Endari

Oman · access guide

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

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

An Omanian patient (or the parents of a child aged 5 or older) living with sickle cell disease (SCD) and experiencing recurrent pain crises may receive a prescription for Endari (L-glutamine oral powder) from their treating haematologist. Endari is FDA-approved to reduce the acute complications of SCD in adults and paediatric patients aged 5 years and older, and it is manufactured by Emmaus Medical. It is an oral amino-acid formulation designed to replenish NAD+ precursor capacity in sickle red blood cells, reducing oxidative stress and vaso-occlusive crises in pivotal-trial data. Hydroxyurea remains the backbone of SCD disease modification; Endari is typically added on top of hydroxyurea when crisis frequency remains high.

Important safety note on other SCD therapies: Oxbryta (voxelotor) was voluntarily withdrawn globally by the manufacturer in September 2024 based on post-marketing safety data. Adakveo (crizanlizumab) has also had its approval status revised in several markets. Endari remains commercially available and its safety profile is distinct from these withdrawn or disputed agents. In Oman, Endari may not yet be broadly stocked through hospital pharmacies, which is why your haematologist may be navigating a named-patient import pathway with you.

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

The clinical situation

Endari is an oral powder mixed with 8 oz (240 mL) of cold or room-temperature beverage or 4-6 oz of soft food, taken twice daily. Dosing is weight-based: 5 g twice daily for patients under 30 kg, 10 g twice daily for 30-65 kg, 15 g twice daily for over 65 kg. It is well-tolerated, with the most common adverse effects being mild constipation, nausea, or headache. Your treating haematologist confirms SCD diagnosis (haemoglobin electrophoresis), crisis history, current hydroxyurea regimen, and the dosing plan per FDA labeling.

Is Endari legally importable into Oman?

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

For Endari specifically, the application is routine, an oral powder with standard room-temperature handling and no REMS or controlled-substance complexity.

How the pathway works, step by step

1. **Consultation with your treating haematologist.** SCD diagnosis (haemoglobin electrophoresis), crisis frequency documentation, current hydroxyurea regimen, and clinical rationale for Endari.
2. **DGPADC named-patient application.** Your physician files the application including clinical letter, patient identifier, and product details.
3. **US-side sourcing.** Reserve Meds coordinates with our US-licensed specialty wholesale partner to secure the product from the manufacturer's authorised distribution chain.
4. **Shipment.** Endari ships at controlled room temperature; no cold-chain is required.
5. **Arrival and dosing start.** The treating haematologist initiates weight-based dosing twice daily.

What documentation your physician needs

Your physician will typically need to provide:

- Clinical rationale letter confirming SCD diagnosis, crisis history, current hydroxyurea regimen, and Endari as the indicated add-on therapy
- Verification of Omanian medical licence
- Patient identifier (paediatric if applicable)
- Weight-based dosing calculation and projected monthly powder supply

Reserve Meds provides a physician documentation kit that bundles the templates DGPADC reviewers expect to see for SCD therapy.

Costs and timing

Endari's US cash-pay drug-only reference price sits in a broad indicative range, the annualised treatment cost varies with weight-based dosing but typically falls in the USD 30,000-50,000 range in US list pricing for adult dosing. International logistics, DGPADC documentation, and concierge coordination add incremental cost; Reserve Meds issues a full transparent quote at the start of intake. Indicative range.

Indicative timing for the first dispensed supply after cohort intake opens is 14-21 days from the moment a complete 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.

Reserve Meds's role

Reserve Meds is a US-based concierge coordinator for cross-border specialty medicine. For Endari 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.** Controlled-room-temperature shipment.
- **Concierge case lead.** A named point of contact.

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

Frequently asked

Is this legal in Oman? Yes, when executed through the DGPADC named-patient framework with appropriate documentation.

What about Oxbryta or Adakveo? Oxbryta (voxelotor) was voluntarily withdrawn globally by the manufacturer in September 2024 and is no longer commercially available. Adakveo (crizanlizumab) has had its approval status revised in several international markets after post-marketing data. Endari remains commercially available and its safety profile is distinct.

Do I still need hydroxyurea? Typically yes. Hydroxyurea remains the backbone of SCD disease modification. Endari is positioned as an add-on to reduce vaso-occlusive crises beyond what hydroxyurea alone achieves. Your haematologist decides the full regimen.

What about gene therapy (Casgevy, Lyfgenia)? Gene-therapy approaches are curative in intent but require specialised centres, myeloablative conditioning, and considerable infrastructure. They are not a practical alternative to ongoing chronic therapy for most patients today. Endari is complementary to the broader SCD treatment stack.

Will private insurance cover this? Cash-pay is the default. Some Omanian private insurers reimburse SCD specialty therapy on escalated review; we supply documentation 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.

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