

Cosentyx

Oman · access guide

How to access Cosentyx from Oman, the named-patient import pathway, 2026

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

A Oman patient with moderate-to-severe plaque psoriasis, psoriatic arthritis, ankylosing spondylitis, non-radiographic axial spondyloarthritis, or moderate-to-severe hidradenitis suppurativa may receive a prescription for Cosentyx (secukinumab) from their treating dermatologist or rheumatologist. Cosentyx is FDA-approved in the United States and manufactured by Novartis. It is a fully human IgG1k monoclonal antibody that selectively binds IL-17A. Secukinumab is in fact locally registered in Oman for several indications; the named-patient pathway remains relevant where the specific indication is outside local label, the patient's dose form is not in stock, or an insurer context makes private import the practical route for the family.

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

The clinical situation

Cosentyx is administered subcutaneously via pre-filled pen, with an induction series (typically weeks 0, 1, 2, 3, 4) followed by maintenance every 4 weeks. Dosing is 150 mg or 300 mg depending on indication and response. Your treating physician confirms severity, TB and infection screening, and the monitoring plan per FDA labeling, with IBD vigilance that is a class-level consideration for IL-17 inhibitors.

Is Cosentyx legally importable into Oman?

Yes, through the Directorate General of Pharmaceutical Affairs and Drug Control (DGPADC) named-patient / personal-use import framework. The pathway allows a Oman-licensed physician to import a medicine not locally registered, or a dose form not stocked, when: (a) the medicine is approved by a recognised reference authority (FDA qualifies), (b) no clinically equivalent registered alternative fits, (c) the physician takes clinical responsibility, and (d) chain of custody is documented.

Because Cosentyx is locally registered for most of its indications, the named-patient channel is used primarily for niche indications (such as specific paediatric use or HS where local supply is tight) and for dose-form or strength availability gaps.

How the pathway works, step by step

1. **Consultation with your treating physician.** Severity documentation and clinical rationale.
2. **Confirming the import rationale.** Indication, dose form, or supply-gap rationale is documented.
3. **DGPADC named-patient application.** The physician or hospital pharmacy files the application.
4. **US-side sourcing.** Reserve Meds coordinates with our US-licensed specialty wholesale partner.
5. **Cold-chain shipment.** Cosentyx ships at 2-8°C with continuous temperature monitoring.
6. **Arrival and first dose.** The dispensing facility releases product for in-clinic or at-home administration after training.

What documentation your physician needs

Your physician will typically need to provide:

- Clinical rationale letter confirming diagnosis, severity, prior therapies, and Cosentyx as the indicated treatment
- Verification of their Oman medical licence
- Patient identifier
- Pre-treatment screening confirmation
- Planned induction and maintenance regimen

Reserve Meds provides a physician documentation kit with the templates DGPADC reviewers expect to see for IL-17-class biologics, including the IBD vigilance note that reviewers commonly look for.

Costs and timing

Cosentyx's US cash-pay drug-only reference price for a single 150 mg pre-filled pen sits in a broad indicative range of roughly USD 6,500-7,500; 300 mg regimens cost accordingly more. International cold-chain logistics, DGPADC documentation handling, and concierge coordination add incremental cost. Reserve Meds issues a full transparent quote at the start of intake. Indicative range.

Indicative timing for first dose after cohort intake opens is 10-21 days from the moment a complete application is submitted. Maintenance doses ship on a rolling basis.

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.

Reserve Meds's role

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

- **Sourcing.** Through our US-licensed specialty wholesale partner, operating under DSCSA chain-of-custody.
- **Documentation.** Regulatory package for your physician and for DGPADC review.
- **Logistics.** Cold-chain, temperature-monitored shipment.
- **Concierge case lead.** A named point of contact.

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 physician.

Frequently asked

Isn't Cosentyx already registered in Oman? Yes for several indications, and many patients access it locally. Named-patient rationale applies where the indication sits outside the local label, the dose form isn't stocked, or the specific patient context makes private import the faster path.

Is this legal? Yes, when executed through the DGPADC named-patient / personal-use framework with appropriate documentation.

Can Cosentyx be self-injected? Yes, the Sensoready pen is designed for patient or caregiver self-injection after clinic training.

Will private insurance cover this? Cash-pay is the default. Some Oman insurers reimburse named-patient imports case by case; we supply documentation for your submission but do not process insurance 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.

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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