Casgevy access in Egypt

A patient-first guide to accessing Casgevy (exagamglogene autotemcel) for sickle cell disease and transfusion-dependent beta-thalassemia in the Arab Republic of Egypt, through the Egyptian Drug Authority Personal Importation framework and cross-border qualified treatment centers.

Quick orientation

Casgevy is the first CRISPR/Cas9 gene-edited cell therapy approved anywhere in the world, indicated for sickle cell disease (SCD) and transfusion-dependent beta-thalassemia (TDT) in patients aged 12 and older. Egypt carries one of the highest hemoglobinopathy burdens in the MENA region, with sickle cell disease concentrated in the Western Desert and oasis populations and beta-thalassemia trait carried by an estimated 5 to 10 percent of the population, driven by consanguinity and autosomal recessive inheritance. Casgevy is not registered with the Egyptian Drug Authority (EDA). For Egyptian families pursuing a one-time potentially disease-modifying therapy, Casgevy is a cross-border access case: a documented EDA Personal Importation framework that supports patient coordination, paired with travel to a qualified Authorized Treatment Center in the United States, Europe, or the Gulf region. Reserve Meds coordinates the US-side and international logistics that wrap around the manufactured cell product. Reserved for you.

Why patients in Egypt need Casgevy via NPP

Sickle cell disease and beta-thalassemia carry disproportionate weight in Egypt's rare-disease burden. Hemoglobinopathies cluster in the Western Desert, the oases of Siwa, Bahariya, and Kharga, and across communities with elevated consanguinity rates. Beta-thalassemia trait prevalence sits in the 5 to 10 percent range nationally, with a meaningful subset of those carriers producing transfusion-dependent disease in their children. For families with severe SCD characterized by recurrent vaso-occlusive crises, or transfusion-dependent thalassemia requiring lifelong red cell transfusions and iron chelation, the clinical case for a one-time gene-edited cell therapy is real.

The structural access gap in Egypt is the registered-status one. Casgevy is approved by the FDA, MHRA, EMA, and the Saudi SFDA, with treating centers operating in those jurisdictions. It is not on the EDA registration list, and even if it were, the cell-therapy infrastructure for delivering Casgevy (qualified apheresis, busulfan myeloablative conditioning experience, cryogenic cell-therapy storage, a dedicated infusion suite) is not yet built out at Egyptian centers in the way KFSH&RC, major US Authorized Treatment Centers, or European centers operate it.

For Egyptian patients, Casgevy is therefore a travel-to-treatment case rather than a ship-to-Cairo case. The dominant access path is to a qualified center abroad, often King Faisal Specialist Hospital and Research Centre in Riyadh given regional proximity and SFDA approval, or a US Authorized Treatment Center where families have visa support and the financial capacity to fund a multi-month treatment course. The EDA Personal Importation framework supports peripheral documentation and ancillary materials where applicable; the cell-therapy delivery itself happens at the receiving treating center abroad. Reserve Meds does not replace the clinical team. It orchestrates the cross-border coordination so the family can focus on the patient.

The EDA Personal Importation pathway for Casgevy

The Egyptian Drug Authority was created by Law No. 151 of 2019, issued 25 August 2019 in the Official Gazette No. 34 bis (A), with executive regulations issued by Prime Minister Decision No. 777 of 2020. EDA permits the importation of unregistered medicines for a specific named patient under defined conditions, most importantly where no equivalent registered product is available locally, or where the available quantity of an equivalent registered product cannot meet the patient's clinical need. This is the pathway commonly referred to as Personal Importation, sometimes described in EDA correspondence as Special Access or Compassionate Use. The application is filed through the dispensing institution's import pharmacy, a private specialty hospital, a university hospital import desk, or a licensed specialty importer acting on the patient's behalf.

For Casgevy specifically, the application architecture is different from a conventional small-molecule or biologic import. Because Casgevy is a patient-specific autologous cell product manufactured to order from the patient's own apheresis collection, the file is not "ship the drug to Cairo." It is a cross-border case file that documents the treating center abroad, the apheresis schedule, the manufacturing slot with Vertex, the conditioning and infusion plan, and the long-term follow-up commitment.

The standard application package, where the EDA layer applies for ancillary materials or for cross-border coordination documentation, includes a clinical justification letter from the treating physician on hospital letterhead, stamped, stating the diagnosis (sickle cell disease with recurrent vaso-occlusive crisis history, or transfusion-dependent beta-thalassemia with transfusion frequency and ferritin trajectory), severity, prior therapies attempted and failed (hydroxyurea, voxelotor, chronic transfusion, iron chelation, with outcomes), and the specific clinical reason a one-time CRISPR-edited cell therapy is indicated. The clinical letter is accompanied by the recent prescription specifying brand name and INN, the patient identifier (national ID or passport), physician licensing verification through the Egyptian Medical Syndicate, product details from the manufacturer including FDA approval reference, the destination dispensing facility license, and the chain-of-custody plan for any biological material movement.

For Casgevy specifically, the cell-therapy capability and fertility preservation angles are the central clinical-justification elements. The application documents that a qualified Authorized Treatment Center has accepted the patient, that apheresis is scheduled or completed, that Vertex has confirmed a manufacturing slot, and that the receiving institution can deliver busulfan myeloablative conditioning, manage the cytopenic engraftment window with inpatient transfusion and antimicrobial support, and commit to long-term follow-up per the post-marketing registry. Mandatory pre-treatment fertility preservation counseling is documented as part of the file. The busulfan conditioning carries a high risk of permanent infertility, and the fertility discussion is not optional.

Routine EDA personal-import authorizations for well-documented oncology and rare-disease cases typically process in a 3 to 6 week window once a complete package is submitted. Complex cases involving novel mechanisms, biologics with cold-chain sensitivity, or cross-border cell-therapy coordination can extend to 8 to 14 weeks or longer. EDA reserves discretion at every step. Reserve Meds does not promise EDA timelines and is not the filer.

Where Casgevy gets dispensed for Egyptian patients

Casgevy is not delivered at Egyptian institutions. The treating-center map for an Egyptian patient is a cross-border map. The institution at the regional center of the cell-therapy map is King Faisal Specialist Hospital and Research Centre (KFSH&RC) in Riyadh, with strong bone marrow transplant, oncology, genomics, and rare-disease programs and the cell-therapy capability required for Casgevy delivery. SFDA approval and regional proximity make KFSH&RC a frequent destination for Egyptian families. US Authorized Treatment Centers (academic medical centers and specialized cell-therapy hospitals that have completed Vertex's qualification process) and qualified European centers in the UK and EU are the alternative paths, typically chosen on the basis of family network, visa pathway, and case acceptance.

On the Egyptian side, the institutional handshake for documentation, pharmacovigilance liaison, and pre-travel workup runs through the major specialty hospitals: Cairo University Hospitals (Kasr Al Ainy) with its hematology and bone marrow transplant programs, Ain Shams University Hospitals, Children's Cancer Hospital Egypt 57357 for pediatric hematology coordination, Dar Al Fouad Hospital (JCI-accredited, with active bone marrow transplant experience), and the As-Salam International Hospital network. These institutions do not deliver Casgevy. They support the pre-travel evaluation, the Egyptian physician documentation, and the post-travel follow-up that the receiving treating center coordinates with.

Real cost picture for Casgevy in Egypt

The Casgevy cost structure is dominated by the manufactured cell product itself. US wholesale acquisition cost (WAC) is approximately USD 2.2 million per patient for the single one-time infusion (Vertex stated list price at launch). At the May 2026 USD to EGP rate near 52 to 53, this converts to roughly EGP 115 to 117 million for the cell product alone. The figure covers the cell product only. It does not include apheresis, manufacturing logistics, busulfan conditioning hospitalization, the cell-therapy infusion suite, post-infusion inpatient stay with transfusion and antimicrobial support, fertility preservation, or long-term follow-up.

All-in delivered cost at a qualified cross-border center is materially higher than the cell-product WAC. Hospital services at a US Authorized Treatment Center commonly add USD 800,000 to USD 1.5 million for the conditioning, infusion suite, inpatient stay, and post-infusion monitoring arc. Travel, multi-month accommodation for the patient and at least one caregiver, and visa support are separate line items. International cold-chain logistics for the manufactured cell product (cryogenic vapor-phase liquid nitrogen shippers from the Vertex manufacturing site to the treating center) are bundled into the center's manufacturer-direct workflow rather than billed to the family separately.

Reserve Meds quotes patients in USD and accepts USD wire transfers. The EGP has lost more than 70 percent of its value against the US dollar since early 2022. Quoting in USD insulates the patient from intra-case currency drift between quote and shipment. Many Egyptian families coordinate USD funds via relatives in the Gulf, the UK, or the US. Local insurer behavior for cross-border cell therapy at this price point is case-by-case. Bupa Egypt, AXA Egypt, MetLife Egypt, Allianz Egypt, and Misr Insurance assess named-patient and cross-border cases individually. UHIA does not currently cover cross-border cell therapy. Cash-pay is the default operating posture, and many families later recover a portion through private insurance reimbursement where coverage applies.

Typical timeline for Casgevy in Egypt

The regulatory layer at EDA, where it applies for documentation or ancillary materials, runs 3 to 6 weeks for routine cases and 8 to 14 weeks for complex cell-therapy coordination files. The clinical timeline is the dominant variable. From treating-center acceptance abroad through apheresis, manufacturing (several weeks at the Vertex facility), myeloablative conditioning, infusion, and engraftment recovery, the active treatment arc is approximately six months to one year. Long-term follow-up extends multiple years through the post-marketing registry. Reserve Meds aligns the US-side sourcing and the cross-border travel and documentation so customs, cold-chain validation at the receiving center, and the apheresis-and-conditioning schedule land in sequence. There are no shortcuts. The biology of mobilization, manufacturing, and engraftment sets the pace.

What your physician needs to provide

The clinical justification letter is the cornerstone of any Casgevy case file in Egypt. The letter, signed by a treating hematologist holding active Egyptian Medical Syndicate registration and a Ministry of Health license, addresses the patient's diagnosis (SCD with documented vaso-occlusive crisis history, or TDT with documented transfusion frequency and iron chelation history), disease severity, prior therapies attempted with outcomes, and the clinical case for one-time gene-edited cell therapy. The dosing reference is the FDA label minimum of 3 x 10^6 CD34+ cells per kilogram of body weight, delivered as a single intravenous infusion of the patient's own edited autologous CD34+ product.

The monitoring plan referenced in the letter covers the pre-apheresis baseline workup (bone marrow assessment, infection screen including HIV and hepatitis B and C, organ function evaluation, fertility preservation discussion), the inpatient myeloablative conditioning window, the profound cytopenia and engraftment recovery period with transfusion and antimicrobial support, and the long-term hematologic and safety follow-up per the Vertex registry. The mandatory pre-treatment fertility preservation discussion is documented as a discrete element of the file. The treating institution's qualification status abroad is the second pillar. The letter confirms the receiving facility holds the apheresis capacity, the busulfan conditioning experience, the cell-therapy infusion suite readiness, and the cryogenic storage infrastructure required for handling the manufactured product. Reserve Meds supplies the US-side documentation kit (manufacturer-direct sourcing confirmation, chain-of-custody plan, customs documentation, cold-chain validation) so the treating physician and the Egyptian institutional pharmacy team have the regulatory layer prepared in parallel.

Common questions about Casgevy in Egypt

Will Bupa Egypt, AXA, MetLife, or Allianz cover Casgevy? Each plan assesses cell and gene therapy case-by-case, and the multi-million-dollar all-in cost exceeds the per-patient ceiling on most commercial plans operating in Egypt. UHIA does not currently cover cross-border cell therapy. Cash-pay is the default operating posture for cross-border-coordinated cases, with many Egyptian families coordinating USD funds via relatives in the Gulf, the UK, or the US. Reserve Meds supplies the documentation that lets a payer assess; the claim itself sits with the patient and the family.

What is the safety profile? The most clinically significant issues come from the busulfan myeloablative conditioning regimen rather than from the gene editing itself. Conditioning carries high risks of infertility, mucositis, profound cytopenia with infection risk, veno-occlusive disease

of the liver, and the cumulative risks of myeloablation. CRISPR-specific risks (off-target editing, malignancy risk) are under long-term surveillance through the post-marketing registry.

Is fertility preservation really mandatory? Yes. The conditioning regimen carries a high risk of permanent infertility, and the fertility preservation discussion is part of pre-treatment eligibility, not optional. The receiving treating center coordinates fertility preservation pathways aligned with the cell-therapy program. For Egyptian families, the fertility discussion happens with the Egyptian treating physician and is confirmed at the receiving center abroad.

Why Casgevy versus Lyfgenia? Casgevy uses CRISPR-Cas9 to edit BCL11A and reactivate fetal hemoglobin. Lyfgenia uses a lentiviral vector to add a modified beta-globin gene and carries a boxed warning for hematologic malignancy that Casgevy does not. Casgevy has broader international approval (US, UK, EU, KSA) and a regional treating-center option at KFSH&RC. Lyfgenia requires travel to a US Qualified Treatment Center. The clinical choice rests with the treating cell-therapy team.

Could a Cairo hospital deliver Casgevy? Not at this time. The cell-therapy infrastructure (qualified apheresis, busulfan myeloablative conditioning capacity, cryogenic cell-therapy storage, dedicated infusion suite, Vertex qualification) is concentrated at a small set of institutions globally. Egyptian families travel to KFSH&RC, a US Authorized Treatment Center, or a qualified European center.

What if mobilization or manufacturing fails? A backup unedited cell collection is held in cryostorage as part of the protocol. The patient receives intensive support, and management is coordinated by the treating center. This is one of several reasons the procedure must be delivered at a qualified Authorized Treatment Center.

Where Reserve Meds fits in Casgevy cases

Reserve Meds is a US-based concierge coordinator. For a Casgevy inquiry from an Egyptian family, the working unit is cross-border treating-center identification, documentation kit preparation, US-side manufacturer-direct logistics liaison, and continuous coordination through the multi-month treatment arc. The clinical decisions remain with the treating hematology and cell-therapy team. The regulatory authority on the Egyptian side remains EDA. The cell-therapy delivery itself remains with the qualified receiving center abroad.

What Reserve Meds carries: identification of the qualified treating institution (KFSH&RC, US Authorized Treatment Center, or qualified European center) with case-acceptance and manufacturing slot availability, preparation of the cross-border documentation kit including the mandatory fertility preservation reference and the EDA pharmacovigilance handshake, liaison with the receiving center's intake team, coordination of travel and accommodation for the family, and a single named coordinator who runs the case in both English and Arabic through apheresis, manufacturing, conditioning, infusion, and the long-term follow-up cadence. Reserved for you.

Next step

If your family is considering Casgevy for severe sickle cell disease or transfusion-dependent beta-thalassemia and you are based in Egypt, the first step is a coordinated intake that confirms eligibility, treating-center fit abroad, and a transparent firm quote. The waitlist request prefills the relevant context so the coordinator who reaches out is already oriented to your case.

Reserved for you.

About Casgevy

Sickle cell disease, transfusion-dependent beta-thalassemia
Manufacturer: Vertex Pharmaceuticals / CRISPR Therapeutics
Modality: CRISPR-edited autologous HSC therapy
Full drug page →

About Egypt

North Africa, MENA
Authority: EDA
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