Entresto

Kuwait · access guide

How to access Entresto from Kuwait, the named-patient import pathway, 2026

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

A Kuwait patient with heart failure with reduced ejection fraction (HFrEF), or, per newer labeling, chronic heart failure across the ejection-fraction spectrum, may receive a prescription for Entresto (sacubitril/valsartan) from their treating cardiologist or heart-failure specialist. Entresto is FDA-approved for heart failure and developed by Novartis. Entresto is registered in parts of Kuwait supply chain, but formulary coverage varies by institution and specific strength, this guide addresses access when your prescribing hospital's formulary does not reliably stock Entresto at the required titration strength or when a supply gap has emerged.

This guide explains the pathway, documentation your physician prepares, typical timing and cost bands, and where Reserve Meds fits in.

The clinical situation

Entresto is an oral angiotensin receptor-neprilysin inhibitor (ARNI) combining sacubitril and valsartan, dosed twice daily with titration from 24/26 mg through 49/51 mg to 97/103 mg based on tolerability and blood pressure. Eligibility anchors to symptomatic heart failure, appropriate wash-out from ACE inhibitors (at least 36 hours to avoid angio-oedema risk), adequate blood pressure, and renal/potassium monitoring. Your cardiologist sets the titration schedule and follow-up cadence.

Is Entresto legally importable into Kuwait?

Yes, via the Kuwait Ministry of Health (KMOH) named-patient / special-access import framework when Entresto is not reliably stocked at your prescribing institution, when the specific titration strength is out of supply, or when there is a documented formulary gap.

The mechanism permits a KSA-licensed physician to import a medicine not routinely available at the institution when (a) the medicine is approved by a recognised reference authority such as the US FDA, (b) no clinically equivalent alternative is suitable and available at that institution, (c) the physician accepts clinical responsibility, and (d) chain of custody is documented.

How the pathway works, step by step

1. **Consultation with your treating cardiologist.** HFrEF / HF documentation, wash-out plan from ACE inhibitors, current titration history, and clinical rationale.
2. **Baseline assessment.** NYHA class, ejection fraction, NT-proBNP, blood pressure trajectory, renal panel, potassium.
3. **KMOH named-patient application.** The physician or hospital pharmacy files clinical rationale (including formulary-gap note where relevant), patient reference, titration strengths, and dosing schedule.
4. **US-side sourcing.** Reserve Meds coordinates with our US-licensed specialty wholesale partner to secure Entresto from authorised distribution under DSCSA.
5. **Ambient shipment.** Entresto ships under controlled ambient conditions with chain-of-custody documentation.
6. **Arrival and dispensing.** The hospital pharmacy releases the bottle to the patient with the titration schedule.

What documentation your physician needs

- Clinical rationale letter confirming heart failure indication and Entresto as the indicated therapy
- Verification of Kuwait medical license (SCFHS)
- NYHA class, ejection-fraction report, NT-proBNP
- ACE-inhibitor wash-out plan documentation
- Baseline renal panel and potassium
- Planned titration schedule through target dose

Reserve Meds provides a physician documentation kit bundling templates KMOH reviewers expect for heart-failure named-patient imports.

Costs and timing

Entresto's US cash-pay drug-only reference cost sits in an indicative 2026 annual range of roughly USD 7,500-8,500 at maintained titration. International logistics, KMOH documentation handling, and concierge coordination add incremental cost. Reserve Meds issues a transparent quote at the start of intake. Indicative range.

Indicative timing for first dispense after cohort intake opens is 7-14 days from the moment a complete KMOH 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

- **Sourcing.** Through our US-licensed specialty wholesale partner under DSCSA chain-of-custody.
- **Documentation.** Regulatory package for your physician and KMOH review.
- **Logistics.** Ambient-controlled shipment to your prescribing hospital.
- **Concierge case lead.** A named point of contact coordinating titration-phase and maintenance refills.

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

Frequently asked

My hospital already stocks Entresto, do I need this pathway? No. Use the local pathway where reliably available. Reserve Meds steps in only where there is a documented formulary or supply gap.

How is Entresto different from ACE inhibitors or ARBs alone? Entresto pairs an ARB (valsartan) with a neprilysin inhibitor (sacubitril). The combined mechanism demonstrated outcomes benefit in the PARADIGM-HF trial. Your cardiologist will make the selection.

What is the angio-oedema risk? Entresto must not be combined with ACE inhibitors; a 36-hour wash-out is required when switching. History of ACE-inhibitor-related angio-oedema is a contraindication.

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

reservemeds.com · hello@reservemeds.com