Columvi

Kuwait · access guide

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

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

Kuwait has a focused adult haematology and oncology service centred on the Kuwait Cancer Control Center (KCCC) under the Ministry of Health. KCCC is the reference adult oncology and haematology programme for diffuse large B-cell lymphoma, covering 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 funded through the Kuwait Ministry of Health Foreign Medical Treatment Department, with KFSHRC Riyadh as the primary regional centre for the step-up dosing week and cycle 2 dose, and cycle 3 onwards potentially returning to KCCC for outpatient continuation under co-management. 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 Kuwait-resident patient: Kuwait MoH DFC coordination, eligibility at the prescribing KCCC haematologist clinic, infusion centre selection across Kuwait 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 KWD, the MoH Foreign Medical Treatment funding pathway, 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 cell therapy (Yescarta, Kymriah, Breyanzi), Columvi is off-the-shelf: no apheresis, no manufacturing wait. 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

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 CD20 B-cells and reduce 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. For Kuwait-resident patients the deepest CRS / ICANS-capable cellular therapy monitoring within regional reach is at KFSHRC Riyadh; KCCC has growing haematology depth and may be appropriate for cycle 3 onwards continuation under co-management. By cycle 3 onwards CRS risk drops sharply.

Eligibility at a KCCC haematologist clinic

For Kuwait-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 Kuwait 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 the MoH Foreign Medical Treatment funding application initiated by the KCCC treating physician.

The Kuwait prescribing and supply picture

Columvi Kuwait MoH DFC coordination, with Kuwait MoH registration status verified at intake. The pathway is:

1. **Prescribing haematologist**: a board-certified haematologist at KCCC under the Kuwait Ministry of Health. 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 at KCCC 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. **MoH Foreign Medical Treatment funding**: the KCCC treating physician initiates the Foreign Medical Treatment Department application, which can fund the KFSHRC Riyadh step-up phase and continuation cycles for eligible Kuwaiti nationals. Commercial insurers handle expatriate patients case-by-case. `[VERIFY: current Kuwait MoH 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. KWD-equivalent total-course cost band is approximately KWD 77,000 to 117,000 at list price. MoH Foreign Medical Treatment funding can substantially or fully cover eligible Kuwaiti nationals. Cross-border travel cost (Kuwait City to Riyadh) layered on top.

What to expect on Columvi

Week 1 is the step-up dosing phase at KFSHRC Riyadh with intensive CRS and ICANS monitoring. 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 KCCC 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 Kuwait 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 Kuwait Columvi case we build the documentation pack with the KCCC treating haematologist office, coordinate the MoH Foreign Medical Treatment Department application alongside cross-border referral to KFSHRC Riyadh for the step-up phase, confirm Kuwait MoH registration status, 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 KCCC 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.

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