Kesimpta

United Arab Emirates · access guide

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

By Reserve Meds · Clinical & regulatory team · Last reviewed 2026-04-24

A the UAE patient with relapsing multiple sclerosis (MS), including clinically isolated syndrome, relapsing-remitting, and active secondary-progressive disease, may receive a prescription for Kesimpta (ofatumumab) from their treating neurologist. Kesimpta is FDA-approved, developed by Novartis, and is a recognised subcutaneous anti-CD20 monoclonal antibody option for relapsing MS. In the Kingdom of the UAE, Kesimpta is not yet broadly registered for routine outpatient dispensing, and access is typically coordinated through the named-patient import pathway via the UAE Ministry of Health and Prevention (MoHAP).

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

The clinical situation

Kesimpta is a fully human anti-CD20 monoclonal antibody that depletes B cells. Unlike infusion-based anti-CD20 therapies, Kesimpta is self-administered at home as a subcutaneous injection using a prefilled Sensoready pen. The standard regimen is 20 mg at Weeks 0, 1, and 2 (loading doses), followed by 20 mg once every four weeks thereafter. The at-home dosing profile is a core reason many patients and neurologists select Kesimpta, it preserves patient mobility and reduces infusion-centre demand.

Eligibility requires a confirmed relapsing MS diagnosis per McDonald criteria, MRI evidence, and a rationale for anti-CD20 therapy. Before starting, your neurologist will screen for active or chronic hepatitis B (HBsAg and anti-HBc), verify vaccination status (updating live vaccines before depletion), baseline immunoglobulins, and screen for active infection. During therapy, IgG/IgM monitoring and infection surveillance continue.

Is Kesimpta legally importable into the UAE?

Yes, through the MoHAP named-patient import framework. The mechanism permits a the UAE-licensed physician to import a medicine not locally registered when (a) the medicine is approved by a recognised reference authority such as the US FDA, (b) no clinically equivalent registered alternative is suitable for the patient, (c) the physician accepts clinical responsibility, and (d) chain of custody is documented from the US source to the dispensing site. The the UAE has a mature named-patient mechanism used routinely across MS and other chronic-therapy categories.

How the pathway works, step by step

1. **Consultation with your treating neurologist.** Confirmation of MS subtype, MRI review, prior DMT history, and clinical rationale for subcutaneous anti-CD20 therapy.
2. **Pre-treatment screening.** Hepatitis B panel, immunoglobulins, vaccination review and update, baseline infection screen.
3. **MoHAP named-patient application.** The physician or hospital pharmacy files the application including clinical rationale, patient reference, product details, and chain-of-custody commitment.
4. **US-side sourcing.** Reserve Meds coordinates with our US-licensed specialty wholesale partner to secure Kesimpta from authorised distribution under DSCSA.
5. **Cold-chain shipment.** Kesimpta ships under validated 2-8 °C cold chain with continuous temperature logging and chain-of-custody documentation.
6. **Arrival and first dose.** The dispensing hospital pharmacy releases the loading-dose pens; the first injection is typically observed at the prescribing facility, with subsequent monthly doses self-administered at home.

What documentation your physician needs

- Clinical rationale letter confirming relapsing MS subtype and Kesimpta as the indicated therapy
- Verification of the UAE medical licence (SCFHS)
- MRI report supporting the diagnosis
- Hepatitis B screening results and vaccination history
- Baseline immunoglobulin levels
- Planned dosing calendar (Weeks 0, 1, 2 loading; monthly maintenance thereafter)
- Monitoring plan (IgG/IgM, infection surveillance)

Reserve Meds provides a physician documentation kit bundling templates MoHAP reviewers expect for anti-CD20 MS named-patient imports.

Typical costs and indicative timing

Kesimpta's US cash-pay reference cost sits in an indicative 2026 annual range of roughly USD 90,000-110,000 depending on the year and loading versus maintenance period. Cold-chain international logistics, MoHAP documentation handling, and concierge coordination add incremental cost. Reserve Meds issues a transparent quote at the start of intake. These figures are indicative drug-only reference pricing.

Indicative timing for first dose after cohort intake opens is 7-14 days from the moment a complete MoHAP application is submitted. Monthly refills, once the pathway is established, are generally faster.

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 brief culturally-aware note: Ramadan and Hajj seasons can affect scheduling and refill timing. Our concierge team coordinates your monthly cycle with your family's preferences and travel plans.

Reserve Meds's role

- **Sourcing.** Through our US-licensed specialty wholesale partner, operating under DSCSA chain-of-custody.
- **Documentation.** Regulatory package for your physician and MoHAP review.
- **Logistics.** Validated cold-chain shipment to your prescribing hospital.
- **Concierge case lead.** A named point of contact coordinating 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 neurologist.

Frequently asked

Is this legal in the UAE? Yes, when executed through the MoHAP named-patient framework with appropriate documentation. See our trust and compliance page.

Is Kesimpta truly self-administered at home? Yes, after the first observed injection and patient training, subsequent monthly doses are self-administered using the Sensoready prefilled pen. Your neurologist confirms patient suitability.

How does Kesimpta compare with Ocrevus or Briumvi? All three are anti-CD20 therapies. Kesimpta is monthly subcutaneous; Ocrevus is six-monthly IV; Briumvi is IV with shorter infusion times. Your neurologist selects based on disease activity, logistics, and patient preference.

Why hepatitis B screening? Anti-CD20 therapy can reactivate latent hepatitis B, so pre-treatment screening is mandatory under FDA labeling.

Will private insurance cover this? Cash-pay is the default. Some the UAE private insurers reimburse named-patient imports on a case-by-case basis; 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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