Mounjaro access in Egypt: the EDA named-patient pathway

How patients in Egypt with type 2 diabetes obtain Mounjaro (tirzepatide) through the Egyptian Drug Authority personal importation framework, on-label only.

Last reviewed 2026-05-12 by Reserve Meds clinical and regulatory team.

Quick orientation

Mounjaro is the Eli Lilly brand name for tirzepatide, a once-weekly subcutaneous dual GIP and GLP-1 receptor agonist approved by the US FDA on 13 May 2022 as an adjunct to diet and exercise to improve glycemic control in adults with type 2 diabetes. The same molecule is marketed in the United States under a separate brand, Zepbound, with a distinct FDA approval for chronic weight management granted in November 2023; the two products share an active ingredient but are labelled, packaged, and marketed separately. Reserve Meds coordinates Mounjaro strictly for the FDA-approved type 2 diabetes indication; Zepbound is out of Reserve Meds scope as of this page's review date. Egypt has one of the highest T2D prevalence rates in the MENA region, and patients with established prescriptions have turned to named-patient pathways during periods of local stock-out and rationing.

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Why patients in Egypt reach for Mounjaro through NPP

Egypt's type 2 diabetes burden is substantial, and Eli Lilly's local launch and stocking pattern has tracked the same global allocation pressure that affected tirzepatide supply across 2022 to 2025. The FDA initially declared the tirzepatide shortage resolved in October 2024 and, after a legal challenge prompted by compounding-pharmacy interests, reaffirmed resolution in a 19 December 2024 decision memorandum, with the §503A transition ending in February 2025 and the §503B transition ending in March 2025. Even with the US shortage formally resolved, international allocation pressure persisted into 2026, particularly for individual dose strengths during titration windows. Egyptian patients with documented T2D and an established tirzepatide prescription have reached for a cross-border named-patient channel to maintain therapy continuity.

Three structural drivers shape Mounjaro NPP demand from Egypt. First, local on-shelf availability is uneven even where Mounjaro is registered through EDA, with allocation favouring continuing patients over new starts. Second, the EGP has lost more than 70 percent of its value against the dollar since early 2022, and the local-currency cost of imported specialty injectables has risen sharply, pushing families with USD funding access toward cross-border cash-pay channels coordinated in USD. Third, where Egypt's local label coverage differs from the US label (with the obesity brand Zepbound separately registered or not yet registered in the local market), patients who hold a T2D prescription and need the diabetes-labelled product (Mounjaro) seek the on-label match through NPP. Reserve Meds restricts intake to the type 2 diabetes indication; weight-management inquiries are out of scope and we will redirect rather than process.

The EDA personal importation pathway for Mounjaro

EDA was created by Law No. 151 of 2019, issued in the Official Gazette on 25 August 2019, with executive regulations issued by Prime Minister Decision No. 777 of 2020 on 29 March 2020. EDA is a public service authority affiliated with the Prime Minister, consolidating functions previously held by NODCAR, NORCB, and the Ministry of Health's Central Administration of Pharmaceutical Affairs. The EDA Drug Registration Sector handles registration files, and the Egyptian Pharmacovigilance Center (EPVC) handles post-market safety.

EDA permits the importation of unregistered or stocked-but-unavailable medicines for a specific patient when an equivalent registered product cannot meet the clinical need. This is the pathway commonly described as Personal Importation, with Special Access and Compassionate Use appearing as variations in EDA correspondence. The application is filed through the dispensing institution's import pharmacy, typically a private specialty hospital, a university hospital import desk, or a licensed Cairo-based specialty importer.

For Mounjaro the clinical justification angle is indication-strict. A complete application typically includes:

- A clinical justification letter on hospital letterhead from the treating endocrinologist or internal medicine physician, naming the FDA-approved on-label indication (type 2 diabetes mellitus, as an adjunct to diet and exercise), prior antihyperglycemic therapy history (often metformin plus a second agent), HbA1c trajectory, and the specific clinical reason this drug is required
- A recent prescription specifying brand name (Mounjaro), generic name (tirzepatide), pen strength (2.5 mg starter, 5 mg, 7.5 mg, 10 mg, 12.5 mg, or 15 mg per 0.5 mL), dosage form (KwikPen single-dose prefilled), and quantity required
- A patient identifier (national ID card or passport) plus Egyptian Medical Syndicate membership number and Ministry of Health licence reference for the treating physician
- Product details: manufacturer Eli Lilly and Company (Indianapolis, Indiana), country of origin (United States), FDA approval reference, shelf life, storage conditions (refrigerated 2 to 8 degrees Celsius; room-temperature stable up to 21 days before first use)
- The destination dispensing facility licence and a chain-of-custody plan including the cold-chain handoff with data-logger inclusion and arrival-temperature confirmation

Routine EDA personal-import authorisations for well-documented endocrinology cases typically run in a 3 to 6 week window once a complete package is submitted. Reserve Meds does not promise EDA timelines and is not the filer.

Where Mounjaro gets dispensed in Egypt

Mounjaro is a refrigerated biologic that the patient self-administers once weekly by subcutaneous injection after physician training. The dispensing institution is typically the hospital outpatient pharmacy or a licensed specialty importer pharmacy that hands the pen carton to the patient under chain-of-custody documentation. The Egyptian institutions with the cold-chain infrastructure and endocrinology workflow to handle Mounjaro as routine include Cairo University Hospitals (Kasr Al Ainy); Ain Shams University Hospitals; Dar Al Fouad Hospital (Alameda Healthcare Group, JCI-accredited, with a Cleveland Clinic cooperation agreement since 1999); As-Salam International Hospital in Cairo; and the Cleopatra Hospitals Group facilities. For

T2D patients with overlapping cardiovascular risk, the Magdi Yacoub Heart Foundation and the cardiology programs at As-Salam are natural co-management partners.

Smaller clinics outside Cairo, Giza, and Alexandria typically route Mounjaro cases through a Cairo-based licensed specialty importer that files the EDA permit and delivers under chain-of-custody to the prescribing endocrinologist's outpatient pharmacy. Cairo International Airport is the dominant cold-chain pharmaceutical import gateway, with secondary capacity at Alexandria. The 21-day room-temperature stability window for unopened pens provides usable slack for door-to-door transit but the chain of custody must remain temperature-monitored end to end.

Real cost picture for Mounjaro in Egypt

Reserve Meds quotes Egyptian patients in US dollars and accepts USD wire transfers. The EGP has lost more than 70 percent of its value against the dollar since early 2022, with the USD/EGP rate near 52 to 53 in May 2026. Quoting in USD insulates the patient from intra-case currency drift, which matters for a chronic weekly therapy filled month after month.

US wholesale acquisition cost per Eli Lilly's published pricing is approximately USD 1,069.08 per four-pen monthly carton, applied uniformly across all six dose strengths. Annualised, this is roughly USD 12,800 to USD 13,000 per year at WAC before any rebates, copay-card discounts, or insurer adjustments (none of which extend to international patients). The international named-patient acquisition cost for Egyptian patients sits between US WAC and confidential payer prices in Europe and is finalised only on firm-quote issuance. International cold-chain logistics from US source to Cairo typically runs USD 400 to USD 1,500 per shipment depending on volume and route. EDA permit handling fees on the Egyptian side are nominal relative to the drug. On the insurance side, Bupa Egypt, AXA Egypt, MetLife Egypt, Allianz Egypt, Misr Insurance, and MedGulf Egypt each assess named-patient imports case by case, with chronic T2D therapy coverage variable by carrier. UHIA coverage for specialty imports is not yet the practical funding path for most patients.

Typical timeline for Mounjaro in Egypt

For an established T2D patient with a clean clinical justification letter, recent labs (HbA1c, renal function, prior antihyperglycemic history), and an endocrinologist referral, the typical end-to-end cycle is 5 to 9 weeks. The EDA permit step generally runs 3 to 6 weeks. US-side sourcing through the Eli Lilly authorised distributor network adds approximately 1 to 2 weeks. International cold-chain transit with data-logger inclusion and Egyptian customs clearance under the import permit are typically 4 to 7 days, with the unopened-pen 21-day room-temperature stability window providing usable slack. Cases involving titration to higher doses (10 mg, 12.5 mg, 15 mg) often follow a sequence of monthly fills as the dose escalates in 2.5 mg increments after at least 4 weeks at each step. Timelines are typical ranges, not promises.

What your physician needs to provide

The clinical justification letter for Mounjaro is the centrepiece of the EDA package. For this product the letter typically includes:

- The confirmed type 2 diabetes diagnosis, with HbA1c trajectory and current value
- The FDA-approved on-label indication: glycemic control in adults with T2D as an adjunct to diet and exercise. Mounjaro is not indicated for type 1 diabetes and has not been studied in patients with a history of pancreatitis

- Prior antihyperglycemic therapy history (typically metformin plus a second agent) and the rationale for adding or continuing tirzepatide
- The pen strength requested and the titration plan: 2.5 mg subcutaneously once weekly for 4 weeks (starter dose, not for glycemic control); 5 mg weekly thereafter; further increases in 2.5 mg increments after at least 4 weeks at the current dose; maximum 15 mg once weekly
- Confirmation of no personal or family history of medullary thyroid carcinoma or Multiple Endocrine Neoplasia syndrome type 2, which are contraindications based on the boxed warning for thyroid C-cell tumours observed in rats (human relevance not established)
- The monitoring plan: glycemic markers (HbA1c), renal function, signs of pancreatitis, acute gallbladder disease (cholelithiasis, biliary colic, cholecystectomy were reported in clinical trials), hypoglycemia when combined with insulin or insulin secretagogues, acute kidney injury typically tied to volume depletion from severe GI adverse events, hypersensitivity reactions, severe GI disease, and progression of pre-existing diabetic retinopathy

The treating physician's Egyptian Medical Syndicate membership number and Ministry of Health licence reference anchor the application. Endocrinologists, internal medicine physicians, and (for T2D with overlapping cardiovascular risk) cardiologists all have signing authority on personal-import clinical justification letters.

Common questions about Mounjaro in Egypt

Can I use Reserve Meds to access tirzepatide for weight loss? No. Reserve Meds restricts Mounjaro intake to the FDA-approved type 2 diabetes indication. Zepbound is Eli Lilly's separate weight-management brand and is out of Reserve Meds scope as of this page's review date. We will redirect weight-management inquiries rather than process them.

How is Mounjaro different from Ozempic? Both are once-weekly GLP-1 agents; Mounjaro is a dual GIP and GLP-1 agonist (tirzepatide) while Ozempic is a pure GLP-1 agonist (semaglutide). The SURPASS-2 trial published in NEJM in 2021 reported tirzepatide non-inferior and superior to semaglutide 1 mg on HbA1c reduction in adults with T2D. The choice between agents is a clinical decision for the prescriber, not Reserve Meds.

Will my insurance cover Mounjaro? Each insurer assesses named-patient imports case by case. We supply the documentation the insurer would request; the claim itself remains with you or the dispensing hospital. Cash-pay in USD remains the dominant posture.

How do we handle USD payment given EGP volatility? Reserve Meds quotes in USD and accepts USD wire transfers. Many Egyptian families coordinate USD funds via relatives in the UAE, Saudi Arabia, the UK, or the US. The transparent USD quote means you know exactly what to wire regardless of intra-case EGP movement.

What about the boxed warning? Mounjaro carries a boxed warning for risk of thyroid C-cell tumors. Tirzepatide caused thyroid C-cell tumors in rats; human relevance is not established. Mounjaro is contraindicated in patients with a personal or family history of MTC or MEN 2. Your prescriber screens for this at intake.

Is dose titration mandatory? The 2.5 mg starter dose for the first 4 weeks is for tolerability only and is not effective for glycemic control. Escalation in 2.5 mg increments after at least 4 weeks on the current dose is the labelled approach.

Where Reserve Meds fits in Mounjaro cases

Reserve Meds is a US-based concierge coordinator. We do not replace your endocrinologist, do not replace EDA, and do not replace the dispensing pharmacy. For Mounjaro specifically we orchestrate the US-side sourcing through an authorised distributor of Eli Lilly, prepare the regulatory documentation kit your physician needs for the EDA filing (T2D indication letter template, titration schedule, monitoring plan summary), coordinate the international 2 to 8 degree Celsius cold-chain logistics with data-logger inclusion to Cairo, and run a single named coordinator throughout the case in English and Arabic. We will not process Mounjaro requests where the diagnosis or prescription indicates obesity, weight management, or any non-T2D indication; such inquiries are redirected or declined. Pen strength must be specified on the firm quote because allocation and price differ by titration step.

Next step

If your endocrinologist has decided tirzepatide is the right next step for your T2D case and local stocking is the bottleneck, the named-patient pathway through EDA is the route. Join the waitlist below and we will confirm eligibility within 24 to 48 hours and route the documentation kit to your physician.

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