

## Capvaxive

Turkey · access guide

# Capvaxive access in Turkey: the TITCK named-patient pathway

Last reviewed 2026-05-12 by Reserve Meds clinical and regulatory team.

## Quick orientation

Patients in Turkey access Capvaxive (pneumococcal 21-valent conjugate vaccine) for active immunisation for the prevention of invasive disease and pneumonia caused by *Streptococcus pneumoniae* serotypes contained in the vaccine in adults 18 years of age and older through the TITCK named-patient pathway, a the Turkish Medicines and Medical Devices Agency (Turkiye Ilac ve Tibbi Cihaz Kurumu)-administered mechanism that allows a Turkish-licensed physician at a registered facility to import the FDA-labelled product for a specific named patient. This page details the documentation, approval timeline, and real cost in TRY.

## Why Turkish patients need Capvaxive through the named-patient pathway

The Republic of Turkiye operates a structured pharmaceutical regulatory environment. Capvaxive (pneumococcal 21-valent conjugate vaccine) is regulated through TITCK (the Turkish Medicines and Medical Devices Agency (Turkiye Ilac ve Tibbi Cihaz Kurumu)) channels, and a Turkish family asking for Capvaxive is rarely asking for a medicine that does not exist locally. They are usually asking for a precise version of it that the local market has not caught up to.

Four converging patterns drive these cases. First, indication lag. Capvaxive's newer FDA-approved indications and dosing expansions often reach local registration 12 to 36 months after the US label. A family whose treating physician has documented a clear FDA-label fit may still find that the local label has not caught up. Second, presentation gaps. The exact strength, weight-banded dose, or pen format the prescriber needs may not be stocked at the local agent even when the medicine is registered. Third, payer denial. SGK public coverage with Allianz Sigorta, Anadolu Sigorta, and Acibadem Sigorta employer plans each assess specialty therapies case by case, and step-therapy or formulary rules often produce denials even when the drug is on the local register. Cash-pay families pursue cross-border supply rather than wait through appeals. Fourth, continuity of supply. When a US-stable patient relocates to Turkey or visits family for an extended period, maintaining the original FDA-sourced regimen matters more than switching to a different local presentation.

In each pattern, the TITCK named-patient pathway is the mechanism that connects a Turkish-licensed physician's clinical decision with US-sourced, FDA-labeled product for a specific patient. Clinically, Capvaxive is a 21-valent pneumococcal conjugate vaccine in which capsular polysaccharides from 21 *S. pneumoniae* serotypes (including 8 unique adult-relevant serotypes not in PCV20) are individually conjugated to CRM197 carrier protein, eliciting T-cell-dependent serotype-specific IgG and memory B cells, and the named-patient route preserves that mechanism rather than substituting a non-equivalent local option.

## **The TITCK named-patient pathway for Capvaxive**

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The pathway for a Turkish-licensed physician to obtain a medicine that is not registered or not stocked locally is the named-patient supply pathway administered by TITCK (Turkiye Ilac ve Tibbi Cihaz Kurumu) under the Turkish Ministry of Health, which allows a treating physician at a registered facility to apply for the import of an unregistered medicine for a specific named patient where the medicine is approved by a recognised reference authority and no clinically equivalent locally registered option is suitable; in practice the import is routed through the Turkish Pharmacists Association (TEB) supply channel for foreign medicines. The framework allows registered healthcare facilities to import a specific medicine for a specific patient when the medicine is approved by a recognised reference authority (typically the US FDA, EMA, MHRA, PMDA Japan, or Health Canada) and a clinically equivalent locally registered alternative is not suitable. For Capvaxive specifically, the clinical justification typically frames the case around the precise FDA-approved indication and the documented gap in the local route.

A complete application includes a clinical justification letter from the treating physician (diagnosis, severity, prior therapies, why this specific drug, why the locally stocked option is not suitable for this case), the treating physician's Turkish medical license verification through the Turkish Medical Association (TTB) and the Ministry of Health licensing directorate, an anonymised patient identifier where the TITCK submission allows, full product details (brand name, generic name, manufacturer, strength, dosage form, pack size, quantity requested, intended treatment duration), the destination dispensing facility name, license number, and pharmacy in charge, and a chain-of-custody plan describing how the medicine will move from the US manufacturer through the importer to the dispensing pharmacy.

For Capvaxive, the clinical justification angle typically rests on one or more of three documented elements: a pediatric or weight-banded request that fits the FDA label but not the local label, a denied biologic or specialty claim where prior step-therapy has been documented, or a continuity-of-supply request for a patient previously stabilised on the US-sourced presentation. The treating physician documents the relevant clinical criteria for the prescribed indication: severity scores, biomarker levels, prior therapy failures, and the rationale for Capvaxive versus the next-in-line local alternative.

Approval timelines for routine cases are typically 10 to 25 business days. Complex cases (rare indication, larger quantities, first import of a given pediatric or weight-banded format) can extend to 6 to 10 weeks. TITCK retains discretion on timing, and we do not promise specific durations.

## **Where Capvaxive gets dispensed in Turkey**

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A small group of Turkish institutions handle named-patient imports as established workflow, with in-house import pharmacy infrastructure and physicians experienced with the application set. Tertiary and major private hospitals that meet this profile include Acibadem Healthcare Group in Istanbul, American Hospital (VKV Amerikan Hastanesi) in Istanbul, and Memorial Sisli Hospital in Istanbul. Each maintains pharmacy infrastructure appropriate to the storage requirements of the imported medicine (2 to 8 degrees Celsius cold-chain for biologics, ambient storage for oral therapies, ultra-cold or specialised handling where the FDA label requires it).

For physicians at smaller hospitals without internal import infrastructure, the common pattern is to route through a specialty importer that holds a pharmaceutical establishment license and files the TITCK application on the prescribing physician's behalf. The medicine then moves into the prescribing hospital's outpatient or specialty pharmacy under chain-of-custody documentation.

## **Real cost picture for Capvaxive in Turkey**

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US WAC for Capvaxive varies by presentation and dose; the firm quote we send back includes the exact drug-cost line for the prescribed regimen against current Sanofi, Pfizer, Merck, Roche, or Lilly list pricing as applicable.

International logistics for shipment to Turkey typically runs USD 400 to USD 1300 depending on destination city, urgency, and presentation (cold-chain biologics carry the higher end of the range; ambient oral solids the lower). The Republic of Turkiye customs and TITCK permit fees are nominal relative to drug cost. Reserve Meds' concierge fee is itemised separately on every firm quote.

On the insurance side, SGK public coverage with Allianz Sigorta, Anadolu Sigorta, and Acibadem Sigorta employer plans each assess named-patient imports case by case. Some reimburse fully when the medicine is on their formulary even if not stocked, some reimburse a percentage subject to copay, and many require pre-authorisation. We do not promise coverage from any insurer. US manufacturer copay cards and patient assistance programs do not extend internationally; cross-border patients pay cash or rely on local payer coverage.

## **Typical timeline for Capvaxive in Turkey**

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TITCK routine processing is typically 10 to 25 business days from a complete filing. International logistics adds 2 to 5 additional days depending on whether the presentation is ambient or cold-chain, the dispensing city, and customs clearance. End-to-end, most routine adult cases complete within 3 to 6 weeks from first complete documentation. Pediatric, weight-banded, or first-import cases can run slightly longer because presentation selection and first-import scrutiny can extend TITCK review.

For temperature-sensitive products, the dispensing facility must maintain validated storage with continuous monitoring; the manufacturer's room-temperature excursion runway on the FDA label informs how we plan the Gulf, South Asia, or North Africa shipping lane, and the cold chain is broken only at the dispensing pharmacy under documented control.

When a case is on a clinical clock (a flare, a new diagnosis with an active disease, or a treatment cycle scheduled at the dispensing centre), the practical question is which step controls the timeline. In our experience the binding step is rarely the TITCK review itself when the application is filed clean; it is usually documentation completeness on the prescriber's side or, for cold-chain biologics, the dispensing facility's storage and monitoring confirmation. The intake is where we lock the case-team contact, gather the documents in parallel, and start the US sourcing clock so that approval and product land in the same week rather than serially.

## What your physician needs to provide

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For a Turkish-licensed specialist prescribing Capvaxive through the TITCK pathway, the clinical justification letter is the cornerstone of the application. The letter typically documents the patient's confirmed diagnosis for active immunisation for the prevention of invasive disease and pneumonia caused by *Streptococcus pneumoniae* serotypes contained in the vaccine in adults 18 years of age and older, severity assessment (scoring instrument, biomarker, imaging, or biopsy as appropriate for the indication), prior therapy history including first-line options tried, and a clinical rationale for why Capvaxive is the appropriate next step given a 21-valent pneumococcal conjugate vaccine in which capsular polysaccharides from 21 *S. pneumoniae* serotypes (including 8 unique adult-relevant serotypes not in PCV20) are individually conjugated to CRM197 carrier protein, eliciting T-cell-dependent serotype-specific IgG and memory B cells.

The letter also specifies the exact dosing plan per the FDA-approved label: starting dose, maintenance dose, route of administration, schedule, and intended duration of therapy. Monitoring plan should reference any baseline laboratory or imaging requirements specific to Capvaxive (full blood count, liver function, infection screen, ophthalmology assessment, or pregnancy testing where the FDA label requires it), planned follow-up intervals, and dose-modification criteria for the most common adverse events.

The treating physician's Turkish license number, the dispensing facility license number, and the pharmacy in charge of dispensing complete the package. For cold-chain or specialty-handling products, the dispensing pharmacy's documented storage protocol and continuous-temperature-monitoring log are part of the chain-of-custody record we share with the importer.

## Common questions about Capvaxive in Turkey

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**Will SGK public coverage with Allianz Sigorta, Anadolu Sigorta, and Acibadem Sigorta employer plans cover this?** Each insurer assesses named-patient imports case by case. Some reimburse fully when Capvaxive is on their formulary even if not currently stocked, some reimburse a percentage subject to copay, and many require pre-authorisation. We supply the documentation set that allows your insurer to assess the case; the claim itself sits with you or your hospital.

**Is the FDA-approved indication recognised by TITCK?** The TITCK named-patient pathway exists precisely to permit access when the local registration or stocking lags the FDA label. The application documents the FDA indication, the reference-authority approval, and the local gap; TITCK review focuses on the clinical justification rather than re-litigating the FDA decision.

**My physician is licensed in one emirate / state / province and the hospital is in another. Is that fine?**

Any Turkish-licensed physician practicing in good standing in the jurisdiction of the dispensing facility has signing authority on the clinical justification letter. The Turkish Medical Association (TTB) and the Ministry of Health licensing directorate verifies the active license; the TITCK application records both the prescribing physician and the dispensing facility.

**Can I receive Capvaxive at home?** The dispensing facility must be Turkish-licensed. The hospital outpatient or specialty pharmacy releases the medicine to you after final verification, and you then administer or self-administer at home where the FDA label permits, after the dispensing pharmacy's training. The cold-chain or controlled-storage handoff ends at the dispensing pharmacy; home storage and any handling protocol are part of your patient onboarding kit.

**What about competitors or alternative therapies in the same class?** Choice of therapy depends on the patient's full phenotype, prior therapy, and the prescriber's judgment. Reserve Meds coordinates whichever medicine the physician has prescribed; we do not substitute, advise on substitution, or promote one brand over another.

**Where Reserve Meds fits in Capvaxive cases**

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Reserve Meds is a US-based concierge coordinator. We do not replace your treating physician, we do not replace TITCK, and we do not replace your dispensing pharmacy. For Capvaxive specifically, we orchestrate the US-side sourcing through a DSCSA-compliant specialty channel, build the documentation packet your physician submits, coordinate validated logistics (cold-chain with continuous temperature logging where the FDA label requires it) into Turkey, and assign a single named coordinator through the case. Standard named-patient coordination under our specialty playbook applies. Presentation selection, dose-band confirmation, and patient onboarding for self-administration where applicable are the recurring operational fundamentals we expect for this drug.

Operationally, a typical Capvaxive case runs across four parallel tracks. The clinical track is the physician's: justification letter, dosing plan, monitoring schedule, and the next patient-facing follow-up. The regulatory track is the TITCK application packaged by the importer; we provide the documentation template, the dispensing facility license check, and the chain-of-custody attestation. The logistics track is the US-side sourcing and the validated international shipment with continuous temperature logging and customs broker coordination. The patient-experience track is the named coordinator who keeps everyone aligned on dates, addresses dispensing-pharmacy questions, and confirms the medicine has been received and stored correctly. The four tracks are run in parallel rather than in series; that is the operational difference between a 3-week and a 9-week case.

Turkish specialty care concentrates at the Acibadem, American Hospital, and Memorial chains in Istanbul, with Hacettepe University Hospital in Ankara serving as the principal academic referral centre; the TITCK named-patient supply pathway is routed through the Turkish Pharmacists Association (TEB) foreign medicines channel.

## ***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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