Darzalex

Dubai · access guide

How to access Darzalex or Darzalex Faspro for multiple myeloma or AL amyloidosis from Dubai: 2026 emirate pathway via DHA-coordinated haematology and medical oncology

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 Dubai adult haematology and medical oncology network, coordinated through Dubai Health Authority (DHA) Pharmaceutical Affairs. Both formulations are UAE EDE-registered. For a Dubai-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, where in the emirate to receive the loading and maintenance schedule, and whether cross-emirate referral to Abu Dhabi is needed for BMT or BCMA CAR-T adjacent steps.

This page explains how the pathway works in 2026 for a Dubai-resident adult: who qualifies, which Dubai centres administer, what the schedule looks like across induction-consolidation-maintenance, what realistic cost looks like in AED under DHA-coordinated 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 a Dubai 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 (typically Abu Dhabi-emirate or cross-border).

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 a Dubai haematologist or medical oncologist clinic

For Dubai-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.

A Dubai 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 Dubai administration picture, plainly

Dubai-emirate Darzalex administration is coordinated through DHA Pharmaceutical Affairs. The Dubai centres include:

- **Mediclinic City Hospital, Dubai Healthcare City**: adult medical oncology and haematology. - **American Hospital Dubai**: adult oncology and haematology. - **King's College Hospital London Dubai**: adult haematology and oncology. - **Saudi German Hospital Dubai**: adult oncology. - **Mediclinic Parkview Hospital, Al Barsha South**: adult oncology. - **NMC Royal Hospital, DIP**: adult oncology. - **Aster Hospitals (Aster Cedars, Aster Mankhool)**: adult oncology services. - **Rashid Hospital and Dubai Hospital (DHA)**: government hospital oncology services with daratumumab availability through DHA central supply.

For UAE-resident adults seeking BMT or BCMA CAR-T as the next operational step after daratumumab-based regimens, the cross-emirate referral is to Abu Dhabi: Cleveland Clinic Abu Dhabi, Sheikh Shakhbout Medical City, Burjeel Medical City, Yas Clinic, or ADSCC. Cross-border CAR-T option is KFSHRC Riyadh. Daratumumab itself does not require cross-emirate or cross-border travel.

The 2026 pathway, step by step

Week 0 to 2: Diagnostic workup and treatment-plan discussion with the treating haematologist or medical oncologist in Dubai. 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 Dubai 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 the Dubai pathway. Dubai-resident UAE nationals on DHA-coordinated pathways receive daratumumab through DHA central supply at the prescribed centre. For UAE residents with employer-sponsored Daman or commercial cover, daratumumab is typically covered subject to pre-authorisation; ceiling caps on annual oncology benefit can apply for some plans. For expatriates without local insurance, self-pay applies; payment plans through the dispensing pharmacy may be available for longer-tail maintenance.

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 MENA 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.

HBV screening before initiation is a hard rule. Dubai-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 a Dubai 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) via cross-emirate referral to Abu Dhabi or cross-border to 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 a Dubai 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, DHA, 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.

reservemeds.com · hello@reservemeds.com