

Darzalex

Abu Dhabi · access guide

How to access Darzalex or Darzalex Faspro for multiple myeloma or AL amyloidosis from Abu Dhabi: 2026 emirate pathway via Cleveland Clinic Abu Dhabi, Sheikh Shakhbout Medical City, Tawam, Burjeel Medical City, and the wider DoH-coordinated network

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

Darzalex Faspro (daratumumab plus hyaluronidase-fihj) and Darzalex IV (daratumumab) are administered for adult multiple myeloma and AL amyloidosis across the Abu Dhabi adult haematology, medical oncology, and BMT network, coordinated through the Department of Health Abu Dhabi (DoH). Both formulations are UAE EDE-registered. Cleveland Clinic Abu Dhabi runs the deepest adult cellular therapy programme in the UAE, and Tawam Hospital in Al Ain is the federal oncology centre of excellence. For an Abu Dhabi-resident adult newly diagnosed with multiple myeloma in 2026, daratumumab is part of the standard induction conversation, and the operational question is which combination, which formulation, and at which DoH centre to receive the loading and maintenance schedule.

This page explains how the pathway works in 2026 for an Abu Dhabi-resident adult: who qualifies, which Abu Dhabi centres administer, what the schedule looks like across induction-consolidation-maintenance, what realistic cost looks like in AED under Thiqa and DoH coverage, what HBV-screening and blood bank preparation is needed, and what to do about the cross-match interference Darzalex causes.

Why Darzalex Faspro, and why now

Daratumumab is a humanised IgG1 kappa monoclonal antibody developed by Genmab and commercialised by Johnson & Johnson Innovative Medicine (Janssen Biotech), targeting CD38 on multiple myeloma cells and AL amyloidosis clonal plasma cells. Mechanism: CDC, ADCC, ADCP, direct apoptosis, immunomodulation, CD38 enzyme inhibition.

Darzalex IV was FDA approved November 2015; Darzalex Faspro SC was FDA approved May 2020 with equivalent efficacy, lower infusion-reaction rate (approximately 10 percent SC vs approximately 50 percent first IV infusion), and 5-minute injection vs 7-hour first IV infusion. The PERSEUS Phase 3 trial established D-VRd as the preferred quadruplet induction-consolidation-maintenance regimen for transplant-eligible NDMM; FDA approved D-VRd in July 2024.

For an Abu Dhabi patient newly diagnosed with multiple myeloma in 2026, the treating haematologist's induction conversation typically centres on D-VRd for transplant-eligible patients or D-Rd (MAIA) for transplant-ineligible patients. For relapsed or refractory disease, D-Vd, D-Kd, or D-Pd; for triple-class-exposed disease, BCMA bispecifics or BCMA CAR-T (with CCAD, SSMC, Burjeel Medical City, Yas Clinic, and ADSCC as the Abu Dhabi cellular therapy network).

What Darzalex Faspro is, in plain language

A single 1800 mg fixed dose, co-formulated with recombinant hyaluronidase-fihj, is delivered as a subcutaneous abdominal injection over 3 to 5 minutes. No infusion line, no central venous access. Observation 6 hours after the first dose; shortens with subsequent doses.

Schedule: weekly weeks 1-8; every two weeks weeks 9-24; every four weeks from week 25 onwards.

Premedications before each dose: corticosteroid, antihistamine, antipyretic, montelukast for first dose. Post-treatment oral corticosteroids for two days after the first dose.

Eligibility at an Abu Dhabi haematologist or medical oncologist clinic

For Abu Dhabi-resident patients:

1. Confirmed multiple myeloma per IMWG criteria, or confirmed AL amyloidosis with tissue biopsy.
2. Adequate cardiac function: baseline ECHO with LVEF, particularly for AL amyloidosis and carfilzomib-containing regimens.
3. Lenalidomide tolerance and creatinine clearance assessment for D-Rd or D-VRd.
4. Baseline neuropathy assessment for bortezomib-containing regimens.
5. **Hepatitis B virus screening before initiation.** HBV-positive patients require antiviral prophylaxis and HBV DNA monitoring.
6. Baseline CBC, comprehensive metabolic panel, immunoglobulin levels, SPEP and UPEP with immunofixation, serum free light chains.
7. **Type and screen and notify the blood bank.** Daratumumab interferes with indirect Coombs and cross-match testing for up to 6 months. Darzalex patient ID card issued. DTT-treated red cells for cross-matching.
8. Pregnancy testing and effective contraception (3 months post last dose).
9. Vaccination review: avoid live vaccines.

An Abu Dhabi patient should arrive with the most recent diagnostic workup: SPEP and UPEP with immunofixation, serum free light chains, marrow biopsy and aspirate with cytogenetics including FISH, skeletal imaging, PET-CT where used, beta-2-microglobulin, albumin, LDH, treatment history. For AL amyloidosis: cardiac biomarkers, 24-hour urine protein, cardiac MRI or ECHO with strain, involved-organ assessment.

The Abu Dhabi administration picture, plainly

Abu Dhabi-emirate Darzalex administration is coordinated through DoH Abu Dhabi. The Abu Dhabi centres include:

- **Cleveland Clinic Abu Dhabi (CCAD)**: the deepest adult haematology, BMT, and cellular therapy programme in the UAE; daratumumab combination care is the standard induction practice. - **Sheikh Shakhboub Medical City (SSMC)**: MD Anderson Cancer Center affiliation; adult haematology with daratumumab combination care as standard. - **Tawam Hospital, Al Ain**: the federal oncology centre of excellence; deep adult oncology and haematology infrastructure; high-volume daratumumab practice. - **Burjeel Medical City, Abu Dhabi**: adult oncology, haematology, and BMT. - **Yas Clinic Hospital, Abu Dhabi**: cellular therapy and adult haematology expanding. - **Abu Dhabi Stem Cells Centre (ADSCC)**: coordinated the UAE's first Casgevy gene therapy in April 2026 and is expanding its cellular therapy capability for adult haematology. - **Sheikh Khalifa Medical City (SKMC)**: national reference for advanced therapies; adult haematology. - **Mafraq Hospital**: adult medical oncology.

Janssen Middle East coordinates supply through the UAE EDE-registered channel. Both Darzalex IV and Darzalex Faspro are widely available; SC is the operational default for adult MM since 2021. Tawam Al Ain is the oncology centre of excellence and referral node.

For UAE-resident adults considering BCMA bispecifics or BCMA CAR-T as the next operational step after daratumumab-based regimens, the Abu Dhabi cellular therapy network (CCAD, SSMC, ADSCC, Yas Clinic, Burjeel Medical City) handles the in-emirate pathway; cross-border CAR-T option is KFSHRC Riyadh.

The 2026 pathway, step by step

Week 0 to 2: Diagnostic workup and treatment-plan discussion with the treating haematologist or medical oncologist at CCAD, SSMC, Tawam, Burjeel Medical City, Yas Clinic, SKMC, or Mafraq. Reserve Meds assembles the document pack where it helps the family understand the regimen choice.

Week 2 to 3: HBV screening, blood bank type-and-screen and DTT protocol setup, baseline cardiac assessment if needed, baseline labs, treatment-plan finalisation.

Week 3: First dose. Darzalex Faspro: premedications, single 1800 mg SC injection over 3-5 minutes, 6-hour observation, post-treatment oral corticosteroid for 2 days.

Weeks 4-11: Weekly doses.

Weeks 12-24: Every-two-week doses.

Week 25 onwards: Monthly dosing for duration of treatment plan.

Ongoing: CBC, SPEP, serum free light chains, comprehensive metabolic panel, periodic immunoglobulin levels, infection surveillance.

Cost expectation in AED

Darzalex Faspro Abu Dhabi pricing per 1800 mg vial typically runs AED 28,000 to 35,000 (subject to confirmation at intake). Standard first-year schedule (8 weekly + 8 every-two-week + monthly maintenance) uses 24-26 doses, costing approximately AED 700K to 900K for daratumumab alone. After year 1, monthly maintenance costs approximately AED 350K to 450K per year.

Combination costs add lenalidomide (D-Rd, D-VRd), bortezomib (D-VRd, D-Vd), or pomalidomide (D-Pd) on top. Lenalidomide adds approximately AED 200K to 350K per year on D-Rd or D-VRd induction.

For Emirati nationals, Thiqa covers daratumumab combinations as standard-of-care induction and maintenance through DoH-coordinated pathway at CCAD, SSMC, Tawam, and other DoH centres. Abu Dhabi residents on Thiqa receive daratumumab through DoH central supply. For UAE residents with employer-sponsored Daman or commercial cover, daratumumab is typically covered subject to pre-authorization; ceiling caps on annual oncology benefit can apply for some plans. For expatriates without local insurance, self-pay applies.

Religious, ethical, and family-logistics framing

Daratumumab is a recombinant monoclonal antibody manufactured in mammalian cell culture (CHO cells). Hyaluronidase-fihj in Faspro is recombinant human hyaluronidase, also CHO-derived. No porcine, bovine, or human-derived component in the final product. The injection is permissible across UAE Islamic jurisprudence on the same footing as other recombinant biologic therapies.

Multiple myeloma is overwhelmingly adult, median age 65-70. The treatment plan involves the patient and adult children or spouse; weekly then bi-weekly then monthly visits over years require family transport coordination, particularly for elderly patients and for patients travelling from Al Ain to Tawam or from outer Abu Dhabi to the city-centre centres.

HBV screening before initiation is a hard rule. Abu Dhabi-resident expatriates from higher-prevalence regions need explicit screening at first daratumumab discussion.

Cross-match interference: the patient must carry a Darzalex patient ID card. Before any planned transfusion, the blood bank must be notified; DTT-treated red cells are used for cross-matching. The interference persists for up to 6 months after the last dose.

When Darzalex Faspro is not the right call

For an Abu Dhabi patient with confirmed daratumumab refractoriness, the operational alternative is isatuximab (Sarclisa, Sanofi), the other commercial anti-CD38 mAb with a different binding epitope. For triple-class-exposed relapsed-refractory disease, the pathway moves to BCMA bispecifics (teclistamab, elranatamab), GPRC5D-directed talquetamab, or BCMA CAR-T (Abecma or Carvykti) at the Abu Dhabi cellular therapy network (CCAD, SSMC, ADSCC, Yas Clinic, Burjeel Medical City) or cross-border at KFSHRC Riyadh. For active HBV without adequate antiviral coverage, daratumumab initiation is deferred. For persistent grade 3+ infusion reaction across IV and SC, discontinuation.

Reserve Meds does not push a default regimen. The page describes Darzalex Faspro because daratumumab is the backbone biologic the patient has asked about. If the conversation with the treating haematologist points toward isatuximab, a bispecific, CAR-T, or a non-CD38 regimen, the operational pathway shifts accordingly.

What Reserve Meds does on this case

We are a US-based concierge coordinator. We are not the prescriber and not the dispensing pharmacy. On an Abu Dhabi Darzalex or Darzalex Faspro case we build the document pack, coordinate pre-treatment HBV screening and blood bank notification logistics, support pre-authorisation conversations with Thiqa, DoH, Daman, or commercial insurers, coordinate supply continuity for longer maintenance, and stay with the case through the induction-consolidation-maintenance arc. Clinical decisions remain with your treating haematologist or medical oncologist.

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.

Reserve Meds is in pre-launch. Published timelines and cost ranges are indicative, not guarantees.

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