Carvykti access in Egypt: travel-to-treatment coordination for BCMA CAR-T

How Egyptian families with relapsed or refractory multiple myeloma coordinate Carvykti (ciltacabtagene autoleucel) at a certified treatment center abroad when in-country cell therapy infrastructure is still maturing.

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Quick orientation

Carvykti (ciltacabtagene autoleucel, cilta-cel) is a B-cell maturation antigen (BCMA) directed autologous chimeric antigen receptor (CAR) T-cell therapy developed by Janssen Biotech and Legend Biotech. The US Food and Drug Administration first approved Carvykti in February 2022 for adults with relapsed or refractory multiple myeloma after four or more prior lines of therapy, and expanded the indication in April 2024 to patients who have received at least one prior line of therapy and who are refractory to lenalidomide. Each dose is manufactured from the individual patient's own T-cells, collected via leukapheresis, genetically engineered ex vivo, and reinfused at a REMS-certified treatment center under intensive cytokine release syndrome and neurotoxicity monitoring. In Egypt, cell therapy infrastructure is developing rapidly (Kasr Al Ainy, Children's Cancer Hospital Egypt 57357, and the Magdi Yacoub Heart Foundation are among the institutions actively building related capability), but as of this review Carvykti specifically is not stocked locally and does not have a certified treatment center for cilta-cel administration in country. The practical access route for Egyptian patients is travel-to-treatment at a Janssen-Legend qualified center in the United States, the European Union, the United Kingdom, or Japan.

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Why Egyptian patients need Carvykti via travel-to-treatment coordination

Multiple myeloma is a meaningful disease burden in Egypt, managed at the country's adult hematology and oncology services. Patients who have cycled through proteasome inhibitors, immunomodulatory agents, and anti-CD38 monoclonal antibodies arrive at a point in their treatment journey where the BCMA-directed CAR-T therapies (Carvykti and Abecma) and the BCMA bispecific T-cell engagers (Tecvayli and Talvey) become the central options. The treating hematologist's choice between Carvykti and the alternatives turns on prior lines of therapy, manufacturing slot availability, treatment center experience, and clinical judgment about the patient's fitness for the apheresis, lymphodepletion, and post-infusion monitoring sequence.

The structural reason Egyptian patients reach for cross-border coordination is not the regulatory pathway in the conventional sense. Even where the Egyptian Drug Authority (EDA) could theoretically authorise importation of an unregistered biologic under the personal-importation framework codified in Law No. 151 of 2019, Carvykti's operational chain (autologous cell collection, 30 to 45 day manufacturing at a Janssen-Legend US or Ghent Belgium facility, return shipment at minus 150 degrees Celsius in a liquid nitrogen dry shipper, infusion at a REMS-certified center, and at least daily monitoring for 10 days followed by 4 weeks of post-infusion

observation) is not in place in Egypt today. Carvykti cannot be infused outside a qualified treatment environment regardless of regulatory authorisation. Cross-border travel-to-treatment is the practical reality.

The travel-to-treatment pathway for Carvykti

The pathway for an Egyptian patient to access Carvykti consists of two distinct workstreams that run in parallel rather than the standard single-jurisdiction EDA personal-import filing.

The clinical workstream sits with the destination treatment center abroad. The patient's treating hematologist in Egypt prepares a referral package and contacts a Carvykti-qualified center in the United States, the European Union, the United Kingdom, or Japan. Common destination centers for Middle East patients include Memorial Sloan Kettering Cancer Center, MD Anderson, City of Hope, and Mayo Clinic in the United States, and academic centers in the United Kingdom and Germany that operate under the EMA-equivalent REMS framework. The destination center confirms the patient meets the FDA-approved indication, performs an in-person workup, schedules leukapheresis, requests a manufacturing slot from Janssen-Legend, manages bridging therapy during the manufacturing wait, administers lymphodepleting chemotherapy with cyclophosphamide 300 mg/m2 IV and fludarabine 30 mg/m2 IV daily for 3 days starting 5 to 7 days before infusion, infuses Carvykti at the target dose of 0.5 to 1.0 x 10^6 CAR-positive viable T cells per kilogram (capped at 1.0 x 10^8 total), and runs the at-least-daily 10-day post-infusion monitoring and the 4-week proximity-to-center requirement.

The Egyptian workstream sits with the patient family and a Cairo-based dispensing institution. A complete travel and reintegration package typically includes:

- The destination treatment center's letter of acceptance, with the proposed apheresis-and-infusion timeline
- The treating Egyptian hematologist's clinical summary and referral letter, on hospital letterhead, with original signature and stamp, stating the multiple myeloma diagnosis, the documented relapse or refractory status, the prior treatment lines and responses, and the rationale for BCMA CAR-T
- The treating Egyptian physician's Egyptian Medical Syndicate membership number and Ministry of Health licence reference
- Patient identifier: copy of the national ID card or passport (with travel-visa documentation prepared in parallel for the destination country)
- A coordinated care-handoff plan describing how the Egyptian hematology service will resume follow-up after the patient returns from the destination center, including the 15-year long-term CAR-T follow-up required by FDA guidance
- Where supplemental medicines need to ship to Egypt before or after the trip (bridging therapy, prophylactic antimicrobials, antivirals, IVIG for hypogammaglobulinemia), a separate EDA personal-importation filing through one of the major Egyptian dispensing institutions

The Egyptian dispensing institutions that routinely handle adult hematology coordination and could anchor the local side include Cairo University Hospitals (Kasr Al Ainy), Ain Shams University Hospitals, Dar Al Fouad Hospital in 6th of October City (Alameda Healthcare Group, JCI-accredited since 2005, with over 250 bone marrow transplants), As-Salam International Hospital in Cairo, and the Cleopatra Hospitals Group facilities. EDA timelines for any

supplemental medicine personal-import filings are typically 3 to 6 weeks. Destination-center scheduling, visa processing, and manufacturing slot availability drive the dominant timeline, not the EDA workstream.

Where Carvykti gets administered (and where it does not)

Carvykti is administered only at REMS-certified treatment centers that have completed Carvykti REMS Program training in cytokine release syndrome and neurotoxicity management. There is no off-the-shelf inventory; each dose is patient-specific and tied to that patient's apheresis collection. As of this review, no Egyptian institution is on the Janssen-Legend qualified Carvykti administration list. The Egyptian institutions building cell therapy capability (Kasr Al Ainy, Children's Cancer Hospital Egypt 57357, the Magdi Yacoub Heart Foundation) may evolve into BCMA CAR-T capable centers over time, particularly as indigenous and academic CAR-T platforms mature in the region. For 2026 cases, the practical answer is destination travel.

For Egyptian patients with significant family in the United States or the United Kingdom, the destination choice often follows family-support logistics: a relative in the destination city who can accompany the patient through the 4-week post-infusion proximity window. For patients with family in the Gulf, destination choice may be informed by the King Faisal Specialist Hospital and Research Centre's growing BCMA CAR-T capability under named-patient and compassionate-use frameworks in Saudi Arabia, though Carvykti specifically requires a Janssen-Legend qualified center rather than any CAR-T capable institution.

Real cost picture for Carvykti in Egypt

Reserve Meds quotes patients in USD and accepts USD wire transfers. The Egyptian pound has lost more than 70 percent of its value against the US dollar since early 2022, with the USD/EGP rate near 52 to 53 in May 2026. Quoting in USD insulates the family from EGP volatility during what is a multi-month operational arc.

The US wholesale acquisition cost for Carvykti is approximately USD 465,000 per single-infusion dose at launch pricing, per Janssen disclosures and Fierce Pharma reporting. This figure covers the manufactured CAR-T product only. The total per-patient cost of care is materially higher and typically includes leukapheresis, bridging therapy, lymphodepleting chemotherapy, the infusion itself, an inpatient or close-observation hospitalisation window of 1 to 2 weeks, outpatient monitoring through week 4, and management of any CRS, ICANS, or other adverse events. Real-world all-in costs reported in US commercial and Medicare settings range from approximately USD 600,000 to over USD 1,000,000 per patient depending on complications and length of stay. EMA-region all-in costs negotiated at the national-health-system level are typically lower and confidential.

For an Egyptian self-pay patient, additional cost components include international flights for the patient and a companion, accommodation near the destination center for the 4-week post-infusion proximity window, food and ground transport during the stay, and visa fees. Reserve Meds itemises the coordination fee separately from the destination-center pass-through costs on every firm quote and does not bundle clinical fees that the destination center charges directly.

Local payer reality is cash-dominant for an out-of-country CAR-T course at this price tier. UHIA does not cover CAR-T therapy abroad. Private insurers operating in Egypt (Bupa Egypt, AXA Egypt, MetLife Egypt, Allianz Egypt) may have international medical evacuation or out-of-country specialty coverage on select plans; case-by-case assessment is required. We do not promise coverage.

Typical timeline for Carvykti in Egypt

The dominant timeline driver is destination-center scheduling and manufacturing slot availability, not EDA. From initial destination-center referral, the typical operational arc is 8 to 16 weeks: 2 to 6 weeks for destination acceptance and visa processing, 1 week for travel and in-person workup, 30 to 45 days for apheresis and manufacturing (with bridging therapy in parallel), 5 to 7 days of lymphodepletion, the infusion day, 10 days of close monitoring, and 3 to 4 weeks of post-infusion proximity. The patient returns to Cairo or Alexandria after the proximity window and the long-term follow-up at the destination center continues remotely (with the Egyptian hematology service co-managing) for years.

What your physician needs to provide

The Egyptian treating hematologist's referral letter is the cornerstone of the destination-center acceptance review. The strongest letters include the multiple myeloma diagnosis with the documented genetic and cytogenetic profile, the full prior-line treatment history with response and toxicity data, the documented relapse or refractory status against the FDA-approved Carvykti indication (with the post-April-2024 expansion to earlier-line use noted where applicable), the patient's current performance status and end-organ function, the rationale for BCMA CAR-T over the available alternatives (Abecma, Tecvayli, Talvey), and the family's capacity to support the travel and 4-week proximity requirement.

The destination center's REMS-certified hematologist owns the infusion decision, the apheresis logistics, the lymphodepletion plan, and the post-infusion monitoring. Reserve Meds is the coordinator, not the clinician, and does not weigh in on the BCMA target choice or the destination-center selection.

Common questions about Carvykti in Egypt

Can Carvykti be infused at Kasr Al Ainy or another Egyptian center?

Not as of this review. Carvykti requires a Janssen-Legend qualified treatment center with REMS-equivalent CRS and ICANS monitoring infrastructure and a manufacturing slot allocation. Egyptian institutions are developing cell therapy capability and may become qualified over time, but for 2026 cases the practical answer is travel-to-treatment at a US, EU, UK, or Japan destination center.

What is the safety profile we should be aware of?

Carvykti carries a boxed warning for cytokine release syndrome, immune effector cell-associated neurotoxicity syndrome (ICANS), parkinsonism and Guillain-Barre syndrome, hemophagocytic lymphohistiocytosis or macrophage activation syndrome, and prolonged or recurrent cytopenia. Each of these can be fatal or life-threatening. Hypogammaglobulinemia and serious infections are common. Second primary malignancies, including T-cell malignancies, have been reported in the BCMA CAR-T class and are part of post-marketing surveillance. Patients are advised against driving or operating heavy machinery for at least 8 weeks after infusion given delayed neurotoxicity risk.

Why Carvykti versus Abecma?

Both are BCMA CAR-T therapies. The CARTITUDE trials (Carvykti) and KarMMa trials (Abecma) are separate programs with different patient populations and follow-up durations. Treatment

selection turns on prior lines, manufacturing slot availability, treatment center experience, and the treating hematologist's clinical judgment. Reserve Meds does not weigh in.

Will Bupa Egypt, AXA Egypt, MetLife, or Allianz cover Carvykti abroad?

Each insurer assesses out-of-country specialty cases case by case. Some international or premium plans may include partial out-of-country coverage with pre-authorisation; standard plans typically do not. We supply the documentation set; we do not promise coverage. Cash-pay is the default posture for self-pay families.

Is Carvykti a controlled substance?

No. Carvykti is a biologic autologous cell therapy and is not on any DEA schedule. The control on Carvykti is the REMS-certified center requirement, not a DEA schedule.

Our family is split between Cairo and the Gulf. Can you coordinate?

Yes. Reserve Meds runs patient-side coordination in Arabic where requested and family-side coordination in English in parallel, with a single named coordinator running the case end to end. We support family correspondence across the UAE, Saudi Arabia, the UK, North America, and elsewhere in the Egyptian diaspora, which is particularly relevant for a travel-to-treatment case that requires sustained family support across the 4-week post-infusion window.

Where Reserve Meds fits in Carvykti cases

Reserve Meds is a US-based concierge coordinator. We do not administer Carvykti, do not infuse Carvykti, do not act as a clinical decision-maker, and do not act as an importer of record. What we do for Egyptian Carvykti cases is orchestrate the destination-center referral package preparation in coordination with the treating Egyptian hematologist, support family travel and accommodation logistics around the 4-week post-infusion proximity window, prepare any supplemental EDA personal-importation filings for medicines that need to ship to Egypt (bridging therapy, prophylactic antimicrobials, IVIG), and run a single named concierge throughout the case in Arabic and English. Carvykti has no prior Reserve Meds case experience as of this review, so the operating posture is standard travel-to-treatment coordination with particular attention to the 30 to 45 day manufacturing window, the destination-center proximity requirement, and the long-term reintegration with Egyptian hematology services for years of post-CAR-T follow-up.

Next step

If you or a family member has relapsed or refractory multiple myeloma and your treating hematologist is discussing BCMA CAR-T therapy, add the case to the waitlist. We will respond within 24 to 48 hours to scope destination-center options, the operational timeline, and an indicative USD cost envelope for the full travel-to-treatment course.

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This guide is informational, not medical or legal advice. Carvykti is administered only at REMS-certified treatment centers under the treating hematologist's authority; Reserve Meds is the coordinator, not the clinician.