Elrexfio

Saudi Arabia · access guide

How to access Elrexfio from Saudi Arabia, the named-patient import pathway, 2026

By Reserve Meds · Clinical & regulatory team · Last reviewed 2026-04-23

A Saudi Arabia patient with heavily pre-treated relapsed or refractory multiple myeloma, typically with four or more prior lines including a proteasome inhibitor, an immunomodulatory agent, and an anti-CD38 monoclonal, may be evaluated by their treating haematologist for Elrexfio (elranatamab). Elrexfio is FDA-approved, developed by Pfizer, and is a subcutaneous BCMAxCD3 bispecific T-cell engager for multiple myeloma. In Saudi Arabia, Elrexfio is not yet broadly registered for routine hospital pharmacy dispensing, which is why your haematologist may be navigating a named-patient import pathway with you.

This guide explains the legal pathway, what your physician needs to provide, typical timelines, and where Reserve Meds fits in.

The clinical situation

Elrexfio is a humanised bispecific antibody binding BCMA on myeloma cells and CD3 on T cells. Administration is subcutaneous on a step-up schedule (12 mg then 32 mg on a pre-maintenance cadence) followed by 76 mg weekly, with less-frequent dosing considered after sustained response. The step-up phase requires inpatient monitoring for cytokine release syndrome (CRS) and immune effector cell-associated neurotoxicity syndrome (ICANS) at a facility capable of tocilizumab administration and intensive support. Eligibility anchors to prior-line history, performance status, cytopenia baseline, and infection-risk profile. Your haematologist will identify the administering tertiary centre and plan hypogammaglobulinaemia-related supportive care.

Is Elrexfio legally importable into Saudi Arabia?

Yes, via the Saudi Food and Drug Authority (SFDA) named-patient import framework, with the DoH Abu Dhabi / DHA Dubai parallel authorities operating analogous processes. The named-patient mechanism permits a Saudi Arabia-licensed physician at a qualified haematology centre to import a medicine not locally registered when (a) the medicine is approved by a recognised reference authority such as the US FDA, (b) no clinically equivalent alternative is routinely available at that centre, (c) the physician accepts clinical responsibility, and (d) chain of custody through a licensed importer is documented.

For Elrexfio specifically, the application emphasises the centre's capability to manage CRS/ICANS during step-up dosing.

How the pathway works, step by step

1. **Consultation with your treating haematologist.** Prior-line documentation, performance status, cytopenia and infection baseline, centre nomination.
2. **Administering-centre identification.** A qualified Saudi Arabia tertiary haematology unit with CRS/ICANS monitoring capability is nominated; step-up beds are booked.
3. **SFDA named-patient application.** Your physician files the dossier including clinical rationale, patient reference, centre capability attestation, and dosing plan.
4. **US-side sourcing.** Reserve Meds coordinates with our US-licensed specialty wholesale partner to secure Elrexfio from the manufacturer's authorised distribution chain under DSCSA.
5. **Cold-chain shipment.** Elrexfio ships with validated temperature control to the administering hospital pharmacy.
6. **Step-up admission and ongoing therapy.** The tertiary centre admits for step-up dosing, manages CRS/ICANS prophylaxis, transitions to weekly outpatient maintenance.

What documentation your physician needs

- Clinical rationale letter confirming diagnosis, prior-line sequence (≥ 4 prior lines with PI / IMiD / anti-CD38 exposure), and Elrexfio as the indicated therapy
- Verification of the treating physician's Saudi Arabia licence (SFDA / DoH / DHA as applicable)
- Identification of the administering tertiary centre with CRS/ICANS monitoring attestation
- Patient identifier (anonymised reference where possible)
- Step-up and maintenance dosing plan with supportive-care protocol

Reserve Meds provides a documentation kit that bundles the SFDA templates reviewers expect to see for BCMA-directed bispecific named-patient files.

Costs and timing

Elrexfio's US cash-pay drug-only reference cost for the 76 mg weekly maintenance is approximately USD 41,000-47,000 per month in an indicative 2026 drug-only range (delivered quote issued at intake); the step-up month sits at a lower dose level. Inpatient step-up hospitalisation is a separate local cost handled by the administering hospital. International logistics, SFDA documentation handling, cold-chain shipment, and concierge coordination add incremental cost. Reserve Meds issues a transparent quote at the start of intake. Indicative range.

Indicative timing for first-dose step-up admission after cohort intake opens is 7-14 days from the moment a complete SFDA application is submitted.

Fulfillment availability is limited to our first cohort, and all timelines published on this site are indicative. If your clinical situation is time-sensitive, tell us at intake. We triage accordingly.

A culturally-aware note: Saudi Arabia myeloma patients travel from across the Northern Emirates to tertiary haematology centres in Abu Dhabi and Dubai. Our coordination includes accommodation logistics for the step-up inpatient phase and family-caregiver support throughout.

Reserve Meds's role

- **Sourcing.** Through our US-licensed specialty wholesale partner under DSCSA chain-of-custody.
- **Documentation.** Regulatory package for your physician and SFDA review, keyed to the BCMA-bispecific rationale.
- **Logistics.** Validated cold-chain shipment to the nominated tertiary centre.
- **Concierge case lead.** A named point of contact for your family and your haematology team through step-up and maintenance cadence.

What we do not do: we are not the prescriber, we do not practise medicine, and we are not the dispensing pharmacy. All clinical decisions remain with your treating haematologist and the administering centre.

Frequently asked

How does Elrexfio compare with Tecvayli? Both are BCMAxCD3 bispecifics with similar mechanism and similar step-up dosing schedules. They differ slightly in dosing cadence, supportive-care protocol, and cross-trial response profiles. Your haematologist will select based on the clinical picture.

Where will the step-up admission happen? At a Saudi Arabia tertiary haematology centre with CRS/ICANS experience, your physician nominates the site.

What is the infection risk? BCMA bispecifics are associated with hypogammaglobulinaemia and opportunistic infection risk; IVIG supplementation and antimicrobial prophylaxis are standard. Your team will manage.

Will insurance cover this? Cash-pay is the default for named-patient imports. Some Saudi Arabia private insurers consider case-by-case reimbursement; we supply documentation but do not process claims directly.

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.

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