

Columvi

Bahrain · access guide

Columvi for relapsed or refractory DLBCL from Bahrain: 2026 pathway via Bahrain haematology and cross-border CRS/ICANS-capable infusion centres

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

Bahrain has a compact but functional adult haematology service network. Salmaniya Medical Complex haematology, King Hamad University Hospital, Bahrain Defence Force Hospital, and Bahrain Oncology Center cover the prescribing haematologist role for diffuse large B-cell lymphoma across the full therapeutic ladder: R-CHOP first line, salvage chemo-immunotherapy with autologous stem cell transplant where eligible. For the CD20 by CD3 bispecific antibody case specifically, the operational pattern for the relapsed or refractory patient is cross-border referral to King Faisal Specialist Hospital and Research Centre Riyadh for the step-up dosing week and cycle 2 dose, with cycle 3 onwards potentially returning to Bahrain for outpatient continuation under a co-management arrangement. Columvi (glofitamab-gxbm, Genentech / Roche) is the IV CD20 by CD3 bispecific antibody given as a fixed-duration 12-cycle course with step-up dosing in week 1 to limit cytokine release syndrome.

This page explains the 2026 pathway for a Bahrain-resident patient: NHRA coordination with cross-border referral, eligibility at the prescribing haematologist clinic, infusion centre selection across Bahrain and Saudi Arabia, the obinutuzumab pre-treatment requirement, what CRS and ICANS preparedness means in practical terms, the realistic out-of-pocket exposure band in BHD, and how the fixed 12-cycle finish-line shapes planning.

Why Columvi, and why now

Columvi is glofitamab-gxbm, a humanized IgG1 bispecific antibody binding CD20 on B-cells and CD3 on T-cells. The FDA approved Columvi in June 2023 under accelerated approval for r/r DLBCL after two or more lines. In July 2025 the FDA converted to full approval and expanded the label to include second-line r/r DLBCL in combination with gemcitabine and oxaliplatin (GemOx) based on the STARGLO trial, which showed an overall survival benefit over the standard second-line GemOx-rituximab regimen.

The fixed-duration 12-cycle design distinguishes Columvi from indefinite therapy. Patients who complete the course are off treatment after roughly 8 to 9 months. For families weighing CAR-T (Yescarta, Kymriah, Breyanzi), Columvi is off-the-shelf: no apheresis, no manufacturing wait. The trade-off is twelve infusions versus one; the advantage is no manufacturing delay and lower total cost.

Reserve Meds does not promote one CD20 bispecific or one CAR-T over another.

What Columvi is, in plain language

Columvi is an intravenous infusion. The schedule uses step-up dosing across week 1: 2.5 mg on day 1, 10 mg on day 8, 30 mg on day 15. From cycle 2 onwards the dose is 30 mg every 21 days. The total course is 12 cycles. One week before the first Columvi dose, the patient receives 1000 mg of obinutuzumab to deplete CD20 B-cells and reduce the CRS risk.

The infusion centre requirement is central. The step-up week and cycle 2 require capacity for CRS and ICANS monitoring: trained staff, tocilizumab and corticosteroids immediately available, ICU escalation pathway, and 24-hour monitoring. The Bahrain network has growing haematology depth but the deepest CRS / ICANS-capable cellular therapy monitoring within 90 minutes by air is at KFSHRC Riyadh. By cycle 3 onwards CRS risk drops sharply and continuation at a Bahrain centre (Bahrain Oncology Center or BDF Hospital) is appropriate for stable patients under co-management.

Eligibility at a Bahrain haematologist clinic

For Bahrain-resident adults the prescribing haematologist applies FDA criteria with local infusion-centre adaptation:

1. Confirmed r/r DLBCL not otherwise specified, or large B-cell lymphoma arising from follicular lymphoma, after two or more lines of therapy. Or candidate for second-line treatment in combination with GemOx under the STARGLO 2025 label.
2. Adult (18+).
3. Performance status compatible with intensive monitoring (ECOG 0 to 2 typically).
4. Adequate organ function.
5. No active CNS lymphoma.
6. HBV and HIV screening.
7. CRS and ICANS preparedness review at the selected infusion centre (cross-border KFSHRC Riyadh for step-up phase is the standard pattern).
8. Obinutuzumab pre-treatment one week before first Columvi dose.
9. Hospital with intensive monitoring capacity selected before starting.

The Bahrain patient should arrive with current oncology documentation: lymph node biopsy with CD20 pathology, prior line of therapy documentation, most recent PET-CT, HBV / HIV serology, and insurance preauthorisation paperwork for both the Bahrain prescribing visit and the Riyadh cross-border infusion.

The Bahrain prescribing and supply picture

Columvi NHRA coordination, with NHRA registration status verified at intake. The pathway is:

1. **Prescribing haematologist:** a board-certified haematologist at Salmaniya Medical Complex, King Hamad University Hospital, Bahrain Defence Force Hospital, or Bahrain Oncology Center. The bispecific case typically runs co-managed with KFSHRC Riyadh adult haematology.
2. **Infusion centre selection:** KFSHRC Riyadh adult haematology for the step-up dosing week and cycle 2 dose. From cycle 3 onwards continuation infusion at Bahrain Oncology Center or BDF Hospital is appropriate for stable patients under formal co-management with KFSHRC.
3. **Obinutuzumab pre-treatment supply:** arranged at KFSHRC Riyadh one week before the first Columvi dose.
4. **Insurance preauthorisation:** SEHATI, GOSI, and major Bahrain commercial covers (BISCO, Solidarity, Bahrain National Insurance) handle r/r DLBCL bispecific therapy case-by-case. Cross-border infusion coverage at KFSHRC Riyadh requires explicit pre-authorisation. `[VERIFY: current Bahrain NHRA registration status per indication at intake.]`
5. **Ongoing monitoring:** haematology follow-up at every cycle; PET-CT response assessment at cycle 3 and end of treatment.

Cost band

US list price for Columvi is USD 250,000 to 380,000 across the 12-cycle course. BHD-equivalent total-course cost band is approximately BHD 94,000 to 143,000 at list price. Insurance preauthorisation reduces out-of-pocket exposure substantially for covered patients. Cross-border travel cost (Manama to Riyadh) layered on top.

What to expect on Columvi

Week 1 is the step-up dosing phase at KFSHRC Riyadh. CRS, when it occurs, appears within 6 to 24 hours of day 1 or day 8 dose, presents as fever sometimes with hypotension or hypoxia, and is managed with tocilizumab and corticosteroids. ICANS, when it occurs, appears within the first one to two cycles as confusion or language disturbance and is managed with corticosteroids.

By cycle 3 onwards CRS and ICANS risk drops sharply and continuation infusion at Bahrain Oncology Center or BDF Hospital is appropriate under co-management with KFSHRC. The patient continues 30 mg every 21 days through cycle 12 and then stops. PET-CT response assessment at cycle 3 and end of treatment.

When Columvi is the wrong drug

For a Bahrain patient with active CNS lymphoma, with a fragile clinical state where the patient cannot tolerate CRS, with very early-line disease where standard chemo-immunotherapy has not yet been tried, or where the prescribing haematologist judges CAR-T to be a better fit, the pathway shifts.

What Reserve Meds does on this case

We are a US-based concierge coordinator. On a Bahrain Columvi case we build the documentation pack with the Bahrain treating haematologist office and coordinate cross-border referral to KFSHRC Riyadh for the step-up phase, confirm NHRA registration status and the appropriate dispensing pathway, run insurance preauthorisation for both the Bahrain prescribing visit and the Riyadh infusion, coordinate the obinutuzumab pre-treatment, confirm CRS and ICANS preparedness at KFSHRC, and stay with the case through the 12-cycle course with handoff to the local Bahrain haematologist for cycle 3 onwards continuation under co-management. Clinical decisions remain with your treating haematologist and the infusion centre.

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.

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