

## Leqembi

Oman · access guide

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

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

A Oman patient with early Alzheimer's disease, that is mild cognitive impairment or mild dementia due to Alzheimer's, with confirmed amyloid-beta pathology may receive a prescription for Leqembi (lecanemab-irmb) from their treating neurologist or geriatric specialist. Leqembi is FDA-approved in the United States and manufactured by Eisai and Biogen. It is a humanised anti-amyloid-beta protofibril monoclonal antibody administered by intravenous infusion. Local availability of Leqembi in Oman can be inconsistent: the drug may not be on every specialty pharmacy'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 DGPADC 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

Leqembi is a humanised anti-amyloid-beta protofibril monoclonal antibody. Mechanism: a humanised IgG1 monoclonal antibody that binds soluble and insoluble amyloid-beta protofibrils to reduce amyloid plaque burden. Dosing: 10 mg/kg by intravenous infusion every two weeks, per FDA labeling. Baseline workup per FDA labeling includes amyloid-beta confirmation (CSF biomarkers or amyloid PET), MRI within 1 year showing baseline ARIA risk, ApoE4 genotype where available, anticoagulant history, and cognitive testing. The FDA boxed warning covers amyloid-related imaging abnormalities (ARIA) with risk of serious or fatal intracerebral haemorrhage, especially in ApoE4 homozygotes and those on anticoagulants. Other important warnings include amyloid-related imaging abnormalities (ARIA-E edema and ARIA-H haemorrhage), infusion-related reactions, and increased risk in ApoE4 homozygotes. Your specialist will discuss the risk-benefit profile and schedule monitoring before initiating therapy.

## Is Leqembi legally importable into Oman?

Yes, through the Directorate General of Pharmaceutical Affairs and Drug Control (DGPADC) named-patient and personal-use import framework, coordinated with the treating facility's pharmacy. The Oman has an established pathway for specialty medicines approved by reference authorities (US FDA, EMA, MHRA) but not stocked or registered for the specific indication locally.

The DGPADC named-patient route allows a Oman-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. Applications are typically filed through the dispensing institution's import pharmacy on the physician's behalf, with approval issued on a per-patient, per-cycle quantity basis.

## How the pathway works, step by step

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1. **Consultation with your treating specialist.** The prescribing decision is clinical. Your specialist documents the indication, prior therapies where relevant, and rationale for Leqembi.
2. **Baseline screening.** Amyloid-beta confirmation (CSF biomarkers or amyloid PET), MRI within 1 year showing baseline ARIA risk, ApoE4 genotype where available, anticoagulant history, and cognitive testing are confirmed and documented.
3. **DGPADC named-patient application.** Your specialist or the facility's import pharmacy files the application with clinical rationale, 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 Eisai and Biogen's authorised distribution under DSCSA chain-of-custody.
5. **Cold-chain shipment.** Leqembi 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 dose.** The dispensing pharmacy releases product against the physician's prescription, and your specialist initiates therapy.

## What documentation your physician needs

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Your physician will typically need to provide:

- A clinical rationale letter confirming diagnosis, prior therapies where relevant, and Leqembi as the indicated next step
- Verification of their Oman medical licence
- A patient identifier, anonymised reference where privacy is preferred
- Documented pre-treatment screening consistent with FDA labeling (see above)
- The planned dosing regimen (10 mg/kg by intravenous infusion every two weeks, per FDA labeling)
- A monitoring plan covering amyloid confirmation, MRI surveillance schedule (baseline and prior to 5th, 7th, and 14th infusions per labeling), ApoE4 status, and anticoagulant review

Reserve Meds provides a physician documentation kit tailored for anti-amyloid Alzheimer's biologic therapies, including the templates DGPADC reviewers commonly request.

## Typical costs and indicative timing

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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 typical month of every-2-week dosing (weight-dependent) of Leqembi sits in an indicative 2026 band of approximately USD 15,000 to 18,000. International logistics, DGPADC 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 4 to 8 weeks (MRI surveillance schedule adds time) from the moment a complete application is submitted, assuming the documentation package is clean on first pass. Refills ship on a rolling cadence aligned to the dosing schedule.

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

## Where Reserve Meds fits in

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Reserve Meds is a US-based concierge coordinator for cross-border specialty medicine. For Leqembi 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 DGPADC review, including anti-amyloid Alzheimer's biologic class 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 specialist, and dispensing sits with the licensed Oman pharmacy of record. Reserve Meds operates on cash-pay only and does not bill insurance.

## Frequently asked

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**Is this legal in Oman?** Yes, when executed through the DGPADC named-patient and personal-use framework with appropriate documentation, clinical rationale, and a licensed dispensing facility. The pathway is routinely used across oncology, rare disease, and immunology at Oman tertiary centers.

**What about the boxed warning?** The FDA boxed warning on Leqembi covers amyloid-related imaging abnormalities (ARIA) with risk of serious or fatal intracerebral haemorrhage, especially in ApoE4 homozygotes and those on anticoagulants. Your specialist performs the risk-benefit assessment, schedules monitoring, and counsels the patient 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 Oman private insurers and CCHI-aligned plans reimburse named-patient 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.

**How does cold-chain affect timing?** Leqembi ships refrigerated. We use validated packaging with continuous temperature monitoring, and arrival temperature data is logged on every shipment.

**What if my physician has not filed a named-patient request before?** Named-patient import is an institutional process most major Oman tertiary centers (King Faisal Specialist Hospital and Research Centre, King Abdulaziz Medical City, and KFSHRC Jeddah) have encountered. Our documentation kit is written for first-time applicants and tracks what DGPADC 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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#### **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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