Ilumya

Oman · access guide

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

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

An Omann patient with moderate-to-severe plaque psoriasis who is a candidate for systemic therapy or phototherapy may receive a prescription for Ilumya (tildrakizumab-asmn) from their treating dermatologist. Ilumya is FDA-approved in the United States and commercialised by Sun Pharma's specialty business. It is a humanised IgG1 monoclonal antibody targeting the p19 subunit of interleukin-23, delivered subcutaneously on a quarterly maintenance cadence once the loading doses are complete. Access in Oman through the local dermatology channel exists; when the specific presentation a patient's dermatologist has prescribed is not available locally, a DGPADC personal-use import pathway remains legitimate for the patient whose physician has already prescribed the drug.

This guide explains the pathway, what documentation your physician needs, typical costs and timing, and where Reserve Meds fits in.

The clinical situation

Ilumya is an injectable anti-IL-23p19 humanised IgG1 monoclonal antibody. The FDA-approved regimen for moderate-to-severe plaque psoriasis is 100 mg subcutaneously at week 0, week 4, and every 12 weeks thereafter. It is administered by a healthcare professional rather than self-injected. The IL-23 class has a cleaner safety profile than the JAK class and does not carry an FDA boxed warning. Pre-treatment screening per FDA labeling includes tuberculosis evaluation, hepatitis B and C serology, and review of vaccination status; live vaccines are not recommended during therapy. The Oman's high background TB prevalence makes thoughtful pre-treatment TB evaluation especially important. Your dermatologist will document severity (PASI, BSA, IGA), prior therapy history, and the loading and maintenance plan before starting Ilumya.

Is Ilumya legally importable into Oman?

Yes, through the Central Drugs Standard Control Organization (DGPADC) personal-use / named-patient import framework, coordinated with the treating hospital or prescribing physician. The Oman has a long-standing personal-use import mechanism under the Drugs and Cosmetics Rules that supports access to medicines approved by reference authorities when the specific presentation prescribed is not locally available.

The DGPADC pathway allows a qualified Omann physician to support 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 alternative is suitable for the patient, (c) the treating physician takes clinical responsibility and a valid prescription is in hand, and (d) chain of custody is documented from the US source to the patient or dispensing facility. Quantities imported are typically bounded by a defined treatment duration.

How the pathway works, step by step

1. **Consultation with your treating dermatologist.** The prescribing decision is clinical. Your dermatologist documents severity, prior therapy history, and rationale for Ilumya.
2. **Baseline screening.** TB evaluation (with careful attention given Omann epidemiology), viral hepatitis, and vaccination review are completed and documented.
3. **DGPADC personal-use documentation.** Your dermatologist writes a prescription and supporting letter; Reserve Meds's regulatory team packages the import documentation.
4. **US-side sourcing.** Reserve Meds coordinates with our US-licensed specialty wholesale partner to secure product from authorised distribution under DSCSA chain-of-custody.
5. **Cold-chain shipment.** Ilumya requires refrigerated transport (2 to 8 degrees Celsius) with temperature-excursion monitoring and customs documentation.
6. **Arrival and first administration.** Product reaches the dermatology clinic or dispensing pharmacy against the physician's prescription, and administration proceeds on the planned loading and maintenance schedule.

What documentation your physician needs

Your dermatologist will typically need to provide:

- A clinical rationale letter confirming the plaque psoriasis diagnosis, severity scoring (PASI, BSA, IGA), prior therapy history, and Ilumya as the indicated treatment
- Verification of their Omann medical registration (NMC / state council)
- A patient identifier on the prescription
- Documented pre-treatment screening (TB with Omann context, hepatitis) and vaccination review
- The planned loading schedule (weeks 0 and 4) and maintenance cadence (every 12 weeks)
- Identification of the administering clinic or facility

Reserve Meds provides a physician documentation kit that bundles the templates typical for DGPADC personal-use imports of IL-23 biologics, including cold-chain handling documentation.

Typical costs and indicative timing

Reserve Meds gives you a drug-only reference range plus a transparent delivered quote at intake. As an illustrative composite case, the US cash-pay reference range for a single Ilumya 100 mg SC dose sits in an indicative 2026 band of roughly USD 15,500 to 18,000. International cold-chain logistics, DGPADC documentation, Omann customs clearance, and concierge coordination add incremental cost. The delivered quote we issue at intake itemises each line so nothing is hidden.

Indicative timing, not a guarantee, for first dose after cohort intake opens is 7 to 14 days from the moment a complete documentation package is finalised, assuming customs clears on first pass. Maintenance doses (every 12 weeks) are scheduled well in advance.

; service availability is limited to our first cohort. All timelines are indicative, not guarantees. If your clinical situation is time-sensitive, flag that when you

Where Reserve Meds fits in

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

- **Sourcing.** Through our US-licensed specialty wholesale partner, operating under DSCSA chain-of-custody from manufacturer to export.
- **Documentation.** DGPADC-oriented personal-use package tailored for your dermatologist and for Omann customs.
- **Cold-chain logistics.** Temperature-controlled, internationally tracked shipment with excursion monitoring to your administering clinic.
- **Concierge case lead.** A named point of contact for your family and your dermatologist across the full case arc.

We are a coordinator, not the prescriber, not the dispensing pharmacy. All clinical decisions remain with your treating dermatologist, and administration sits with the licensed clinic of record.

FAQ

Is this legal in Oman?

Yes, when executed through the DGPADC personal-use / named-patient framework with a valid prescription, appropriate clinical rationale, and complete customs documentation.

Can Ilumya be self-administered at home?

FDA labeling specifies administration by a healthcare professional. Your dermatologist will schedule clinic-based administration.

How does Ilumya compare to Skyrizi and Tremfya for psoriasis?

All three are IL-23p19-selective antibodies. Ilumya's maintenance cadence is every 12 weeks (matching Skyrizi) with loading at weeks 0 and 4. Tremfya uses an every-8-week maintenance cadence. Your dermatologist selects based on response profile, cadence preference, and prior therapy history.

Why is TB screening emphasised in Oman?

Oman has higher background TB prevalence than many reference-authority jurisdictions. IL-23 inhibition is not expected to reactivate latent TB at the rates seen with TNF inhibitors, but pre-treatment evaluation remains standard per labeling and is especially relevant in Omann context.

Will private insurance cover this?

Cash-pay is the default posture. Some Omann private insurers reimburse specialty imports on a case-by-case basis; we supply documentation so you can submit, but we 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.

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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