

Cuvitru

Bahrain · access guide

How to access Cuvitru for primary immunodeficiency from Bahrain: 2026 pathway via Salmaniya and BDF allergy-immunology | Reserve Meds

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

Bahrain manages PI patients through allergy-immunology at Salmaniya Medical Complex, BDF Hospital, and King Hamad University Hospital. Paediatric cases at SMC paediatric immunology, with cross-border confirmation often at KFSHRC Riyadh or Sidra Medicine Qatar. The 2026 question is whether to convert to weekly SC Cuvitru under NHRA named-patient import.

Why Cuvitru, why now

Cuvitru is subcutaneous immune globulin 20% for primary humoral immunodeficiency in adults and paediatric patients aged 2 and older. Self-administered weekly. Useful for poor venous access, IVIG wear-off, or travel-incompatible monthly infusion.

Reserve Meds does not promote one IgG product over another. Alternatives include Hyqvia, Octagam, Gammagard, Privigen, and others.

What Cuvitru is, in plain language

20% IgG liquid injected under the skin at abdomen or thigh, once weekly. Self-administered at home after training. Pump-driven 60-90 minutes. Steady-state IgG after several weeks.

Eligibility at a Bahrain allergy-immunology clinic

Required: confirmed PI with documented IgG deficiency, impaired specific antibody response, or genetic confirmation. Self-administration capability. IgG trough goal established.

The Bahrain prescribing and supply picture

Cuvitru is not currently NHRA-registered. Access via NHRA named-patient personal-import filed through SMC, BDF, or KHUH pharmacy. Cold chain required. Reserve Meds coordinates the import file, prescription chain, and shipping.

Cost band

USD 75K-110K annual per patient (BHD 28K-41K), weight-and-dose dependent. MoH coverage for rare-disease imports case-by-case; private insurance covers IVIG/SCIG with pre-authorization.

What to expect, week-by-week

Weeks 0 to 2: NHRA import filing, prescription, training arrangement. Weeks 2 to 4: shipment arrives, clinic-supervised SC training. Weeks 4 to 16: weekly SC at home; IgG trough at week 12. Month 6 and 12: full reassessment, infection log review, dose adjustment.

When Cuvitru is the wrong drug

Good venous access and no self-injection appetite: IVIG. Unable to reliably self-administer: IVIG safer. Hard to achieve trough weekly: consider larger less-frequent SC dosing (competing product). Reserve Meds does not promote one IgG over another.

Closing

Reserve Meds runs the Cuvitru import file from the SMC, BDF, or KHUH allergy-immunology referral through NHRA named-patient authorization and delivered cold-chain supply. Clinical decisions remain with your treating allergist-immunologist.

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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