Columvi

United Arab Emirates · access guide

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

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

The UAE has built one of the deeper adult haematology and cellular therapy networks in the wider region. Cleveland Clinic Abu Dhabi haematology has a maturing cellular therapy programme with CAR-T capacity and the monitoring infrastructure that translates directly to CD20 by CD3 bispecific antibody therapy. Sheikh Shakhbout Medical City and Burjeel Medical City run parallel adult haematology services. Across Dubai, Mediclinic City Hospital and Mediclinic Parkview, American Hospital Dubai, NMC Specialty, and Aster cover the prescribing-haematologist role, with cross-emirate referral to Cleveland Clinic Abu Dhabi for the complex bispecific case where step-up dosing and CRS / ICANS monitoring need the cellular therapy team. 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. For a UAE-resident adult with r/r DLBCL after two or more lines of therapy, or who is being considered for second-line treatment in combination with gemcitabine and oxaliplatin under the July 2025 STARGLO-based label expansion, the operational question is where the step-up dosing happens, which infusion centre has the CRS and ICANS monitoring capability, and how the 12-cycle course is funded and supplied.

This page explains the 2026 pathway for a UAE-resident patient: UAE EDE registration status, eligibility at the prescribing haematologist clinic, infusion centre selection for the step-up phase, the obinutuzumab pre-treatment requirement one week before first dose, what CRS and ICANS preparedness means in practical infusion-centre terms, the realistic out-of-pocket exposure band in AED, and how the fixed 12-cycle finish-line shapes the family's planning horizon.

Why Columvi, and why now

Columvi is glofitamab-gxbm, a humanized IgG1 bispecific antibody that binds CD20 on B-cells with one arm and CD3 on T-cells with the other arm, redirecting the patient's own T-cells against the lymphoma. The FDA approved Columvi in June 2023 under accelerated approval for r/r DLBCL after two or more lines of systemic therapy. In July 2025 the FDA converted that 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 is what distinguishes Columvi operationally from indefinite biologic therapy. Patients who respond and complete the course are off therapy after roughly 8 to 9 months, with no maintenance phase. For families weighing CAR-T cell therapy (Yescarta, Kymriah, Breyanzi), the off-the-shelf nature of Columvi matters: there is no apheresis collection, no manufacturing wait, and no single one-shot infusion that has to work. Columvi is given as a series of scheduled infusions. The trade-off versus CAR-T is twelve infusions instead of one; the advantage versus CAR-T is no apheresis, no manufacturing delay, and a lower total cost.

Reserve Meds does not promote one CD20 bispecific or one CAR-T over another. The page describes the Columvi pathway because Columvi is the drug the patient has asked about.

What Columvi is, in plain language

Columvi is an intravenous infusion given at a hospital with intensive monitoring capacity for the first cycles. The schedule uses step-up dosing across week 1: 2.5 mg on day 1, 10 mg on day 8, and 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 single 1000 mg infusion of obinutuzumab to deplete circulating CD20 B-cells and reduce the cytokine release syndrome risk of the first Columvi dose.

The infusion centre requirement is central. The step-up dosing week and the cycle 2 dose require infusion centre capacity for CRS and ICANS monitoring: trained staff who recognise the early signs of cytokine release syndrome and immune effector cell-associated neurotoxicity, tocilizumab and corticosteroids immediately available, ICU escalation pathway, and overnight or 24-hour monitoring availability during early cycles. By cycle 3 onwards, the CRS risk drops sharply and outpatient infusion is appropriate.

Eligibility at a UAE haematologist clinic

For UAE-resident adults the prescribing haematologist applies the 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 systemic 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 during step-up (ECOG 0 to 2 typically). 4. Adequate organ function: bone marrow, hepatic, renal. 5. No active central nervous system lymphoma. CNS lymphoma is a contraindication. 6. Hepatitis B and HIV screening; HBV reactivation prophylaxis if positive serology. 7. CRS and ICANS preparedness review at the selected infusion centre. 8. Obinutuzumab pre-treatment one week before first Columvi dose. 9. Hospital with intensive monitoring capacity for early cycles selected before starting.

The UAE patient should arrive with current oncology documentation: lymph node biopsy with DLBCL pathology confirmation including CD20 status, prior line of therapy documentation, most recent PET-CT, CNS imaging if there is clinical concern, HBV / HIV serology, and insurance preauthorisation paperwork.

The UAE prescribing and supply picture

Columvi UAE EDE registration status is verified at intake. Where in-country registration is complete, in-country pharmacy dispensing applies; where the indication-specific label has not yet caught up with the FDA label expansion, a named-patient European-import or US-import pathway covers the case. The pathway is:

1. **Prescribing haematologist**: a board-certified UAE haematologist at Cleveland Clinic Abu Dhabi, Sheikh Shakhbout Medical City, Burjeel Medical City, Mediclinic City Hospital, Mediclinic Parkview, American Hospital Dubai, NMC Specialty, or an equivalent tertiary haematology service. The bispecific conversation runs through the lymphoma-experienced haematology service, not general oncology. 2. **Infusion centre selection**: Cleveland Clinic Abu Dhabi haematology with cellular therapy depth is the primary UAE reference for Columvi step-up dosing. SSMC and Burjeel Medical City have parallel haematology capacity. Cross-emirate Dubai-to-Abu Dhabi referral is the standard pattern for the complex bispecific case during the step-up week and cycle 2 dose; from cycle 3 onwards outpatient infusion closer to home is appropriate for stable patients. 3. **Obinutuzumab pre-treatment supply**: arranged at the same infusion centre one week before the first Columvi dose. 4. **Insurance preauthorisation**: Thiqa for Emirati nationals and the major commercial UAE covers (Daman, Oman Insurance, AXA Gulf, MetLife, Cigna) handle r/r DLBCL bispecific therapy on a case-by-case basis with documented prior lines, pathology confirmation, and infusion-centre selection. `[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; CRS and ICANS symptom monitoring during early cycles.

Cost band

US list price for Columvi is in the range of USD 250,000 to 380,000 across the full 12-cycle course, first cycle being the highest. At 2026 indicative cross rates, the AED-equivalent total-course cost band is approximately AED 920,000 to 1,395,000 at list price across the 12 cycles. Insurance preauthorisation reduces out-of-pocket exposure substantially for covered patients.

What to expect on Columvi

Week 1 is the step-up dosing phase. The patient receives 2.5 mg on day 1, 10 mg on day 8, and 30 mg on day 15 at the selected infusion centre with intensive CRS and ICANS monitoring. CRS, when it occurs, typically appears within 6 to 24 hours of the day 1 or day 8 dose as fever, sometimes with hypotension or hypoxia, and is managed at the infusion centre with tocilizumab and corticosteroids. ICANS, when it occurs, typically 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 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 guides clinical decisions. The fixed 12-cycle finish line is the operational anchor.

When Columvi is the wrong drug

For a UAE patient with active CNS lymphoma, with a fragile clinical state where the patient cannot tolerate the CRS risk of step-up dosing, with very early-line disease where standard R-CHOP or salvage chemotherapy 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. We are not the prescriber and not the dispensing infusion centre. On a UAE Columvi case we build the documentation pack with the treating haematologist office at Cleveland Clinic Abu Dhabi, SSMC, Burjeel Medical City, or the Dubai-side equivalent, confirm UAE EDE registration status and the appropriate dispensing pathway, run the insurance preauthorisation conversation, coordinate the obinutuzumab pre-treatment one week before first dose, confirm the 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 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