Jardiance

Saudi Arabia · access guide

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

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

An Saudi Arabiaian patient with type 2 diabetes, heart failure (reduced or preserved ejection fraction), or chronic kidney disease may receive a prescription for Jardiance (empagliflozin) from their treating cardiologist, nephrologist, or endocrinologist. Jardiance is FDA-approved across these cardiometabolic indications and developed by Boehringer Ingelheim and Eli Lilly. Jardiance is registered in parts of the Saudi Arabiaian supply chain, but formulary coverage is uneven by institution and by specific strength, this guide addresses access when your prescribing hospital's formulary does not reliably stock Jardiance at the needed dose or when the specific indication (e.g. HFpEF, CKD) is not routinely coordinated.

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

The clinical situation

Jardiance is an oral sodium-glucose co-transporter-2 (SGLT2) inhibitor taken once daily at 10 mg or 25 mg. Indications span type 2 diabetes glycaemic control, cardiovascular risk reduction in T2D with established ASCVD, heart failure (HFrEF and HFpEF) regardless of diabetes status, and chronic kidney disease. Eligibility is based on the specific indication your physician is treating, with appropriate exclusions (low eGFR thresholds vary by indication; genital mycotic infection and euglycaemic DKA risk counselling).

Is Jardiance legally importable into Saudi Arabia?

Yes, via the Saudi Food and Drug Authority (SFDA) named-patient / special-access import framework where Jardiance is not reliably stocked at your prescribing institution, where the specific strength is out of supply, or where the specific indication is not routinely coordinated locally.

The mechanism permits an Saudi Arabiaian-licensed physician to import a medicine not reliably 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 specialist.** Documentation of the specific indication (T2D, HFrEF, HFpEF, CKD), comorbidity profile, and clinical rationale (including formulary-gap note if applicable).
2. **Baseline assessment.** HbA1c, eGFR, volume status, urinary tract infection screening, and DKA-risk counselling.
3. **SFDA named-patient application.** The physician or hospital pharmacy files clinical rationale, patient reference, strength and dosing plan, and chain-of-custody commitment.
4. **US-side sourcing.** Reserve Meds coordinates with our US-licensed specialty wholesale partner to secure Jardiance from authorised distribution under DSCSA.
5. **Ambient shipment.** Jardiance ships under controlled ambient conditions with chain-of-custody documentation and customs clearance support.
6. **Arrival and dispensing.** The hospital pharmacy releases the bottle to the patient with dosing instructions.

What documentation your physician needs

- Clinical rationale letter confirming specific indication and Jardiance as the indicated therapy
- Verification of Saudi Arabiaian medical license
- Baseline HbA1c (for T2D), eGFR, and heart-failure or CKD workup as indicated
- Formulary-gap institutional note (if applicable)
- Planned dosing strength (10 mg or 25 mg) and monitoring plan

Reserve Meds provides a physician documentation kit bundling templates SFDA reviewers expect for cardiometabolic named-patient imports.

Costs and timing

Jardiance's US cash-pay drug-only reference cost sits in an indicative 2026 annual range of roughly USD 7,000-8,000 for continuous daily dosing. Patients weighing formulary alternatives should note that Jardiance is relatively affordable compared with many rare-disease therapies but still a meaningful recurring cost at cash-pay. International logistics, 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 SFDA 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 SFDA review.
- **Logistics.** Ambient-controlled shipment with customs clearance support.
- **Concierge case lead.** A named point of contact coordinating long-term monthly 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

My hospital already stocks Jardiance, do I need this pathway? No. Use the local pathway where reliably available. Reserve Meds serves only the formulary-gap or supply-gap scenario.

Is Jardiance available as a generic? Empagliflozin generics are expected in various markets post-patent; your physician and our team will advise if an alternative formulation becomes available locally before import is completed.

What monitoring does SGLT2 therapy require? Renal function (eGFR), volume status, foot exams in diabetics, and attention to euglycaemic DKA risk especially during fasting or acute illness, your physician sets the full cadence.

Will insurance cover this? Cash-pay is the default for named-patient imports. Some Saudi Arabiaian 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.

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