

## Nucala

United Arab Emirates · access guide

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

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

An the UAEian patient with severe eosinophilic asthma, eosinophilic granulomatosis with polyangiitis (EGPA), hypereosinophilic syndrome (HES), or chronic rhinosinusitis with nasal polyps may receive a prescription for Nucala (mepolizumab) from their treating pulmonologist, allergist, rheumatologist, or ENT specialist. Nucala is FDA-approved in the United States and manufactured by GSK. It is a humanised monoclonal antibody that targets IL-5, reducing circulating eosinophils. Where Nucala is not on an the UAEian hospital formulary for the patient's specific indication, a named-patient import pathway via the UAE Ministry of Health and Prevention (MoHAP) is the legitimate route.

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

## The clinical situation

Nucala is administered subcutaneously every 4 weeks. Dosing varies by indication, 100 mg for severe eosinophilic asthma, 300 mg for EGPA and HES. Your treating physician confirms eosinophil count, indication-specific criteria (exacerbation history for asthma; vasculitis activity for EGPA; persistent eosinophilia for HES), infection screening, and the monitoring plan per FDA labeling.

## Is Nucala legally importable into the UAE?

Yes, through the UAE Ministry of Health and Prevention (MoHAP) named-patient / special-import framework. The pathway allows an the UAE-licensed physician to import a medicine not locally registered, or a specific dose form not stocked, when: (a) the medicine is approved by a recognised reference authority (FDA qualifies), (b) no clinically equivalent registered alternative is suitable for the patient, (c) the physician takes clinical responsibility, and (d) chain of custody is documented.

For IL-5 biologics, MoHAP reviewers are familiar with the submission pattern, and Nucala-specific applications typically cite the indication-specific eosinophil-driven mechanism.

## How the pathway works, step by step

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1. **Consultation with your treating physician.** Eosinophil count, indication-specific severity documentation, and clinical rationale.
2. **Pre-treatment screening.** Infection and parasitic screening per labeling.
3. **MoHAP named-patient application.** The physician or hospital pharmacy files the application.
4. **US-side sourcing.** Reserve Meds coordinates with our US-licensed specialty wholesale partner.
5. **Cold-chain shipment.** Nucala ships at 2-8°C with continuous temperature monitoring.
6. **Arrival and first dose.** The dispensing facility releases product for in-clinic or at-home administration after training.

## What documentation your physician needs

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Your physician will typically need to provide:

- Clinical rationale letter confirming the indication, eosinophil evidence, prior therapies, and Nucala as the indicated biologic
- Verification of their the UAEian medical registration
- Patient identifier
- Pre-treatment screening confirmation
- Planned monthly dosing schedule

Reserve Meds provides a physician documentation kit that bundles the templates MoHAP reviewers expect to see for IL-5-class biologics.

## Costs and timing

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Nucala's US cash-pay drug-only reference price for a single 100 mg dose sits in a broad indicative range of roughly USD 3,500-4,500; the 300 mg dose (three 100 mg injections or the dedicated 300 mg kit for EGPA/HES) is priced proportionally higher. International cold-chain logistics, MoHAP documentation handling, and concierge coordination add incremental cost. Reserve Meds issues a full transparent quote at the start of intake. Indicative range.

Indicative timing for first dose after cohort intake opens is 7-14 days from the moment a complete application is submitted and customs processing begins. Maintenance doses ship on a rolling basis.

*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

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

- **Sourcing.** Through our US-licensed specialty wholesale partner, operating under DSCSA chain-of-custody.
- **Documentation.** Regulatory package for your physician and for MoHAP / customs review.
- **Logistics.** Cold-chain, temperature-monitored, internationally tracked shipment.
- **Concierge case lead.** A named point of contact.

**What we do not do:** we are not the prescriber, we do not practise medicine, and we are not the dispensing pharmacy. All clinical decisions remain with your treating physician.

## Frequently asked

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**Is this legal in the UAE?** Yes, when executed through the MoHAP named-patient framework with appropriate documentation.

**What if another IL-5 biologic is available locally?** Your physician will consider locally registered alternatives. Named-patient rationale applies where Nucala specifically fits the indication (for example, EGPA, HES) and where the locally registered option does not.

**Can Nucala be self-injected?** Yes, the pre-filled pen and auto-injector forms are designed for patient or caregiver self-injection after clinic training.

**Will private insurance cover this?** Cash-pay is the default. Some the UAEian insurers reimburse named-patient imports case by case; we supply documentation for your submission but do not process insurance 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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### **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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