**Casgevy**

Kuwait · access guide

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

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

The Kuwait Medical Genetics Centre has maintained a longitudinal genetics registry for two decades, and Kuwait's haematology and paediatric neurology services have followed the international development of Casgevy closely. For Kuwaiti families with sickle cell disease or transfusion-dependent beta-thalassemia in the household, Casgevy is the first potentially curative one-time therapy approved anywhere in medicine. Kuwait's Ministry of Health Foreign Medical Treatment programme has a long track record of underwriting cross-border specialty care for Kuwaiti nationals, including in advanced therapy areas.

This page is meant to be the first honest read you get on Casgevy in Kuwait, 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 workup happens in Kuwait, where the actual infusion occurs (Kuwait does not have an in-country Casgevy administration centre as of 2026; Sidra Medicine in Doha is the established regional centre), what it costs in KWD and US dollars, how MoH Foreign Medical Treatment funding may interact with the case, 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 FDA, EMA, and MENA regulators' approved indication 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. Most international centres and the regional cross-border programmes look for documented VOC history before approving. We are honest about this.

## The Kuwait pathway in 2026

Kuwait's Ministry of Health Drug and Food Control Administration governs drug registration and import. Casgevy's regulatory pathway in Kuwait follows the same pattern as other gene therapies: standard registration if the drug is on the MOH list, or named-patient import via Ministerial Decree 361/2009 mechanism if it is not. The pathway for actual administration of the therapy, though, routes outside Kuwait because no in-country Casgevy administration centre is documented as of 2026.

The practical sequence for a Kuwaiti family is:

- **Workup in Kuwait**. The Kuwait Medical Genetics Centre, Sheikh Jaber Al-Ahmad Al-Sabah Hospital, Al-Sabah Hospital, and NBK Children's Hospital are the natural intake points for diagnostic confirmation, severity evaluation, and the pre-transplant workup. Paediatric haematology and the BMT-adjacent services at NBK Children's Hospital handle the workup pieces that are diagnostic in nature. - **Referral to an administration centre**. **Sidra Medicine in Doha** is the established regional centre for paediatric Casgevy administration. Sidra is operationally simple for Kuwaiti families: short flight from Kuwait City, Qatar MOPH authorisation in place for age 12+ SCD and TDT, multidisciplinary Gene Therapy Center for Pediatric Rare Diseases, and the deepest documented paediatric gene-therapy programme in MENA. Alternative pathways include **Yas Clinic Hospital in Abu Dhabi** (which administered the UAE's first Casgevy case in April 2026), and Vertex's US and European Authorized Treatment Center network. - **MoH Foreign Medical Treatment coordination**. For Kuwaiti nationals, MoH FMT has historically underwritten approved specialty therapies including gene therapies in eligible cases. Confirmation runs through your treating consultant and the MoH referrals office. The documentation packet that goes with the application matters; we support that side. - **Mobilization, apheresis, manufacturing wait, conditioning, infusion, recovery**. At the receiving centre, over the standard four-to-six-month treatment arc. - **Return to Kuwait for long-term follow-up**. Monthly haematology visits transition back to KMGC or your treating consultant's service in Kuwait after the high-acuity recovery period, in coordination with the administration centre's transplant team.

## 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 receiving centre's fertility preservation team leads it. We support the family with information and logistics.

**Psychosocial assessment** for the inpatient stay and the long recovery, including the cross-border component.

A clinical rationale letter from your treating haematologist documents the indication, severity, prior treatment history, and the transplant plan. For Kuwaiti nationals seeking MoH FMT funding, this letter is also part of the funding application.

## The cost conversation, in the form a Kuwaiti family needs

Casgevy's product list price in 2026 sits at approximately USD 2.2 million, or roughly KWD 675,000, 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 routed cross-border or paid cash typically runs USD 2.8 to 3.5 million, or KWD 860,000 to 1.07 million.

For Kuwaiti nationals being treated cross-border under MoH Foreign Medical Treatment funding, the public funding may underwrite much of the cost. The funding application is case-by-case and the documentation packet needs the right structure. We can support that side.

For expatriate 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 at the receiving centre, supportive care, monitoring labs, travel and accommodation for the family during the lengthy stay, 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.

Expatriate insurance coverage for one-time gene therapies is typically subject to prior authorisation; approval is uncommon. We provide the documentation packet that increases approval likelihood.

## The year after

The first four to six weeks inpatient at the administration centre 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 at the administration centre for the early high-acuity phase, transitioning back to Kuwait (KMGC or your treating consultant's service) for the bulk of the first-year monitoring once the patient is stable. 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 Kuwaiti family: a substantial portion of a year of normal life is reorganised around the treatment. The family typically relocates to the administration centre's city for the inpatient and recovery period. School attendance for adolescent patients will be interrupted. We coordinate with the school on tutoring or remote-learning support as needed.

## What Reserve Meds does for a Kuwaiti family

Reserve Meds is a US-based concierge coordinator for cross-border specialty medicine. For a Kuwaiti family pursuing Casgevy, our scope depends on which administration centre you choose and what funding pathway applies.

**For Kuwaiti-national families with MoH Foreign Medical Treatment funding routing to Sidra Medicine or another regional centre**: we are most useful as a documentation, second-opinion, and family-logistics layer. The receiving centre's team covers operational coordination. We help with second-opinion clinical reviews, MoH FMT funding documentation, family travel and accommodation logistics, and continuity of care back to KMGC.

**For families pursuing cross-border Casgevy at Sidra Medicine or Yas Clinic without public funding**: cross-border documentation, qualified-centre liaison, named case-lead coordination, family travel and accommodation logistics for the lengthy stay, and the cross-border financial structure.

**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, and the cross-border financial structure.

Reserve Meds is not your child's prescriber. We do not practise medicine. We do not manufacture Casgevy. We do not own or operate Sidra Medicine, Yas Clinic Hospital, KMGC, or any other treatment centre. Clinical decisions stay with your treating haematologist and the receiving centre's 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 Kuwaiti and 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 Kuwaiti families, that conversation will frame Sidra Medicine in Doha as the operationally simplest cross-border option, with Yas Clinic Abu Dhabi or international Vertex Authorized Treatment Centers as alternatives, and MoH Foreign Medical Treatment funding running in parallel for Kuwaiti nationals.

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 Kuwait 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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