Carvykti

United Arab Emirates · access guide

How to access Carvykti from the UAE — the named-patient coordination pathway, 2026

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

A UAE patient with relapsed or refractory multiple myeloma whose disease has progressed after multiple prior lines of therapy may be evaluated by their treating haematologist for Carvykti (ciltacabtagene autoleucel, cilta-cel). Carvykti is FDA-approved, developed by Janssen (Johnson & Johnson) and Legend Biotech, and is a BCMA-directed chimeric antigen receptor (CAR) T-cell therapy. Because Carvykti is an autologous cell therapy — manufactured individually from each patient's own T cells — access involves a different pathway than traditional small-molecule or biologic drugs, and typically requires international 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 genetically engineered autologous T cells that target BCMA, a protein expressed on myeloma plasma cells. Treatment involves: apheresis to collect the patient's T cells, shipment of the cells to the manufacturer, approximately four to eight weeks of manufacturing, lymphodepleting chemotherapy, infusion of the engineered cells, and several weeks of intensive inpatient monitoring for cytokine release syndrome and neurotoxicity. Eligibility is based on line-of-therapy history, fitness for lymphodepletion, and availability of apheresis-to-infusion infrastructure. Your haematologist will confirm eligibility and, importantly, identify an authorised CAR-T treatment centre.

Is Carvykti legally accessible for UAE patients?

Carvykti cannot be "imported" like a vial of drug — it is manufactured from your own cells and must be administered at a CAR-T-qualified treatment centre. Access for UAE patients, therefore, typically follows one of two patterns, both operating within the UAE Ministry of Health and Prevention (MoHAP) named-patient / medical-referral framework:

Pattern A — Cross-border referral to an authorised CAR-T centre. The patient travels to a qualified international treatment centre (in the US, Europe, or select Asian centres) for apheresis, lymphodepletion, infusion, and recovery monitoring.

Pattern B — Hybrid coordination with a UAE centre building CAR-T capability. A small number of regional tertiary centres are developing CAR-T administration capability. Where this is feasible, the apheresis and infusion may be coordinated locally in partnership with the manufacturer's authorised network.

MoHAP's named-patient framework supports both patterns, with documentation covering medical necessity, the treatment-centre identification, and the return-to-home care plan.

How the pathway works, step by step

1. **Consultation with your haematologist.** Eligibility assessment including line history, BCMA status review, and fitness for lymphodepletion.
2. **Treatment-centre identification.** Reserve Meds coordinates referral to a Carvykti-qualified treatment centre through our international care-coordination network.
3. **MoHAP referral documentation.** Your physician files the named-patient / medical-referral dossier.
4. **Apheresis scheduling.** The treatment centre books apheresis; manufacturing begins immediately after cell collection.
5. **Manufacturing window (4–8 weeks).** Bridging therapy may be given locally or at the treatment centre per your haematology team's plan.
6. **Lymphodepletion, infusion, and monitoring.** Administered at the qualified centre with at least several weeks of post-infusion surveillance; handover to your UAE haematologist for ongoing follow-up.

What documentation your physician needs

Your physician will typically need to provide:

- A clinical rationale letter confirming diagnosis, line history, and CAR-T as the indicated treatment
- Verification of their UAE medical licence
- Identification of the authorised Carvykti treatment centre and the cross-border referral plan
- Patient identifier (anonymised reference where possible)
- A post-infusion follow-up plan for return to the UAE

Reserve Meds provides a coordination kit that bundles the templates MoHAP reviewers and treatment centres expect to see for cross-border cell-therapy referrals.

Costs and timing

Carvykti's US list price sits in an indicative 2026 drug-only range (delivered quote issued at intake) of roughly USD 500,000–550,000 for the cell-therapy product itself. Total cost of care — including inpatient stay, apheresis, lymphodepletion, monitoring, and bridging therapy — typically runs substantially higher when delivered at a US qualified centre, with all-in packages commonly in the range of USD 750,000–1,200,000. International travel, accommodation for a caregiver, coordination, and post-infusion return-home logistics add incremental cost. Reserve Meds issues a full transparent quote at the start of intake.

Indicative timing from intake to infusion typically runs 8–14 weeks, driven primarily by the manufacturing window and treatment-centre calendar.

Reserve Meds is in pre-launch. Fulfillment availability is limited to our first cohort, and all timelines published on this site are indicative. If your clinical situation is time-sensitive, flag that when you join the waitlist — we triage accordingly.

A culturally-aware note: CAR-T treatment typically requires a family caregiver to accompany the patient for several weeks. Our coordination includes caregiver travel logistics and prayer-space / halal-dining orientation at the partnering treatment centres.

Reserve Meds's role

Reserve Meds is a US-based concierge coordinator for cross-border specialty medicine and cell therapy. For Carvykti specifically, we provide:

- **Treatment-centre referral.** Coordination with authorised Carvykti centres through our clinical network.
- **Documentation.** Cross-border referral and MoHAP 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 manufacturing window and the inpatient stay.

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 CAR-T treatment centre. We operate on a waitlist basis during our pre-launch phase.

Frequently asked

Is this legal? Yes, when executed through the MoHAP named-patient / medical-referral framework with a qualified treatment centre.

How long will we be abroad? Most Carvykti journeys require 8–12 weeks away from home, covering pre-apheresis workup, apheresis, manufacturing, infusion, and the required post-infusion monitoring window. Your treatment centre will confirm.

What about bridging therapy? During the manufacturing window, bridging therapy may be given locally by your UAE haematologist or at the treatment centre, per a plan your care teams coordinate jointly.

What are the risks? CAR-T carries known risks of cytokine release syndrome, neurotoxicity, cytopenias, and infection. Treatment centres have standing protocols. Your haematology team will explain the profile in detail.

Will private insurance cover this? Cash-pay is the default for international CAR-T. Some UAE insurers consider complex cell-therapy referrals case by case; we supply documentation for your submission but do not process insurance claims directly.

Next step — join the first-cohort waitlist

Reserve Meds is opening to a limited first cohort in 2026 for cell-therapy coordination. Add your case to the waitlist and our concierge case lead will reach out when we are ready to enter intake for Carvykti coordination.

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US-based concierge coordinator for cross-border specialty medicine. We are not the prescriber, not the dispensing pharmacy, and not the treatment centre. All clinical decisions remain with your treating haematologist and the CAR-T treatment centre.

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