

## Aldurazyme

Egypt · access guide

# How to access Aldurazyme from Egypt, the named-patient import pathway, 2026

By Reserve Meds, Clinical and regulatory team. Last reviewed 2026-05-13.

An Egyptian patient with mucopolysaccharidosis I (MPS I, including Hurler, Hurler-Scheie, and moderate-to-severe Scheie forms) may receive a prescription for Aldurazyme (laronidase) from their treating metabolic geneticist. Aldurazyme is FDA-approved in the United States and manufactured by Sanofi Genzyme. It is a recombinant alpha-L-iduronidase enzyme replacement therapy administered by intravenous infusion. Local availability of Aldurazyme in Egypt can be inconsistent: the drug may not be on every specialty pharmacy's standing formulary, the specific indication may not match what is locally registered, or the strength required may be back-ordered. When that happens, a named-patient import pathway through EDA remains a legitimate route for the patient whose physician has already prescribed the drug.

This guide explains the pathway, the documentation your physician needs, typical costs and indicative timing, and where Reserve Meds fits in.

## The clinical situation

Aldurazyme is a recombinant alpha-L-iduronidase enzyme replacement therapy. Mechanism: a recombinant form of human alpha-L-iduronidase that catalyses the hydrolysis of terminal alpha-L-iduronic acid residues in dermatan and heparan sulfate. Dosing: 0.58 mg/kg by intravenous infusion once weekly, with pre-infusion antihistamine and antipyretic premedication, per FDA labeling. Baseline workup per FDA labeling includes urinary GAG baseline, cardiac echocardiogram, pulmonary function where age-appropriate, airway and sleep assessment, and infusion-reaction risk screening. The FDA boxed warning covers anaphylaxis and severe allergic reactions. Other important warnings include anaphylaxis and severe allergic reactions, airway compromise during infusion in patients with sleep apnea or upper airway disease, and concurrent acute febrile or respiratory illness considerations. Your specialist will discuss the risk-benefit profile and schedule monitoring before initiating therapy.

## Is Aldurazyme legally importable into Egypt?

Yes, through the Egyptian Drug Authority (EDA) named-patient and personal-use import framework, coordinated with the treating facility's pharmacy. Egypt has an established pathway for specialty medicines approved by reference authorities (US FDA, EMA, MHRA) but not stocked or registered for the specific indication locally.

The EDA named-patient route allows an Egyptian-licensed physician to request import of a medicine when: (a) the medicine is approved by a recognised reference authority, (b) no clinically equivalent locally registered alternative is suitable for the patient's indication and history, (c) the treating physician takes clinical responsibility for use, and (d) chain of custody is documented from the US source to the administering facility. Applications are typically filed through the dispensing institution's import pharmacy on the physician's behalf, with approval issued on a per-patient, per-cycle quantity basis.

## How the pathway works, step by step

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1. **Consultation with your treating specialist.** The prescribing decision is clinical. Your specialist documents the indication, prior therapies where relevant, and rationale for Aldurazyme.
2. **Baseline screening.** Urinary GAG baseline, cardiac echocardiogram, pulmonary function where age-appropriate, airway and sleep assessment, and infusion-reaction risk screening are confirmed and documented.
3. **EDA named-patient application.** Your specialist or the facility's import pharmacy files the application with clinical rationale, patient reference, product strength, quantity requested, and chain-of-custody plan.
4. **US-side sourcing.** Reserve Meds coordinates with our US-licensed specialty wholesale partner to secure product from Sanofi Genzyme's authorised distribution under DSCSA chain-of-custody.
5. **Cold-chain shipment.** Aldurazyme requires refrigerated transport at 2 to 8 degrees Celsius. Shipments include temperature-monitored packaging with continuous loggers and tamper-evident seals.
6. **Arrival and first dose.** The dispensing pharmacy releases product against the physician's prescription, and your specialist initiates therapy.

## What documentation your physician needs

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Your physician will typically need to provide:

- A clinical rationale letter confirming diagnosis, prior therapies where relevant, and Aldurazyme as the indicated next step
- Verification of their Egyptian medical licence
- A patient identifier, anonymised reference where privacy is preferred
- Documented pre-treatment screening consistent with FDA labeling (see above)
- The planned dosing regimen (0.58 mg/kg by intravenous infusion once weekly, with pre-infusion antihistamine and antipyretic premedication, per FDA labeling)
- A monitoring plan covering GAG baselines, airway management plan, and pre-medication protocol

Reserve Meds provides a physician documentation kit tailored for MPS enzyme replacement therapy therapies, including the templates EDA reviewers commonly request.

## Typical costs and indicative timing

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Reserve Meds gives you a drug-only reference range plus a transparent delivered quote at intake. As an illustrative composite case, the US cash-pay reference range for a typical month of weekly infusions (weight-dependent) of Aldurazyme sits in an indicative 2026 band of approximately USD 35,000 to 55,000. International logistics, EDA documentation handling, cold-chain shipping, and concierge coordination add incremental cost. The delivered quote we issue at intake shows each line separately.

Indicative timing for first dose after cohort intake opens is approximately 3 to 6 weeks from the moment a complete application is submitted, assuming the documentation package is clean on first pass. Refills ship on a rolling cadence aligned to the dosing schedule.

Service availability is limited to our first cohort. All timelines are indicative, not guarantees.

## Where Reserve Meds fits in

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Reserve Meds is a US-based concierge coordinator for cross-border specialty medicine. For Aldurazyme specifically, we provide:

- **Sourcing.** Through our US-licensed specialty wholesale partner, operating under DSCSA chain-of-custody from manufacturer to export.
- **Documentation.** Regulatory package tailored for your physician and for EDA review, including MPS enzyme replacement therapy class templates.
- **Cold-chain logistics.** Temperature-monitored, internationally tracked shipment to your named dispensing facility with continuous temperature loggers.
- **Concierge case lead.** A named point of contact for your family and your physician across the full case arc.

We are a coordinator. We are not the prescriber, not a pharmacy, and not a dispensing facility. All clinical decisions remain with your treating specialist, and dispensing sits with the licensed Egyptian pharmacy of record. Reserve Meds operates on cash-pay only and does not bill insurance.

## Frequently asked

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**Is this legal in Egypt?** Yes, when executed through the EDA named-patient and personal-use framework with appropriate documentation, clinical rationale, and a licensed dispensing facility. The pathway is routinely used across oncology, rare disease, and immunology at Egyptian tertiary centers.

**What about the boxed warning?** The FDA boxed warning on Aldurazyme covers anaphylaxis and severe allergic reactions. Your specialist performs the risk-benefit assessment, schedules monitoring, and counsels the patient per labeling. Reserve Meds does not make that clinical judgement, your physician does.

**Will my private health insurance cover this?** Cash-pay is the default posture. Some Egyptian private insurers reimburse named-patient imports on a case-by-case basis; many patients pay cash. We supply documentation for your submission but do not process insurance claims.

**How does cold-chain affect timing?** Aldurazyme ships refrigerated. We use validated packaging with continuous temperature monitoring, and arrival temperature data is logged on every shipment.

**What if my physician has not filed a named-patient request before?** Named-patient import is an institutional process most major Egyptian tertiary centers (Children's Cancer Hospital Egypt 57357, the National Cancer Institute Cairo, and Cairo University teaching hospitals) have encountered. Our documentation kit is written for first-time applicants and tracks what EDA reviewers commonly ask for.

### ***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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### **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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