

Casgevy

Dubai · access guide

Casgevy (exagamglogene autotemcel) for a Dubai family: what the pathway looks like in 2026

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

In April 2026, the UAE administered its first Casgevy treatment at Yas Clinic Hospital in Abu Dhabi, in partnership with the Abu Dhabi Stem Cells Center and under Department of Health Abu Dhabi coordination. For Dubai-based families considering Casgevy, the path inside the UAE leads to that Abu Dhabi infrastructure. The Emirates Drug Establishment is the federal authority approving the therapy, and Dubai-based hospitals run the diagnostic workup, the post-infusion follow-up, and the longitudinal haematology care, with the actual cell therapy infused in Abu Dhabi.

This page is meant to be the first honest read you get on Casgevy in Dubai, 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, where the Dubai-side workup happens, how the cross-emirate referral to Yas Clinic works, what the alternative international pathways look like, what it costs in AED and US dollars, 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 Dubai-to-Abu-Dhabi pathway in 2026

For Dubai-based families, the Casgevy pathway has two halves: the workup and continuing care happens in Dubai, and the cell collection, conditioning, and infusion happen at Yas Clinic Hospital in Abu Dhabi (a 90-minute drive from Dubai). The Dubai Health Authority and the Department of Health Abu Dhabi coordinate the cross-emirate referral; the Emirates Drug Establishment handles the federal regulatory and Vertex procurement layer.

For Dubai-side workup, the natural intake points are:

- **American Hospital Dubai**: paediatric subspecialty depth and JCI-accredited tertiary care; many Dubai families with private-insurance plans use this for paediatric specialty workup. - **Mediclinic City Hospital**: paediatric and haematology services with documented capacity for rare-disease cases. - **King's College Hospital London Dubai**: useful for families with UK-network preferences for second opinions or referral letters. - **Cleveland Clinic Abu Dhabi** with Dubai-side patient navigators: useful for cross-emirate continuity for the workup phase.

For the cell therapy administration itself, the practical sequence is:

- **Dubai-side workup**. Diagnostic confirmation, severity assessment, pre-transplant fitness evaluation, fertility-preservation counselling. Two to four weeks typically. - **Cross-emirate referral to Yas Clinic Hospital, Abu Dhabi**. DHA and DoH coordinate the cross-emirate handover. Your treating haematologist's clinical rationale letter travels with the referral. - **Yas Clinic transplant team assessment**. Final candidate confirmation and the start of the transplant pathway. - **EDE coordination and Vertex procurement**. - **Mobilization and apheresis** at the Abu Dhabi Stem Cells Center. - **Vertex manufacturing wait**. Four to six months. - **Conditioning, infusion, and inpatient recovery** at Yas Clinic. The family typically relocates to Abu Dhabi for the inpatient and immediate recovery period. - **Follow-up**. Monthly haematology visits transition back to Dubai for the bulk of the first-year monitoring once the patient is stable, in coordination with the Yas Clinic transplant team.

International alternatives, for families with specific clinician relationships or family logistics that favour treatment abroad, include Sidra Medicine in Doha (a 1.5-hour flight from Dubai) 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; Dubai-side fertility preservation services can also provide the gamete preservation step before the family relocates for the inpatient phase. We support the family with information and logistics.

Psychosocial assessment for the inpatient stay and the long recovery, including the family relocation component.

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 a Dubai family needs

Casgev'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-emirate 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 or Daman coverage who are 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, Bupa Global, and the major private insurers in Dubai 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 in Abu Dhabi 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. The family typically relocates to Abu Dhabi for this period.

After discharge, the patient is on a structured outpatient follow-up: monthly haematology visits, transitioning back to Dubai for the bulk of the first-year monitoring once the patient is stable, in coordination with the Yas Clinic transplant team. 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.

Practical implications for a Dubai family: a substantial portion of a year of normal life is reorganised around the treatment. The family relocates to Abu Dhabi for the inpatient and immediate recovery period. School attendance for adolescent patients will be interrupted. 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 a Dubai family

Reserve Meds is a US-based concierge coordinator for cross-border specialty medicine. For a Dubai family pursuing Casgev, 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, second-opinion, and Dubai-Abu Dhabi continuity-of-care 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, family accommodation logistics for the Abu Dhabi relocation, and translation of medical records.

For families pursuing international Casgev (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, any Dubai hospital, 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 Dubai-resident 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. For most Dubai families, that conversation will frame Yas Clinic Hospital in Abu Dhabi as the in-UAE pathway, with Sidra Medicine Doha or international Vertex Authorized Treatment Centers as alternatives.

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.

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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