

## Columvi

Dubai · access guide

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

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

Dubai has a substantial adult haematology service footprint. Mediclinic City Hospital and Mediclinic Parkview, American Hospital Dubai, NMC Specialty, Aster Hospitals, and the Dubai Health Authority public-sector hospitals all run haematology and medical oncology services that handle DLBCL across the full therapeutic ladder: R-CHOP first line, salvage chemo-immunotherapy with autologous stem cell transplant where eligible, and increasingly cellular therapy referral for relapsed or refractory disease. For the CD20 by CD3 bispecific antibody case specifically, the operational pattern is cross-emirate referral to Cleveland Clinic Abu Dhabi haematology with cellular therapy depth for the step-up dosing week and cycle 2 dose, with cycle 3 onwards potentially returning to a Dubai infusion centre for outpatient continuation. 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 Dubai-resident patient: DHA coordination with cross-emirate referral, eligibility at the prescribing haematologist clinic, infusion centre selection across the emirates, the obinutuzumab pre-treatment requirement, what CRS and ICANS preparedness means in practical terms, the realistic out-of-pocket exposure band in AED, 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 of therapy. 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, no single one-shot infusion. The trade-off is twelve infusions instead of one; the advantage is no apheresis and lower total cost.

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

## What Columvi is, in plain language

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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 a 1000 mg infusion of obinutuzumab to deplete circulating CD20 B-cells and reduce the CRS risk of the first dose.

The infusion centre requirement is central. The step-up week and cycle 2 require infusion centre capacity for CRS and ICANS monitoring: trained staff, tocilizumab and corticosteroids immediately available, ICU escalation pathway, and overnight or 24-hour monitoring during early cycles. Cleveland Clinic Abu Dhabi haematology is the standard UAE reference for this phase. From cycle 3 onwards a Dubai infusion centre is appropriate.

## Eligibility at a Dubai haematologist clinic

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For Dubai-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-emirate referral for step-up phase).
8. Obinutuzumab pre-treatment one week before first Columvi dose.
9. Hospital with intensive monitoring capacity selected before starting (typically Cleveland Clinic Abu Dhabi for the step-up phase).

The Dubai patient should arrive with current oncology documentation: lymph node biopsy with CD20 pathology confirmation, prior line of therapy documentation, most recent PET-CT, HBV / HIV serology, insurance preauthorisation paperwork, and a discussion with the treating Dubai haematologist about which Abu Dhabi infusion centre will run the step-up phase.

## The Dubai prescribing and supply picture

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Columvi DHA dispensing coordination, with UAE EDE registration status verified at intake. The pathway is:

1. **Prescribing haematologist:** a board-certified haematologist at Mediclinic City Hospital, Mediclinic Parkview, American Hospital Dubai, NMC Specialty, Aster Hospitals, or the DHA public-sector hospitals. For the bispecific case specifically, co-management with Cleveland Clinic Abu Dhabi haematology is the standard pattern. 2. **Infusion centre selection:** Cleveland Clinic Abu Dhabi haematology for the step-up dosing week and cycle 2 dose. From cycle 3 onwards, infusion can return to a Dubai centre with adequate monitoring capacity for stable continuation patients, or remain at CCAD if the haematologist prefers continuity. 3. **Obinutuzumab pre-treatment supply:** arranged at the infusion centre one week before first Columvi dose. 4. **Insurance preauthorisation:** Daman, Oman Insurance, AXA Gulf, MetLife, Cigna, and other DHA-network commercial covers handle r/r DLBCL bispecific therapy case-by-case with documented prior lines and pathology confirmation. Cross-emirate infusion coverage requires explicit network pre-authorisation. `[VERIFY: current UAE EDE 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

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US list price for Columvi is USD 250,000 to 380,000 across the 12-cycle course. AED-equivalent total-course cost band is approximately AED 920,000 to 1,395,000 at list price. Insurance preauthorisation reduces out-of-pocket exposure substantially for covered patients.

## What to expect on Columvi

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Week 1 is the step-up phase at Cleveland Clinic Abu Dhabi or the equivalent UAE infusion centre. 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 is appropriate at the Dubai-side centre. 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

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For a Dubai 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

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We are a US-based concierge coordinator. On a Dubai Columvi case we build the documentation pack with the treating Dubai haematologist office and coordinate cross-emirate referral to Cleveland Clinic Abu Dhabi for the step-up phase, confirm UAE EDE registration status, run insurance preauthorisation for both the Dubai prescribing visit and the Abu Dhabi infusion, coordinate the obinutuzumab pre-treatment, confirm CRS and ICANS preparedness at the selected infusion centre, and stay with the case through the 12-cycle course with handoff to the local haematologist for end-of-treatment assessment. 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.

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### **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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