Hemlibra

Oman · access guide

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

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

A Oman patient with Hemophilia A, either with or without factor VIII inhibitors, may receive a prescription for Hemlibra (emicizumab) from their treating haematologist for routine prophylaxis. Hemlibra is FDA-approved, developed by Roche/Genentech and Chugai, and is a bispecific antibody that bridges activated factor IX and factor X to mimic factor VIIIa cofactor function. It is administered subcutaneously with a flexible maintenance schedule of weekly, every-two-weeks, or every-four-weeks dosing. In Oman, Hemlibra has a local presence but a named-patient import pathway can bridge a formulary or dose-regimen gap, for example when a specific paediatric presentation, a regimen not on MoH formulary, or an insurer-coverage gap needs to be closed for a specific patient.

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

The clinical situation

Hemlibra is labelled for routine prophylaxis in adult and paediatric Hemophilia A patients, and especially useful for inhibitor patients for whom factor VIII replacement is ineffective. The subcutaneous route and flexible cadence make it practical for paediatric patients and for adults with difficult venous access. Eligibility is a clinical decision by your haematologist based on bleed phenotype, inhibitor status, and regimen preference. Hemlibra is prophylaxis and does not treat acute bleeds, acute bleeds continue to require bypassing agents or factor VIII as clinically indicated.

Is Hemlibra legally importable into Oman?

Yes, through the Directorate General of Pharmaceutical Affairs and Drug Control (DGPADC) named-patient import framework, when the requested dose, regimen, presentation, or supply is not met through the locally registered channel for a specific patient.

The named-patient mechanism allows a Oman-licensed physician to request import of a medicine or specific presentation not locally available when: (a) the medicine is approved by a recognised reference authority (FDA qualifies), (b) no locally available alternative presentation meets this patient's clinical need, (c) the physician takes clinical responsibility, and (d) the importing party documents chain of custody. DGPADC reviews each application.

How the pathway works, step by step

1. **Consultation with your treating haematologist.** Clinical rationale documented, including regimen, dose, and paediatric or adult status.
2. **Import authorisation application.** Your physician or the importing pharmacy files the DGPADC named-patient documentation including clinical rationale, patient identification (de-identified where possible), product details, and chain-of-custody plan.
3. **US-side sourcing.** Reserve Meds coordinates with our US-licensed specialty wholesale partner under DSCSA chain-of-custody.
4. **Cold-chain shipment.** Temperature-controlled transport with documented chain of custody.
5. **Arrival and administration.** Subcutaneous administration per your haematologist's protocol; many patients or caregivers self-inject at home.
6. **Ongoing coordination.** Reserve Meds supports re-supply cadence aligned to the prescribed weekly, every-two-weeks, or every-four-weeks dosing schedule.

What documentation your physician needs

Your physician will typically need to provide:

- Clinical rationale letter confirming diagnosis, inhibitor status, and Hemlibra as the indicated therapy
- Verification of their Oman medical licence (SCFHS / MOH)
- Patient identifier (anonymised reference where possible)
- Prescription with specified regimen (loading and maintenance) and weight-based dose
- Planned administration setting (home-injection or clinic)

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

Costs and timing

Hemlibra's US cash-pay list price is weight-dependent and regimen-dependent; indicative monthly cost sits in a broad range, typically a lower per-dose cost on the every-four-weeks schedule when adjusted for the higher unit dose. Shipment, cold-chain logistics, and concierge coordination add incremental cost; Reserve Meds issues a transparent quote at the start of intake.

Indicative timeline for the first shipment after cohort intake opens is 10-21 days from the moment a complete application is submitted to DGPADC. Re-supply is generally faster once the pathway is established.

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.

A culturally-aware note: haemophilia care in Oman has active physician networks and patient advocacy groups, and we coordinate alongside, not in competition with, existing MoH channels. If your current route is working, stay on it; we are here for the formulary or supply gap.

Reserve Meds's role

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

- **Sourcing.** Through our US-licensed specialty wholesale partner, operating under DSCSA chain-of-custody.
- **Documentation.** Regulatory documentation package for your physician and for DGPADC review.
- **Logistics.** Cold-chain and temperature-monitored shipment coordination.
- **Concierge case lead.** A named point of contact throughout the coordination.

What we do not do: We are not the prescriber. We do not practice medicine. We are not the dispensing pharmacy. All clinical decisions remain with your treating haematologist. We operate at limited first-cohort capacity; cases are scoped and prioritised case by case under our broker scope of practice.

Frequently asked

Is this legal? Yes, when executed through the DGPADC named-patient framework. See our trust and compliance page.

Can my child receive Hemlibra? Paediatric use is within labelled indications; your haematologist determines dose, regimen, and suitability.

What about acute bleeds? Hemlibra is prophylaxis, not acute-bleed treatment. Your haematology team provides an individualised breakthrough-bleed plan.

Can I self-inject? Many patients and caregivers are trained to self-inject at home. Training is arranged by your clinical team.

Will MoH or insurance cover any of this? Cash-pay is the default for named-patient imports. Some Oman patients may receive partial coverage for complex cases; we supply documentation for submission but do not process public-payer 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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