Casgevy

Abu Dhabi · access guide

Casgevy (exagamglogene autotemcel) for an Abu Dhabi family: what the pathway looks like in 2026

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

In April 2026, **Yas Clinic Hospital in Abu Dhabi** administered the UAE's first Casgevy treatment, in partnership with the **Abu Dhabi Stem Cells Center** and under **Department of Health Abu Dhabi** coordination. This brought the world's first CRISPR-edited cell therapy onto UAE soil, in Abu Dhabi specifically. The Emirates Drug Establishment has approved Casgevy for patients aged 12 and older. For Abu Dhabi families living with sickle cell disease or transfusion-dependent beta-thalassemia, often across generations of the same family, the conversation now has an in-emirate pathway that did not exist a year ago.

This page is meant to be the first honest read you get on Casgevy in Abu Dhabi, written by the team that would coordinate around your child's case if you decided to go forward. We assume your treating haematologist has raised this with you, or you have raised it with them.

We will be specific about who Casgevy is currently approved for, what the workup decides, what the Yas Clinic and Abu Dhabi Stem Cells Center pathway looks like, what it costs in AED and US dollars, how Thiqa and Daman coverage may interact, and what life looks like in the year after.

What Casgevy actually is, in plain terms

Casgevy is the first approved CRISPR/Cas9 gene-edited cell therapy in medicine. It is given as a one-time treatment, but the operational reality is closer to a bone marrow transplant than a one-hour infusion.

Your child's own hematopoietic stem cells are mobilised out of the bone marrow into the blood, harvested through apheresis sessions, shipped to Vertex's manufacturing facility, edited using CRISPR/Cas9 at the erythroid-specific enhancer region of the BCL11A gene, and returned. The edited cells, once reinfused after myeloablative conditioning, reactivate fetal haemoglobin production. For sickle cell disease, fetal haemoglobin reduces sickling. For transfusion-dependent beta-thalassemia, it removes the requirement for chronic transfusions.

The edit is permanent. It does not cross to germline cells. Your child's future children will not inherit the edit. The change is hereditary only at the haematopoietic stem cell line, in your child's own bone marrow.

What Casgevy is not is a treatment that can be given outpatient. Conditioning is myeloablative. The patient is admitted for the conditioning week, the infusion, and four to six weeks of recovery during pancytopenia and engraftment. Outpatient follow-up is monthly for the first year.

Who is currently a candidate, and who is not

The UAE EDE-approved indication, aligned with FDA and EMA, is age 12 and older. Your child must have either:

- **Sickle cell disease with a history of recurrent vaso-occlusive crises**, severe enough that the disease meaningfully interferes with their life, or - **Transfusion-dependent beta-thalassemia**, defined by a sustained regular transfusion requirement.

The work-up will confirm the diagnosis, the severity criteria, and whether your child is a candidate for myeloablative conditioning. Cardiac, pulmonary, hepatic, and renal function must be adequate. For TDT patients in particular, iron overload from years of transfusion needs to be assessed and managed.

If your child is under 12, Vertex is preparing 2026 submissions to expand the approved age range, but the current indication does not include younger patients. We will not pretend otherwise. Reach out anyway.

If your child has SCD without documented recurrent VOCs, the case for Casgevy is harder. Yas Clinic and the wider international community typically look for documented VOC history before approving. We are honest about this.

The Abu Dhabi pathway in 2026

Yas Clinic Hospital, the Abu Dhabi Stem Cells Center, and the Department of Health Abu Dhabi brought Casgevy administration to the UAE in April 2026. The Abu Dhabi Stem Cells Center brings the bone marrow transplant and cell therapy infrastructure that Casgevy operationally requires. The Department of Health Abu Dhabi coordinates the regulatory and procurement layer at the emirate level, alongside EDE at the federal level.

For an Abu Dhabi family pursuing Casgevy, the practical pathway is:

- **Referral**. Your treating haematologist refers to Yas Clinic Hospital. For Abu Dhabi-resident families already in a Cleveland Clinic Abu Dhabi, SSMC, or SKMC haematology service, cross-referral within the emirate is straightforward under DoH coordination. - **Workup**. The Yas Clinic transplant team and Abu Dhabi Stem Cells Center service complete the candidate assessment. Two to four weeks typically. - **EDE coordination**. Yas Clinic's pharmacy and the Abu Dhabi Stem Cells Center coordinate the regulatory and procurement layer for the Vertex cell therapy product. - **Mobilization and apheresis**. G-CSF and plerixafor mobilize hematopoietic stem cells; apheresis harvests them over multiple sessions at the Abu Dhabi Stem Cells Center. - **Vertex manufacturing**. The harvested cells go to Vertex's manufacturing facility for CRISPR editing. The waiting period between cell collection and reinfusion is typically four to six months. - **Conditioning**. Inpatient busulfan-based myeloablative conditioning at Yas Clinic, approximately a week before the infusion. - **Infusion**. Single inpatient infusion of the edited cells. - **Recovery**. Four to six weeks inpatient during pancytopenia and engraftment. - **Follow-up**. Monthly for the first year, then less frequent. Long-term haematology monitoring, transitioning to your continuing-care haematologist as appropriate.

International alternatives, for families with specific clinician relationships or family logistics that favour treatment abroad, include Sidra Medicine in Doha and Vertex's US and European Authorized Treatment Center network.

The workup that decides eligibility

Several results need to land before the transplant pathway opens.

Confirmed diagnosis with detailed phenotype, documented VOC history (for SCD), transfusion history (for TDT), prior hydroxyurea response (for SCD), and iron-chelation history. Your haematologist's records typically cover this.

Bone marrow assessment including cytogenetics.

Cardiac function (echocardiogram, cardiac MRI for TDT patients with iron-overload concerns).

Pulmonary function.

Hepatic function including assessment of any prior hepatitis, iron overload, or transfusion-related hepatic effects.

Renal function.

Iron overload assessment for TDT patients (T2-star cardiac MRI, liver iron quantification).

Infectious disease screening, CMV serology, immunisation review.

Fertility preservation counselling. Myeloablative conditioning typically causes permanent infertility. For adolescents, gamete preservation needs to be discussed before conditioning starts. This is a culturally sensitive conversation. We do not pretend it is anything other than serious. The Yas Clinic and Abu Dhabi Stem Cells Center fertility-preservation pathway leads it. We support the family with information and logistics.

Psychosocial assessment for the inpatient stay and the long recovery.

A clinical rationale letter from your treating haematologist documents the indication, severity, prior treatment history, and the transplant plan.

The cost conversation, in the form an Abu Dhabi family needs

Casgevy's product list price in 2026 sits at approximately USD 2.2 million, or roughly AED 8.1 million, for the cell-therapy product itself. That is the manufacturer's price. The full cost of care, including pre-treatment workup, mobilisation, apheresis, the four-to-six-month manufacturing waiting period, conditioning, the inpatient transplant admission, supportive care, and the first year of monitoring, adds substantially. Total cost of care for cases coordinated cross-border or as cash-pay typically runs USD 2.8 to 3.5 million, or AED 10.3 to 12.9 million.

For Emirati nationals with Thiqa coverage being treated at Yas Clinic Hospital under the public health structure, much of the cost may be underwritten. Your treating haematologist and the Yas Clinic patient navigator are the path to confirm what is currently available. Reserve Meds will not speculate about the public-system financial structure on a public page.

For expatriate UAE residents and self-pay families, the standard cash-pay-with-documentation pattern applies. We separate every line in the quote: cell-therapy product, mobilisation drugs, apheresis sessions, conditioning drugs, inpatient admission, supportive care, monitoring labs, our coordination fee. We do not put a markup on the manufacturer's drug price. Our coordination fee is disclosed in writing before any funds move.

Daman, AXA Gulf, NEXtCARE, and the major private insurers in Abu Dhabi handle one-time gene therapies on case-by-case prior authorisation. We provide the documentation packet that increases approval likelihood.

The year after

The first four to six weeks inpatient at Yas Clinic are the highest-acuity period. The patient is functionally immunocompromised during the engraftment window. Infection prophylaxis, transfusion support, and intensive monitoring run the daily care.

After discharge, the patient is on a structured outpatient follow-up: monthly haematology visits for the first year, with declining frequency thereafter. Transfusion requirement typically falls off within months for TDT patients who achieve engraftment, and VOC frequency typically falls off for SCD patients.

Long-term, lifelong haematology surveillance is standard. The vector is non-integrating from a genomic-insertion standpoint, but long-term monitoring is standard for any one-time gene therapy. Long-term data accumulation is ongoing globally, and the Abu Dhabi cohort will contribute to that record over time.

Practical implications for an Abu Dhabi family: a substantial portion of a year of normal life is reorganised around the treatment. School attendance for adolescent patients will be interrupted for the inpatient and recovery period. We coordinate with the school on tutoring or remote-learning support as needed. Siblings, parents, and the extended family network typically reorganise their schedules around the inpatient admission.

What Reserve Meds does for an Abu Dhabi family

Reserve Meds is a US-based concierge coordinator for cross-border specialty medicine. For an Abu Dhabi family pursuing Casgevy, our scope depends on where you choose to be treated.

For families being treated at Yas Clinic Hospital under Thiqa or Daman coverage: we are most useful as a documentation and international second-opinion concierge layer. The Yas Clinic and Abu Dhabi Stem Cells Center programme covers the operational coordination in-emirate. We can help with international second-opinion clinical reviews from US Vertex Authorized Treatment Center transplant specialists, prior-authorisation documentation for private-insurance overlays, fertility-preservation logistics if you are routing internationally for that piece, and translation of medical records.

For families pursuing international Casgevy (US or Europe Vertex Authorized Treatment Center): the standard Reserve Meds scope. Regulatory documentation, qualified-centre liaison, named case-lead coordination from intake through one-year follow-up, travel and accommodation logistics for the lengthy stay, and the cross-border financial structure.

For families considering Sidra Medicine, Doha as the alternative: documentation and coordination support; Sidra's in-house Gene Therapy Center handles operational coordination at their end.

Reserve Meds is not your child's prescriber. We do not practise medicine. We do not manufacture Casgevy. We do not own or operate Yas Clinic Hospital, the Abu Dhabi Stem Cells Center, or any other treatment centre. Clinical decisions stay with your treating haematologist and the transplant team.

We work cash-pay where applicable. Our coordination fee is disclosed in writing.

A note for families weighing this

Sickle cell disease and transfusion-dependent beta-thalassemia have long histories in many Emirati and resident MENA families. We assume you and your wider family have lived with this for years already, often across multiple affected family members. A potentially curative one-time therapy is a different kind of decision than the chronic-care adjustments you have made. We are not trying to push that decision. The right consultation pace is the one your treating haematologist and your family set together.

For Muslim families thinking through the religious-ethical dimension, the Islamic bioethics consensus on disease-modifying therapies that preserve life and function is broadly permissive, including for gene-editing therapies that do not alter the germline. The fertility-preservation conversation has its own religious-ethical layer; families typically consult both their treating clinician and their religious advisor before committing. We will not pressure either conversation.

Families typically take between two and six weeks from first call to readiness for the formal workup. The four-to-six-month manufacturing waiting period after cell collection means the total treatment arc is closer to a year. We are honest about that.

What to do if you want to start

If your child meets the basic eligibility (age 12 or older, SCD with recurrent VOCs or TDT), the first concrete step is a call with our case-lead so we can confirm the right pathway for your family. Yas Clinic Hospital in Abu Dhabi, Sidra Medicine in Doha, or international referral.

If your child is under 12, has SCD without recurrent VOCs, or is in a situation where Casgevy is not currently the answer, reach out anyway. We can discuss timing, supportive care, and alternative options including Lyfgenia for eligible SCD patients.

Most families reach us first on WhatsApp, which we hold open during UAE business hours and on weekends for active cases.

Start your child's case on the portal, or open a WhatsApp conversation with the case-lead and we will take it from there.

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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