversation alongside the clinical pre-authorisation conversation, coordinate the bridging-therapy logistics during the manufacturing window, organise the proximity accommodation and caregiver logistics for the four-week REMS-restricted period, and stay with the case through one-year follow-up. Clinical decisions remain with your treating haematologist and the certified cell therapy programme.

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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