Jemperli

United Arab Emirates · access guide

How to access Jemperli from the UAE, the named-patient import pathway, 2026

By Reserve Meds, Clinical and regulatory team. Last reviewed 2026-05-13.

A the UAE patient with primary advanced or recurrent endometrial cancer (in combination with carboplatin and paclitaxel, followed by Jemperli monotherapy), or with mismatch repair deficient (dMMR) recurrent or advanced endometrial cancer after prior platinum-containing chemotherapy in any setting, may receive a prescription for Jemperli (dostarlimab-gxly) from their treating gynecologic oncologist. Jemperli is FDA-approved in the United States and manufactured by GlaxoSmithKline (GSK). It is an anti-PD-1 monoclonal antibody administered by intravenous infusion. Local availability of Jemperli in the the UAE can be inconsistent: the drug may not be on every cancer center's standing formulary, the specific indication may not match what is locally registered, or the strength required may be back-ordered. When that happens, a named-patient import pathway through MoHAP remains a legitimate route for the patient whose physician has already prescribed the drug.

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

The clinical situation

Jemperli is a humanised IgG4 monoclonal antibody that binds PD-1 on T-cells, blocking interaction with PD-L1 and PD-L2 and restoring antitumor immune response. Standard dosing per FDA labeling is 500 mg IV every three weeks for four cycles, followed by 1000 mg IV every six weeks until disease progression or unacceptable toxicity. In the dMMR setting, a companion diagnostic confirms mismatch repair deficiency by immunohistochemistry (loss of MLH1, MSH2, MSH6, or PMS2) or microsatellite instability (MSI-H) testing. Baseline workup per FDA labeling includes complete blood count, hepatic function, renal function, thyroid function (TSH, free T4), and pregnancy testing where applicable. Important warnings include immune-mediated pneumonitis, colitis, hepatitis, endocrinopathies (thyroid, adrenal, type 1 diabetes, hypophysitis), nephritis, dermatologic reactions, and infusion-related reactions. Your oncologist will discuss the risk-benefit profile and schedule monitoring before initiating therapy.

Is Jemperli legally importable into the UAE?

Yes, through the UAE Ministry of Health and Prevention (MoHAP) named-patient and personal-use import framework, coordinated with the treating facility's pharmacy. Parallel authority in the Emirate of Abu Dhabi operates through the Department of Health (DoH) and in Dubai through the Dubai Health Authority (DHA). The the UAE has an established pathway for specialty oncology medicines approved by reference authorities (US FDA, EMA, MHRA) but not stocked or registered for the specific indication locally.

The MoHAP named-patient route allows a the UAE-licensed physician to request import of a medicine when: (a) the medicine is approved by a recognised reference authority, (b) no clinically equivalent locally registered alternative is suitable for the patient's indication and history, (c) the treating physician takes clinical responsibility for use, and (d) chain of custody is documented from the US source to the administering facility.

How the pathway works, step by step

1. **Consultation with your treating gynecologic oncologist.** The prescribing decision is clinical. Your oncologist documents the indication, mismatch repair status (where applicable), prior therapies, and rationale for Jemperli.
2. **Baseline screening.** CBC, LFTs, renal function, thyroid function, and pregnancy testing where applicable are confirmed and documented.
3. **MoHAP named-patient application.** Your oncologist or the hospital's import pharmacy files the application with clinical rationale, biomarker status documentation, patient reference, product strength, quantity requested, and chain-of-custody plan.
4. **US-side sourcing.** Reserve Meds coordinates with our US-licensed specialty wholesale partner to secure product from GSK's authorised distribution under DSCSA chain-of-custody.
5. **Cold-chain shipment.** Jemperli requires refrigerated transport at 2 to 8 degrees Celsius. Shipments include temperature-monitored packaging with continuous loggers and tamper-evident seals.
6. **Arrival and first infusion.** The dispensing pharmacy releases product against the physician's prescription, and your oncologist initiates therapy at the infusion center.

What documentation your physician needs

Your physician will typically need to provide:

- A clinical rationale letter confirming diagnosis (endometrial cancer with stage and prior therapy), MMR or MSI status where applicable, and Jemperli as the indicated next step
- Verification of their the UAE medical licence
- A patient identifier, anonymised reference where privacy is preferred
- Documented pre-treatment screening (CBC, LFTs, renal function, thyroid function) consistent with FDA labeling
- The planned dosing strength and schedule (500 mg q3w for four cycles, then 1000 mg q6w)
- A discussion note on the immune-related adverse event monitoring plan

Reserve Meds provides a physician documentation kit that bundles the templates MoHAP reviewers expect to see for anti-PD-1 checkpoint inhibitor therapy.

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 Jemperli induction infusion (500 mg) sits in an indicative 2026 band of roughly USD 11,000 to 14,500. The 1000 mg maintenance dose runs higher. International logistics, MoHAP documentation handling, cold-chain shipping, and concierge coordination add incremental cost. The delivered quote we issue at intake shows each line separately.

Indicative timing for first dose after cohort intake opens is approximately 2 to 5 weeks from the moment a complete application is submitted to MoHAP, assuming the documentation package is clean on first pass. Refills ship on a rolling cadence aligned to your three-week or six-week infusion schedule.

Service availability is limited to our first cohort. All timelines are indicative, not guarantees.

Where Jemperli sits in the UAE endometrial-cancer treatment ladder

Jemperli (dostarlimab) is approved for dMMR or MSI-H recurrent or advanced endometrial cancer, and now also for first-line combination with carboplatin and paclitaxel for primary advanced or recurrent disease following the RUBY trial update. In the UAE, most endometrial cancer cases are managed at Cleveland Clinic Abu Dhabi oncology, SSMC, Tawam Hospital, American Hospital Dubai, or Mediclinic City Hospital, these centers have established gynecologic-oncology and medical oncology infrastructure.

The dMMR or MSI-H testing is the absolute prerequisite. Without IHC for mismatch-repair proteins (MLH1, MSH2, MSH6, PMS2) or PCR or NGS for MSI status, the clinical case for dostarlimab does not form. UAE oncology IHC is reliable at the major tertiary centers; smaller hospitals occasionally send to reference labs in Germany or the US, which adds 2 to 3 weeks to the workup. We coach physicians to confirm the testing pathway up-front rather than discovering at MoPH submission that the report is missing.

MoPH NPP submission for dostarlimab moves consistently when the molecular biomarker report is included up-front. Funding pattern: Daman platinum and Sukoon platinum have reimbursed dostarlimab on escalation review for confirmed dMMR cases. Mid-tier plans are mixed. The combination regimen with chemotherapy adds operational complexity, coordination of the IV chemotherapy schedule with dostarlimab infusion is straightforward when the medical oncologist is leading both, but a split where chemo is at one center and dostarlimab at another creates documentation friction. We try to avoid that.

More questions, specific to this case

Does Jemperli require continuous IV access?

It is an IV infusion every 3 or 6 weeks (depending on regimen), so a port-a-cath or PICC is not typically needed for dostarlimab alone, peripheral IV per infusion is the norm. If combination chemo is running, central access may be in place for the chemo.

How is response to Jemperli assessed?

Standard restaging imaging (CT or PET-CT) at intervals defined by the oncologist, usually every 9 to 12 weeks initially.

Does immune-related adverse event monitoring need a UAE infrastructure piece?

Yes, endocrine (thyroid, adrenal), hepatic, GI, and pneumonitis monitoring per labeling. UAE oncology centers are familiar with checkpoint-inhibitor toxicity profiles.

Where Reserve Meds fits in

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

- **Sourcing.** Through our US-licensed specialty wholesale partner, operating under DSCSA chain-of-custody from manufacturer to export.
- **Documentation.** Regulatory package tailored for your physician and for MoHAP review, including checkpoint-inhibitor irAE monitoring templates.
- **Cold-chain logistics.** Temperature-monitored, internationally tracked shipment to your named dispensing facility with continuous temperature loggers.
- **Concierge case lead.** A named point of contact for your family and your physician across the full case arc.

We are a coordinator. We are not the prescriber, not a pharmacy, and not a dispensing facility. All clinical decisions remain with your treating oncologist, and dispensing sits with the licensed the UAE pharmacy of record. Reserve Meds operates on cash-pay only and does not bill insurance.

Frequently asked

Is this legal in the UAE? Yes, when executed through the MoHAP (or DoH/DHA) named-patient framework with appropriate documentation, clinical rationale, and a licensed dispensing facility. The pathway is routinely used in the UAE gynecologic oncology.

What if my tumor is mismatch repair proficient? Jemperli's first-line endometrial cancer indication (with carboplatin and paclitaxel) does not require dMMR status. The earlier monotherapy approval is specific to dMMR recurrent or advanced disease. Your oncologist makes that determination based on the FDA-approved indication for your tumor and prior therapy.

What about immune-mediated side effects? Immune-related adverse events (pneumonitis, colitis, hepatitis, endocrinopathies) are a known class effect of PD-1 blockade. Your oncologist will perform baseline labs and monitor symptoms per labeling. Reserve Meds does not make that clinical judgement, your physician does.

Will my private health insurance cover this? Cash-pay is the default posture. Some the UAE private insurers reimburse named-patient oncology imports on a case-by-case basis when the documentation package is strong. We supply documentation for your submission but do not process insurance claims.

What if my oncologist has not filed a named-patient request before? Named-patient import is an institutional process most major the UAE oncology centers (Cleveland Clinic Abu Dhabi, American Hospital Dubai, Mediclinic City Hospital, Tawam Hospital) have encountered. Our documentation kit is written for first-time applicants and tracks what MoHAP reviewers commonly ask for.

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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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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