Farxiga

Saudi Arabia · access guide

How to access Farxiga from Saudi Arabia, the named-patient import pathway, 2026

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

An Saudi Arabian patient with type 2 diabetes, heart failure (reduced or preserved ejection fraction), or chronic kidney disease may receive a prescription for Farxiga (dapagliflozin) from their treating cardiologist, nephrologist, or endocrinologist. Farxiga is FDA-approved across these cardiometabolic indications and developed by AstraZeneca. Dapagliflozin is registered and broadly available in Saudi Arabia under the Forxiga brand and several generic labels, but specific branded presentations, dose strengths, or the US-labelled product may not be reliably stocked, this guide addresses access where your physician has specified the US-labelled Farxiga product for a particular clinical reason (for example a specific heart-failure or CKD indication workup, or formulary-gap at a tertiary institution).

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

The clinical situation

Farxiga is an oral SGLT2 inhibitor taken once daily at 5 mg or 10 mg. Indications span T2D glycaemic control, cardiovascular risk reduction in adults with T2D, heart failure (HFrEF and HFpEF) regardless of diabetes status, and chronic kidney disease. Eligibility is based on the specific indication, with appropriate exclusions (low eGFR thresholds vary by indication; genital mycotic infection and euglycaemic DKA risk counselling).

Is Farxiga legally importable into Saudi Arabia?

Yes, through the SFDA / Drugs Controller General of Saudi Arabia (DCGI) personal-use and hospital-sponsored named-patient import frameworks. The mechanism permits a registered medical practitioner (or the patient on personal-use grounds with physician documentation) to request import of an FDA-approved medicine where the locally available supply does not meet the specific clinical need, for example a US-labelled presentation, a specific dose strength, or institutional formulary-gap scenarios.

How the pathway works, step by step

1. **Consultation with your treating specialist.** Documentation of specific indication, comorbidity profile, and clinical rationale (including the reason for US-labelled product where relevant).
2. **Baseline assessment.** HbA1c, eGFR, volume status, and heart-failure or CKD workup as indicated.
3. **SFDA personal-use / named-patient application.** The physician or hospital files clinical rationale, patient identification, product details, and strength.
4. **US-side sourcing.** Reserve Meds coordinates with our US-licensed specialty wholesale partner to secure Farxiga from authorised distribution under DSCSA.
5. **Ambient shipment.** Farxiga ships under controlled ambient conditions with chain-of-custody documentation and customs clearance support.
6. **Arrival and dispensing.** The hospital pharmacy or licensed personal-use receiver releases the bottle to the patient.

What documentation your physician needs

- Clinical rationale letter confirming specific indication and Farxiga as the indicated therapy (with rationale for US product where relevant)
- Verification of Saudi Arabian medical registration (NMC)
- Baseline HbA1c, eGFR, and heart-failure or CKD workup as indicated
- Patient identifier and address for the import record
- Planned dosing strength (5 mg or 10 mg) and monitoring plan

Reserve Meds provides a physician documentation kit bundling templates SFDA reviewers and Saudi Arabian customs expect for cardiometabolic named-patient and personal-use imports.

Costs and timing

Farxiga's US cash-pay drug-only reference cost sits in an indicative 2026 annual range of roughly USD 6,000-7,000 for continuous daily dosing. Note that locally registered dapagliflozin in Saudi Arabia is materially less expensive through the local pharmacy channel, US product import is typically reserved for specific clinical or institutional reasons. International logistics, customs clearance, SFDA 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 application is submitted and customs processing begins.

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 SFDA / customs review.
- **Logistics.** Ambient-controlled shipment with customs clearance support.
- **Concierge case lead.** A named point of contact coordinating 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 physician.

Frequently asked

Locally registered dapagliflozin is available, why import? Most Saudi Arabian patients are best served by the locally registered product. Reserve Meds is relevant only where your physician has a specific clinical or institutional reason to prescribe US-labelled Farxiga.

Is Farxiga safe for non-diabetic heart failure patients? FDA labeling covers HFrEF and HFpEF regardless of diabetes status. Your cardiologist establishes eligibility per the specific indication.

What monitoring does SGLT2 therapy require? Renal function, volume status, foot exams in diabetics, attention to euglycaemic DKA risk, your physician sets the full cadence.

Will insurance cover this? Cash-pay is the default. Some Saudi Arabian private insurers and diaspora policies 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.

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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