Enspryng

Oman · access guide

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

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

A Oman patient recently diagnosed with neuromyelitis optica spectrum disorder (NMOSD) may receive a prescription for Enspryng (satralizumab-mwge) from their treating neurologist or neuroimmunology specialist. Enspryng is FDA-approved for the treatment of NMOSD in adult patients who are anti-aquaporin-4 (AQP4) antibody positive, and it is manufactured by Genentech (Roche). It targets the interleukin-6 (IL-6) receptor, a distinct mechanism from anti-CD19 B-cell depletion or terminal complement inhibition, and uniquely among approved NMOSD biologics it is administered subcutaneously, which makes long-term maintenance substantially more home-friendly. In Oman, Enspryng may not yet be broadly registered, which is why your neurologist may be navigating a named-patient import pathway with you.

This guide explains the legal pathway, what your physician needs to provide, typical timelines, and where Reserve Meds fits in.

The clinical situation

Enspryng is a humanised anti-IL-6 receptor monoclonal antibody administered as a 120 mg subcutaneous injection. The induction schedule is weeks 0, 2, and 4, followed by maintenance every four weeks. Eligibility typically requires confirmed AQP4-IgG seropositivity, a pre-treatment screening bundle (hepatitis B, tuberculosis, liver function, lipid profile, and up-to-date vaccinations), and exclusion of active infection. Your treating neurologist confirms diagnosis and supervises the injection schedule per FDA labeling.

Is Enspryng legally importable into Oman?

Yes, through the Directorate General of Pharmaceutical Affairs and Drug Control (DGPADC) named-patient import framework. The pathway allows a Oman-licensed physician to request import of a medicine not broadly registered locally 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 through a licensed importing entity.

For Enspryng specifically, the application benefits from the subcutaneous administration route, there is no infusion-centre bottleneck, though the first dose is typically administered or observed in a clinical setting. Maintenance doses can be given at home by a trained patient or caregiver.

How the pathway works, step by step

1. **Consultation with your treating neurologist.** AQP4-IgG confirmation, NMOSD clinical diagnosis, and pre-treatment screening (hepatitis B, TB, LFTs, lipid panel, vaccinations).
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. **Cold-chain shipment.** Enspryng ships at 2-8°C with continuous temperature monitoring.
5. **Arrival and administration.** The treating centre administers or observes the first dose; subsequent doses may be home-administered under physician supervision.

What documentation your physician needs

Your physician will typically need to provide:

- Clinical rationale letter confirming NMOSD diagnosis and AQP4-IgG seropositivity with supporting MRI and clinical evidence
- Verification of Oman medical licence
- Patient identifier
- Pre-treatment screening results (hepatitis B, TB, LFTs, lipid panel, vaccination record)
- Planned induction (weeks 0, 2, 4) and four-weekly maintenance schedule

Reserve Meds provides a physician documentation kit that bundles the templates DGPADC reviewers expect to see for NMOSD monoclonal-antibody therapy.

Costs and timing

Enspryng's US cash-pay drug-only reference price sits in a broad indicative range, the annualised treatment cost sits in the USD 200,000-300,000 range in US list pricing, depending on dosing frequency after the loading period. International cold-chain 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 dose after cohort intake opens is 7-14 days from the moment a complete application is submitted. Screening lead time may extend this.

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 Enspryng 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. We are not the dispensing pharmacy. All clinical decisions remain with your treating neurologist.

Frequently asked

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

How does Enspryng compare with Uplizna or Soliris for NMOSD? All three are FDA-approved for AQP4-IgG-positive NMOSD. Enspryng blocks IL-6R (subcutaneous, q4-weeks after loading); Uplizna depletes CD19 B cells (IV, q6-months); Soliris inhibits terminal complement (IV, q2-weeks). Enspryng's subcutaneous route is often preferred for long-term maintenance in patients who prefer home administration. Your neurologist chooses based on disease severity, infusion logistics, and comorbidities.

Can I inject at home? After the first dose is administered or supervised in a clinical setting and your neurologist is satisfied with technique, most patients can self-inject or have a caregiver inject at home.

Will private insurance cover this? Cash-pay is the default. Some Oman private insurers reimburse NMOSD 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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