Darzalex

Qatar · access guide

How to access Darzalex or Darzalex Faspro for multiple myeloma or AL amyloidosis from Qatar: 2026 pathway via NCCCR Hamad Medical Corporation

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

The National Center for Cancer Care and Research (NCCCR), part of Hamad Medical Corporation in Doha, administers Darzalex Faspro (daratumumab plus hyaluronidase-fihj) routinely for adult multiple myeloma and AL amyloidosis. Both Darzalex IV and Darzalex Faspro are registered with the Qatar Ministry of Public Health and form the foundational backbone of MM induction, consolidation, and maintenance care. For a Qatar-resident adult newly diagnosed with multiple myeloma in 2026, daratumumab is part of the standard induction conversation; the operational question is which combination, which formulation, and how the year-on-year monthly maintenance fits with work and family logistics. Sidra Medicine, Doha's paediatric reference centre, is paediatric-only and is not the relevant centre for adult multiple myeloma or AL amyloidosis.

This page explains how the pathway works in 2026 for a Qatar-resident adult: who qualifies, what NCCCR offers, what the schedule looks like across induction-consolidation-maintenance, what realistic cost looks like in QAR under Hamad Medical Corporation coverage, what infusion-reaction and HBV-screening 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 expressed 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 (NEJM 2024) established Darzalex Faspro plus VRd (D-VRd) as the preferred quadruplet induction-consolidation-maintenance regimen for transplant-eligible NDMM, with 48-month PFS 84.3 percent vs 67.7 percent for VRd alone. FDA approved D-VRd for transplant-eligible NDMM in July 2024.

For a Qatar patient newly diagnosed with multiple myeloma in 2026, the NCCCR 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 combinations apply; for triple-class-exposed disease the conversation moves to bispecifics or BCMA CAR-T (cross-border).

What Darzalex Faspro is, in plain language

A single 1800 mg fixed dose, co-formulated with recombinant hyaluronidase-fihj that temporarily breaks down the connective tissue under the skin to allow rapid absorption, is delivered as a subcutaneous abdominal injection over 3 to 5 minutes. No infusion line, no central venous access. Observation for 6 hours after the first dose; shortened with subsequent doses.

Schedule: weekly weeks 1-8 (8 doses); every two weeks weeks 9-24 (8 doses); every four weeks from week 25 onwards until progression, intolerable toxicity, or end of planned treatment course.

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

Eligibility at NCCCR

For Qatar-resident patients:

1. Confirmed multiple myeloma per IMWG criteria, or confirmed AL amyloidosis with tissue biopsy. 2. Adequate cardiac function: baseline ECHO with LVEF. 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 (HBsAg, anti-HBc) before initiation**. HBV-positive patients require antiviral prophylaxis and HBV DNA monitoring. 6. Baseline CBC with differential, comprehensive metabolic panel, immunoglobulin levels, serum free light chains, SPEP and UPEP with immunofixation. 7. **Type and screen the patient and notify the blood bank**: daratumumab interferes with indirect Coombs and cross-match testing for up to 6 months after the last dose. Patient receives a Darzalex patient ID card; the NCCCR blood bank uses DTT-treated red cells for cross-matching. 8. Pregnancy testing in women of reproductive potential; contraception during and for three months after the last dose. 9. Vaccination review: avoid live vaccines; consider pneumococcal, influenza, recombinant zoster vaccines.

A Qatar patient should arrive with the most recent diagnostic workup: SPEP and UPEP with immunofixation, serum free light chain assay, marrow biopsy and aspirate with cytogenetics including FISH for high-risk markers, 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 Qatar administration picture, plainly

The relevant Qatar adult haematology infrastructure in 2026:

- **National Center for Cancer Care and Research (NCCCR), Hamad Medical Corporation, Doha**: the adult oncology and haematology reference centre, with deep multiple myeloma practice. Daratumumab combination induction and maintenance are standard practice. - **Hamad General Hospital adult haematology service**: diagnostic workup partner.

Sidra Medicine in Doha runs the paediatric oncology and gene therapy programme. For an adult Darzalex case, Sidra is not the relevant centre. The paediatric and adult oncology programmes in Qatar operate independently.

The Qatar Ministry of Public Health is the regulator. Janssen Middle East coordinates supply. Both Darzalex IV and Darzalex Faspro are registered; SC is the operational default for adult MM since 2021.

For Qatar-resident adults considering BMT, BCMA bispecifics, or BCMA CAR-T as the next operational step after daratumumab-based regimens, NCCCR coordinates referral; CAR-T cross-border options include KFSHRC Riyadh (regional reference centre with 200+ commercial CAR-T patients), Cleveland Clinic Abu Dhabi, and KHCC Amman.

The 2026 pathway, step by step

Week 0 to 2: Diagnostic workup and treatment-plan discussion at NCCCR. 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 (8 total in weeks 1-8 of treatment).

Weeks 12-24: Every-two-week doses (8 total in weeks 9-24).

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 QAR

Darzalex Faspro Qatar pricing per 1800 mg vial typically runs QAR 28,000 to 34,000 (subject to confirmation at intake; MoPH and HMC tender pricing). Standard first-year schedule (8 weekly + 8 every-two-week + monthly maintenance) uses 24-26 doses, costing approximately QAR 680K to 860K for daratumumab alone. After year 1, monthly maintenance costs approximately QAR 340K to 420K per year.

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

For Qatari nationals, Hamad Medical Corporation and MoPH coverage for MoPH-registered standard-of-care MM regimens routinely extends to daratumumab combinations through HMC central supply. The pre-authorisation conversation happens at induction planning. For expatriate residents, employer-sponsored insurance covers daratumumab for registered indications subject to pre-authorisation; cash-pay-with-documentation applies where insurance ceiling caps are reached.

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 Qatari 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 NCCCR visits over years require family transport coordination, particularly for elderly patients.

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

Cross-match interference is the operational fact families often miss. 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 Qatar 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) cross-border at KFSHRC Riyadh, CCAD, or KHCC. For active HBV without adequate antiviral coverage, daratumumab initiation is deferred. For persistent grade 3+ infusion reaction across IV and SC formulations, 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 Qatar 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 HMC 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 at NCCCR.

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.

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.
reservemeds.com · hello@reservemeds.com