

Fasenra

Oman · access guide

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

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

A patient in Oman with severe eosinophilic asthma may receive a prescription for Fasenra (benralizumab) from their treating pulmonologist or allergist. Fasenra is FDA-approved as an add-on maintenance treatment for severe asthma with an eosinophilic phenotype in patients 12 years and older. It is an anti-IL-5 receptor alpha monoclonal antibody manufactured by AstraZeneca that directly depletes eosinophils via antibody-dependent cellular cytotoxicity, a mechanism distinct from anti-IL-5 ligand blockade. In Oman, Fasenra is available through some tertiary hospital pharmacies, but for families whose pulmonologists want a specific start date, the pre-filled "autoinjector" presentation, or a documented DSCSA chain-of-custody, the DGPADC named-patient import route is a clean alternative.

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

The clinical situation

Fasenra binds the IL-5 receptor alpha subunit expressed on eosinophils and basophils, triggering antibody-dependent cellular cytotoxicity that near-completely depletes these cells. This distinguishes it from Nucala and Cinqair, which bind the IL-5 ligand itself rather than its receptor. Dosing is 30 mg SC every four weeks for the first three doses, then every eight weeks, a less frequent maintenance cadence than most peer biologics. Eligibility typically requires a documented eosinophilic phenotype (blood eosinophils ≥ 300 cells/ μ L historically, though FDA labeling does not formally cap eligibility at a threshold), recurrent exacerbations on high-dose ICS/LABA, and a pulmonologist's assessment of fit versus other severe-asthma biologics.

Is Fasenra legally importable into Oman?

Yes, through the Ministry of Health and Prevention (DGPADC) named-patient / personal-use import framework. The pathway permits a Oman-licensed physician to request import of a medicine when (a) the medicine is approved by a recognised reference authority such as the US FDA or EMA, (b) no clinically equivalent locally available option meets the patient's needs, (c) the physician accepts clinical responsibility, and (d) chain of custody is documented end to end. Fasenra is registered in Oman, so named-patient import is typically used when a specific presentation (autoinjector vs prefilled syringe) is preferred, when timing matters, or when cross-border DSCSA documentation is required for other reasons.

How the pathway works, step by step

1. **Consultation with your treating pulmonologist or allergist.** Severe-asthma diagnosis, eosinophil-phenotype confirmation, exacerbation history, and prior controller regimen.
2. **Phenotype workup.** Blood eosinophil count, FeNO, IgE and allergen panel to confirm eosinophilic phenotype fit.
3. **DGPADC named-patient application.** Your physician, the hospital pharmacy, or the patient under prescription files the application with clinical rationale, patient reference, product details, and chain-of-custody plan.
4. **US-side sourcing.** Reserve Meds coordinates with our US-licensed specialty wholesale partner to secure Fasentra from authorised distribution under DSCSA.
5. **Cold-chain shipment.** Fasentra ships under validated 2-8 °C conditions with temperature logging and chain-of-custody documentation.
6. **Arrival and administration.** The first three doses are administered every four weeks under clinician supervision or, after training, at home; from dose four, dosing is every eight weeks.

What documentation your physician needs

- Clinical rationale letter confirming severe eosinophilic asthma, exacerbation history, prior controller regimen, and Fasentra as the indicated biologic
- Verification of Oman medical licence (DHA / DOH / DGPADC as applicable)
- Blood eosinophil count and other phenotype data
- Spirometry results (FEV1, reversibility)
- Planned dosing schedule and follow-up cadence
- Patient identifier and residential address for import clearance

Reserve Meds provides a physician documentation kit that bundles the templates DGPADC reviewers expect to see for anti-IL-5-class biologic named-patient imports.

Typical costs and indicative timing

Fasentra's US cash-pay drug-only reference range in 2026 sits at roughly USD 5,500-7,000 per 30 mg SC autoinjector dose. International cold-chain logistics, DGPADC documentation handling, customs clearance, and concierge coordination are quoted separately. Reserve Meds issues a full transparent delivered quote at intake so your family sees one landed number before committing. Indicative range.

Indicative timing for first dose after cohort intake opens is 7-14 days from the moment a complete DGPADC application is in hand. Maintenance doses ship on the every-eight-week cadence after the loading phase.

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.

Where Reserve Meds fits in

Reserve Meds is a US-based concierge coordinator for cross-border specialty medicine. For Fasenra specifically, we provide:

- **Sourcing.** Through our US-licensed specialty wholesale partner, operating under DSCSA chain-of-custody from authorised channels.
- **Documentation.** Regulatory package for your physician and DGPADC review, including anti-IL-5R phenotype templates.
- **Logistics.** Validated 2-8 °C cold-chain shipment with temperature logging.
- **Concierge case lead.** A named point of contact coordinating the loading phase and every-eight-week maintenance.

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

Frequently asked

Is this legal in Oman? Yes, when executed through the DGPADC named-patient / personal-use framework with appropriate documentation. See our trust and compliance page for our methodology.

How does Fasenra differ from Nucala? Both target IL-5 biology in severe eosinophilic asthma, but Fasenra binds the IL-5 receptor on eosinophils (directly depleting them) while Nucala binds the IL-5 ligand (preventing receptor activation). Fasenra's maintenance cadence is every eight weeks after loading; Nucala is every four weeks. Your pulmonologist chooses based on phenotype, response to prior biologics, and cadence preference.

Can I self-inject at home? Fasenra is available as a single-use autoinjector; self-administration is supported after clinician training. Your physician decides when home dosing begins.

Is Fasenra suitable for allergic asthma without eosinophilia? Fasenra is targeted at eosinophilic phenotype. Allergic asthma without eosinophilia is typically better matched with Xolair (anti-IgE) or Tezspire (anti-TSLP); your pulmonologist assesses fit.

Will private insurance cover this? Cash-pay is the default. Some Oman private insurers consider named-patient imports case by case; we supply documentation for your submission 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.

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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