Columvi

Qatar · access guide

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

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

Qatar has built a focused adult haematology and oncology service network. The National Center for Cancer Care and Research (NCCCR) at Hamad Medical Corporation is the reference adult haematology and medical oncology programme for diffuse large B-cell lymphoma, covering R-CHOP first line, salvage chemo-immunotherapy with autologous stem cell transplant where eligible, and increasingly cellular therapy referral for relapsed or refractory disease. Sidra Medicine in Doha is the paediatric-only centre and does not see adult haematology patients; Columvi is an adult-only label and the Sidra programme does not apply. For the CD20 by CD3 bispecific antibody case, NCCCR adult haematology is the primary Qatar centre with the monitoring capacity for CRS and ICANS during the step-up dosing week, with referral to KFSHRC Riyadh as a backup option for the highest-complexity cases. 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 Qatar-resident patient: MOPH coordination, eligibility at the prescribing NCCCR haematologist clinic, infusion centre selection in Qatar and the cross-border backup, the obinutuzumab pre-treatment requirement, what CRS and ICANS preparedness means in practical terms, the realistic out-of-pocket exposure band in QAR, 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 during early cycles. NCCCR at HMC adult haematology has the monitoring capacity for the bispecific case; KFSHRC Riyadh is the cross-border backup for cases where additional cellular therapy depth is required. By cycle 3 onwards CRS risk drops sharply and outpatient infusion at NCCCR is appropriate.

Eligibility at an NCCCR haematologist clinic

For Qatar-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+). Sidra paediatric-only and does not apply. 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 NCCCR. 8. Obinutuzumab pre-treatment one week before first Columvi dose. 9. Hospital with intensive monitoring capacity selected before starting.

The Qatar 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.

The Qatar prescribing and supply picture

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

1. **Prescribing haematologist**: a board-certified haematologist at NCCCR at Hamad Medical Corporation. Sidra Medicine paediatric-only and does not see adult patients. 2. **Infusion centre selection**: NCCCR adult haematology is the primary Qatar infusion centre for Columvi step-up dosing. KFSHRC Riyadh is the cross-border backup if NCCCR refers out for additional cellular therapy depth on the most complex cases. 3. **Obinutuzumab pre-treatment supply**: arranged at NCCCR one week before the first Columvi dose. 4. **Insurance preauthorisation**: Qatari national coverage handles eligible Qatari nationals through the HMC institutional channel; commercial insurers handle expatriate patients case-by-case with documented prior lines and pathology confirmation. `[VERIFY: current Qatar MOPH 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. QAR-equivalent total-course cost band is approximately QAR 910,000 to 1,385,000 at list price. Insurance preauthorisation reduces out-of-pocket exposure substantially for covered patients.

What to expect on Columvi

Week 1 is the step-up dosing phase at NCCCR 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 outpatient infusion at NCCCR is appropriate. 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 Qatar 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 cell therapy (Yescarta, Kymriah, Breyanzi) to be a better fit, the pathway shifts. Reserve Meds does not promote one CD20 bispecific or one CAR-T over another.

What Reserve Meds does on this case

We are a US-based concierge coordinator. On a Qatar Columvi case we build the documentation pack with the NCCCR haematology office at HMC, confirm Qatar MOPH registration status and the appropriate dispensing pathway, run insurance preauthorisation, coordinate the obinutuzumab pre-treatment, confirm CRS and ICANS preparedness at NCCCR, and stay with the case through the 12-cycle course with handoff to the NCCCR haematologist for end-of-treatment response 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.

reservemeds.com · hello@reservemeds.com