Carvykti

Abu Dhabi · access guide

How to access Carvykti for relapsed or refractory multiple myeloma from Abu Dhabi: 2026 pathway via certified adult cell therapy centres

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 an established adult cellular therapy and BMT programme. Sheikh Shakhbout Medical City carries an MD Anderson affiliation and an adult haematology service that takes cell therapy referrals. Burjeel Medical City runs an oncology and BMT programme. The Abu Dhabi Stem Cells Centre coordinated the UAE's first Casgevy administration in April 2026, and Yas Clinic administered that first Casgevy and runs an expanding cell therapy programme that extends to BCMA-directed CAR-T as authorisation progresses. Carvykti is registered with the Emirates Drug Establishment. Janssen Cell Therapy Operations is the global supply partner. For an Abu Dhabi-resident adult with relapsed or refractory multiple myeloma after at least one prior line including a PI and an IMiD and refractory to lenalidomide, the operational question is which Abu Dhabi certified centre fits the case, what the cross-border backstop looks like if local timing is incompatible with disease tempo, and what total cost of care looks like once apheresis, manufacturing wait, bridging, lymphodepletion, infusion, the post-infusion restricted-region month, and the extended six-month neurological monitoring 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, and what to expect from the four-week post-infusion restricted-region requirement plus the extended six-month neurological monitoring that distinguishes Carvykti operationally from Abecma.

Why Carvykti, and why now

Carvykti is ciltacabtagene autoleucel (cilta-cel), a one-time autologous BCMA-directed CAR T-cell therapy developed by Legend Biotech in partnership with Janssen. FDA February 2022 approval covered adults with relapsed or refractory multiple myeloma after four or more prior lines including an IMiD, a PI, and an anti-CD38 monoclonal antibody. The April 2024 expansion shifted the label substantially: Carvykti is now approved for adults with relapsed or refractory multiple myeloma after at least one prior line including a PI and an IMiD and refractoriness to lenalidomide. CARTITUDE-4 supported the expansion: 74 percent reduction in the risk of disease progression or death, overall response rate 84.6 percent versus 67.3 percent.

For an Abu Dhabi patient who has cycled through bortezomib-anchored induction and one further line, the BCMA CAR-T conversation is now an earlier decision rather than a fourth-line salvage. Carvykti and Abecma are the two FDA-approved BCMA-directed CAR-T cell therapies. Reserve Meds does not promote one BCMA CAR-T over another. Selection between Carvykti and Abecma is a clinical conversation between the patient and the treating haematologist that depends on prior exposures, performance status, comorbidities, centre experience with each product, manufacturing slot availability, and the patient's and family's capacity to manage the operational arc.

What Carvykti is, in plain language

The patient's T cells are apheresed, shipped to Janssen and Legend's manufacturing facility, transduced with a lentiviral vector that recognises BCMA via a distinctive dual-epitope binder, expanded over four to six weeks, and reinfused as a single intravenous dose of 0.5 to 1.0 times 10 to the sixth CAR-positive T cells per kilogram. Three days of fludarabine and cyclophosphamide lymphodepletion precede the infusion. Inpatient monitoring for CRS and ICANS runs seven to fourteen days. The patient and caregiver stay within two hours of the treating centre for four weeks for REMS-mandated monitoring, and the centre extends neurological and movement-disorder surveillance through six months.

This is a one-time cell therapy. The operational complexity sits in the apheresis, the manufacturing wait, the lymphodepletion, the post-infusion month, and the distinctive Carvykti six-month neurological surveillance.

Eligibility at an Abu Dhabi haematologist clinic

For Abu Dhabi-resident patients, the certified-centre criteria mirror the FDA label:

1. Confirmed relapsed or refractory multiple myeloma after at least one prior line including a PI and an IMiD, with refractoriness to lenalidomide. 2. Age 18 or older. 3. ECOG performance status 0 to 1; ECOG 2 reviewed case by case. 4. Adequate left ventricular ejection fraction, typically 45 percent or greater. 5. Adequate pulmonary function for fludarabine-cyclophosphamide and a potential CRS event. 6. Adequate hepatic, renal, and bone marrow reserve. 7. No active CNS myeloma. 8. No active autoimmune neurological disorder. 9. Medication reconciliation and DDI review. 10. Driving restriction during the four-week post-infusion REMS-restricted region and during the extended movement-disorder monitoring window. 11. Bridging therapy plan agreed with the treating haematologist. 12. Caregiver commitment for the four-week post-infusion restricted-region period.

The diagnostic workup pack includes SPEP and UPEP with immunofixation, serum free light chain assay, marrow biopsy and aspirate with cytogenetics including FISH for high-risk markers, skeletal survey or whole-body MRI, PET-CT, beta-2-microglobulin, albumin, and treatment history with response durations.

The Abu Dhabi prescribing and supply picture, plainly

The Emirates Drug Establishment is the federal regulator for Carvykti. Abu Dhabi dispensing flows through the Department of Health Abu Dhabi. Janssen Cell Therapy Operations is the global supply partner. The Abu Dhabi certified-centre network for adult cellular therapy includes Cleveland Clinic Abu Dhabi, Sheikh Shakhbout Medical City, Burjeel Medical City, Abu Dhabi Stem Cells Centre, and Yas Clinic; commercial BCMA CAR-T administration capability across this network is evolving as authorisation progresses. Insurance coverage for Emirati nationals operates through Thiqa; resident commercial cover varies by carrier. Pre-authorisation must start before apheresis, not after infusion. The REMS-equivalent local protocol mirrors the FDA framework: certified facility, neurology and cardiology backup, intensive care capacity, and prescriber certification.

For Abu Dhabi-resident adults where in-country authorisation timing is incompatible with disease tempo, cross-border alternatives include KFSHRC Riyadh (deepest adult CAR-T programme in the Gulf), NCCCR Doha, KHCC Amman, and select international centres.

Cost band and insurance positioning

US list price for Carvykti is approximately USD 525,000 for the product alone. Real-world total cost of care commonly runs USD 750,000 to USD 1.3 million. At 2026 indicative cross rates the AED-equivalent total cost of care band is approximately AED 2.8 to 4.8 million.

What to expect on the Carvykti pathway, week by week

Week 0 to 2: Reserve Meds builds the document pack and submits first-review requests to one or two Abu Dhabi certified centres in parallel.

Week 2 to 4: Certified-centre cell therapy committee reviews. If accepted, manufacturing slot opens with Janssen; apheresis is scheduled; financial pre-authorisation runs in parallel.

Week 4 to 5: Apheresis at the certified centre. Cells ship to Janssen.

Week 5 to 10: Manufacturing wait. Bridging therapy under the treating haematologist's direction.

Week 10: Three days of fludarabine and cyclophosphamide lymphodepletion.

Week 10 to 11: Single inpatient Carvykti infusion. Day 0 of the cell therapy clock.

Week 11 to 12: Inpatient monitoring for CRS and ICANS.

Week 12 to 15: Four-week post-infusion REMS-restricted region.

Month 4 onwards: Distinctive Carvykti axis: extended neurological and movement-disorder surveillance through six months. Parkinsonism, cranial nerve palsies, peripheral neuropathy, and Guillain-Barre-like syndromes need explicit screening at each visit.

When Carvykti is the wrong drug

For an Abu Dhabi patient where disease tempo is too rapid for the manufacturing wait, where performance status has degraded below ECOG 2, where active CNS myeloma has emerged, where organ function is inadequate, where an active autoimmune neurological disorder is present, or where the patient or family cannot complete the four-week post-infusion restricted-region requirement plus the extended six-month neurological monitoring, the operational alternative is a BCMA bispecific (Tecvayli, Elrexfio) or the GPRC5D bispecific Talvey when BCMA exposure has already happened. The other BCMA CAR-T, Abecma, is the comparable cell therapy option.

Reserve Meds does not promote one BCMA CAR-T over another. If the conversation points toward Abecma, a bispecific, or a non-cell-therapy regimen, we coordinate that pathway instead.

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 Carvykti case we build the document pack, submit first-review requests to one or two certified centres in parallel, run financial pre-authorisation alongside clinical pre-authorisation, coordinate bridging logistics during the manufacturing window, organise proximity accommodation and caregiver logistics for the four-week post-infusion period, and stay with the case through the extended six-month neurological monitoring window and 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.

reservemeds.com · hello@reservemeds.com