

Carvykti

Dubai · access guide

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

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

Dubai's adult haematology and oncology infrastructure is anchored in Mediclinic City, American Hospital Dubai, King's College Hospital London Dubai, Saudi German Hospital Dubai, NMC Specialty, and Aster network programmes. These centres handle workup, second opinions, bridging therapy, and long-term follow-up for myeloma patients across the lenalidomide-bortezomib-daratumumab ladder. Commercial BCMA CAR-T administration in the UAE is concentrated in Abu Dhabi certified centres; the Dubai pathway for a Carvykti case is cross-emirate referral with the workup and bridging happening in Dubai and the apheresis, infusion, and post-infusion REMS-restricted region in Abu Dhabi. Carvykti is registered with the Emirates Drug Establishment and Dubai dispensing flows through DHA Pharmaceutical Affairs. For a Dubai-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 receives the case, what the cross-border backstop looks like if local timing is incompatible, 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 a Dubai-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. The April 2024 expansion shifted the label to adults with at least one prior line including a PI and an IMiD and refractoriness to lenalidomide. CARTITUDE-4 underpinned the expansion: 74 percent reduction in the risk of disease progression or death, overall response rate 84.6 percent versus 67.3 percent for physician's choice.

For a Dubai patient who has cycled through bortezomib-anchored induction and one further line, the conversation about BCMA CAR-T 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. The selection is a clinical conversation between the patient and the treating haematologist.

What Carvykti is, in plain language

The patient's T cells are apheresed, sent to manufacturing, 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 a Dubai haematologist clinic

For Dubai-resident patients, the cross-emirate certified-centre referral applies the FDA criteria:

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 Dubai haematologist.
12. Caregiver commitment for the four-week post-infusion restricted-region period, which will be spent in Abu Dhabi if the case is administered at a UAE certified centre.

The diagnostic workup pack assembled in Dubai 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 complete treatment history with response durations.

The Dubai prescribing and supply picture, plainly

The Emirates Drug Establishment is the federal regulator for Carvykti. Dubai dispensing flows through DHA Pharmaceutical Affairs. Janssen Cell Therapy Operations is the global supply partner. Commercial BCMA CAR-T administration in the UAE is concentrated in Abu Dhabi certified centres: Cleveland Clinic Abu Dhabi, Sheikh Shakhbout Medical City, Burjeel Medical City, Abu Dhabi Stem Cells Centre, and Yas Clinic. The Dubai-to-Abu-Dhabi cross-emirate referral is well-established and runs on a same-week timeline for inpatient transfer. Insurance coverage operates through Dubai-issued plans; pre-authorisation must address both the workup and bridging costs in Dubai and the cell therapy costs in Abu Dhabi. The REMS-equivalent local protocol mirrors the FDA framework.

For Dubai-resident adults where the cross-emirate timing is incompatible with disease tempo, cross-border alternatives include KFSHRC Riyadh (deepest adult CAR-T programme in the Gulf), NCCCR Doha for adult haematology, 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. Add the Dubai workup-and-bridging line plus the Abu Dhabi cell therapy line and resolve insurance coverage across both emirates before apheresis.

What to expect on the Carvykti pathway, week by week

Week 0 to 2: Reserve Meds builds the document pack in Dubai and submits first-review requests to 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 in Abu Dhabi; financial pre-authorisation runs across both emirates.

Week 4 to 5: Cross-emirate transfer for apheresis. Cells ship to Janssen.

Week 5 to 10: Manufacturing wait. Bridging therapy at the Dubai treating haematologist's clinic.

Week 10: Cross-emirate transfer for lymphodepletion.

Week 10 to 11: Single inpatient Carvykti infusion at the Abu Dhabi certified centre.

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

Week 12 to 15: Four-week post-infusion REMS-restricted region in Abu Dhabi. Reserve Meds organises proximity accommodation.

Month 4 onwards: Return to Dubai for outpatient follow-up. Distinctive Carvykti axis: extended neurological and movement-disorder surveillance through six months, coordinated between the Dubai treating haematologist and the Abu Dhabi certified centre.

When Carvykti is the wrong drug

For a Dubai 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) administered in Dubai without manufacturing wait, 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 a Dubai Carvykti case we build the document pack, submit first-review requests to Abu Dhabi certified centres in parallel, run financial pre-authorisation across both emirates, coordinate bridging therapy logistics in Dubai during the manufacturing window, organise proximity accommodation and caregiver logistics for the four-week post-infusion period in Abu Dhabi, 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.

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.

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