

## Carvykti

Oman · access guide

# How to access Carvykti from Oman, the named-patient coordination pathway, 2026

By Reserve Meds · Clinical & regulatory team · Last reviewed 2026-04-23

A Oman patient with relapsed or refractory multiple myeloma, typically after prior proteasome inhibitor, immunomodulatory agent, and anti-CD38 antibody exposure, may be evaluated by their treating haematologist for Carvykti (ciltacabtagene autoleucel, cilta-cel). Carvykti is FDA-approved, developed by Janssen with Legend Biotech, and is a BCMA-directed autologous CAR-T therapy delivered as a one-time infusion. Because Carvykti is an individually manufactured cell therapy, access involves a different pathway than conventional drug import and typically requires referral to a qualified CAR-T treatment centre.

This guide explains the legal and operational pathway, what your haematologist needs to coordinate, typical timing and cost bands, and where Reserve Meds fits in.

## The clinical situation

Carvykti is a one-time infusion of autologous T cells transduced to express a BCMA-targeted chimeric antigen receptor. The treatment journey involves: screening and eligibility confirmation, T-cell apheresis, shipment to the manufacturer, a manufacturing window of several weeks, bridging therapy during wait, lymphodepleting chemotherapy, Carvykti infusion, and an extended monitoring period for cytokine release syndrome (CRS), immune effector cell-associated neurotoxicity syndrome (ICANS), and cytopenia recovery. Eligibility is based on prior-line history, performance status, baseline organ function, and fitness for lymphodepletion. Your haematologist will confirm eligibility and, in coordination with the manufacturer's qualified treatment network, identify an authorised treatment centre.

## Is Carvykti legally accessible for Oman patients?

Carvykti cannot be "imported" as a conventional drug, it is manufactured from the individual patient's T cells and must be administered at a Carvykti-qualified CAR-T treatment centre. Access for Oman patients therefore typically follows one of two patterns, both operating within the Directorate General of Pharmaceutical Affairs and Drug Control (DGPADC) and Ministry of Health medical-referral framework:

**Pattern A, Cross-border referral to an authorised CAR-T centre.** The patient travels to a qualified international centre (in the US or Europe) for screening, apheresis, bridging, lymphodepletion, infusion, and monitoring.

**Pattern B, Hybrid coordination with a Oman tertiary haematology centre partnering with the manufacturer's qualified network.** Where a Oman centre has the CAR-T infrastructure, portions of the workflow may be localised in coordination with Janssen.

The DGPADC and MoH medical-referral frameworks support both patterns with documentation covering medical necessity, treatment-centre identification, and the return-to-home follow-up plan.

## How the pathway works, step by step

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1. **Consultation with your haematologist.** Eligibility assessment: prior-line sequence, organ-system baseline, performance status, fitness for lymphodepletion.
2. **Treatment-centre identification.** Reserve Meds coordinates referral to a Carvykti-qualified centre through our international care-coordination network.
3. **DGPADC / MoH medical-referral documentation.** Your physician files the named-patient / cross-border referral dossier.
4. **Apheresis.** T-cell collection at the treatment centre per manufacturer protocol; manufacturing begins after shipment of the apheresis product.
5. **Manufacturing window (several weeks).** Bridging therapy provided locally or at the treatment centre as clinically appropriate.
6. **Lymphodepletion, infusion, and monitoring.** Administered at the qualified centre with intensive monitoring for CRS / ICANS; handover to your Oman haematologist for long-term follow-up after discharge.

## What documentation your physician needs

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- Clinical rationale letter confirming diagnosis, prior-line sequence, organ-system baseline, and Carvykti as the indicated treatment
- Verification of SCFHS medical licence
- Identification of the authorised Carvykti treatment centre and the cross-border referral plan
- Patient identifier (anonymised reference where possible)
- A long-term follow-up plan for return to Oman

Reserve Meds provides a coordination kit that bundles the templates DGPADC reviewers and treatment centres expect to see for cross-border CAR-T referrals.

## Costs and timing

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Carvykti's US list price for the cell-therapy product itself sits in an indicative 2026 drug-only range (delivered quote issued at intake) of roughly USD 0.5-0.6 million. Total cost of care, including inpatient stay, apheresis, lymphodepletion, infusion, and extended monitoring, typically runs substantially higher when delivered at a US qualified centre, often aggregating to USD 1.0-1.5 million or more depending on complications and length of stay. International travel, accommodation for a caregiver, and coordination add incremental cost. Reserve Meds issues a transparent quote at the start of intake. Indicative range.

Indicative timing from intake to infusion typically runs 10-16 weeks, driven primarily by the manufacturing window and treatment-centre calendar. Inpatient stay around lymphodepletion and monitoring is typically 3-6 weeks or longer depending on CRS/ICANS course.

*Fulfillment availability is limited to our first cohort, and all timelines published on this site are indicative. If your clinical situation is time-sensitive, tell us at intake. We triage accordingly.*

A culturally-aware note: CAR-T journeys typically require a family caregiver present throughout the extended inpatient and post-infusion monitoring period. Our coordination includes caregiver travel, prayer-space orientation, and halal-dining support at the partnering centres.

## Reserve Meds's role

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- **Treatment-centre referral.** Coordination with authorised Carvykti centres through our clinical network.
- **Documentation.** Cross-border referral and DGPADC/MoH named-patient package.
- **Logistics.** Patient and caregiver travel, accommodation, and post-infusion return-home planning.
- **Concierge case lead.** A named point of contact for the family throughout the extended treatment journey.

**What we do not do:** we are not the prescriber, we do not practise medicine, we do not manufacture the cell product, and we are not the treatment centre. All clinical decisions remain with your treating haematologist and the cell-therapy centre.

## Frequently asked

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**How does Carvykti compare with Tecvayli?** Both target BCMA. Carvykti is a one-time CAR-T infusion with deep durable responses; Tecvayli is an off-the-shelf bispecific on a continuous dosing schedule. Your haematologist selects based on disease pace, prior-line pattern, and centre capability.

**How long will we be abroad?** Most Carvykti journeys require 3-4 months away from home, covering screening, apheresis, manufacturing, lymphodepletion, infusion, and initial monitoring. Your centre will confirm.

**What about CAR-T toxicities?** CRS and ICANS are monitored and managed with tocilizumab, corticosteroids, and intensive supportive care. Delayed cytopenias and infection risk continue after discharge. Your haematology team will manage long-term.

**Will insurance or MoH coverage apply?** Some Oman patients may receive partial MoH coverage for complex international referrals; we supply documentation for submission but do not process public-payer claims directly.

### *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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### 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.

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