## Ojjaara

Oman · access guide

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

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

A Oman patient with intermediate- or high-risk myelofibrosis and co-existing anaemia may receive a prescription for Ojjaara (momelotinib) from their treating haematologist. Ojjaara is FDA-approved in the United States for the treatment of intermediate- and high-risk myelofibrosis, including primary myelofibrosis, post-polycythaemia-vera myelofibrosis, and post-essential-thrombocythaemia myelofibrosis, in adults with anaemia. It is the first JAK inhibitor with a labeling position specifically in the anaemic myelofibrosis subgroup, reflecting its dual JAK1/JAK2 and ACVR1 activity. Because Ojjaara is not yet routinely stocked in Oman hospital pharmacies, your haematologist may be coordinating a named-patient import pathway on your behalf.

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

## The clinical situation

Ojjaara is an oral once-daily JAK1/JAK2 and ACVR1 inhibitor. ACVR1 inhibition is thought to reduce hepcidin production, which is why the agent is positioned for myelofibrosis patients where anaemia is a dominant clinical problem. The manufacturer is GSK. Eligibility rests on confirmed myelofibrosis (primary or secondary), an IPSS or DIPSS risk category that justifies active therapy, and anaemia (haemoglobin criteria per label). Your haematologist confirms diagnosis, risk score, prior JAK-inhibitor exposure if any, baseline haemoglobin and transfusion dependence, and the monitoring plan, including peripheral blood counts, liver function, and infection surveillance, per FDA labeling.

## Is Ojjaara legally importable into Oman?

Yes, through the Directorate General of Pharmaceutical Affairs and Drug Control (DGPADC) named-patient import framework. The DGPADC route allows a Oman-licensed physician to request import of a medicine that is not locally registered when: (a) the medicine has been approved by a recognised reference authority (FDA qualifies), (b) there is no clinically equivalent locally registered alternative suited to the patient, (c) the treating physician takes clinical responsibility, and (d) the importing party documents chain of custody. Applications are reviewed by the DGPADC Drug Sector.

For myelofibrosis with anaemia, the clinical rationale for Ojjaara over a non-anaemia-selective JAK inhibitor is labeling-driven and straightforward to articulate in the submission.

## How the pathway works, step by step

1. **Consultation with your treating haematologist.** Confirmation of myelofibrosis diagnosis, risk stratification, anaemia status, and a written clinical rationale for Ojjaara specifically.
2. **Treatment-centre identification.** A Oman tertiary haematology service that can monitor CBC, LFTs, and transfusion-dependence metrics accepts the case.
3. **DGPADC named-patient application.** Your physician or the hospital's importing pharmacy files the application including prescription, diagnostic and risk-stratification documentation, and chain-of-custody plan.
4. **US-side sourcing.** Reserve Meds coordinates with our US-licensed specialty wholesale partner to secure product from the manufacturer's authorised distribution chain under DSCSA.
5. **Stable shipment.** Ojjaara is an oral tablet with standard storage requirements and ships with chain-of-custody documentation end to end.
6. **Arrival and initiation.** Your haematologist starts therapy at the label-directed dose and adjusts per response and tolerability. Reserve Meds coordinates re-supply ahead of bottle depletion.

## What documentation your physician needs

Your physician will typically need to provide:

- A clinical rationale letter confirming myelofibrosis subtype, risk category, anaemia status, and Ojjaara as the indicated JAK inhibitor for this patient
- Verification of their Oman medical licence (SCFHS / MOH)
- A current prescription naming the product, strength, and once-daily dosing schedule
- Patient identifier (anonymised reference preferred)
- Planned monitoring cadence (CBC, LFT, transfusion dependence, infection surveillance)

Reserve Meds provides a physician documentation kit bundling the templates DGPADC reviewers expect to see for oral oncology/haematology therapies under named-patient import.

## Costs and timing

Ojjaara's US cash-pay reference price for a 30-day supply sits in an indicative 2026 range of roughly USD 20,000-25,000. Logistics, DGPADC documentation handling, and concierge coordination add incremental cost; Reserve Meds issues a full transparent quote at the start of intake, with a drug-only reference figure separated from service charges.

Indicative timing for first shipment arrival after cohort intake opens is 7-14 days from the moment a complete DGPADC application is submitted. Subsequent re-supply cycles are generally faster once the pathway is established.

*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 culturally-aware note: Ramadan dosing adjustments for oral oncology therapies are a clinical decision for your haematologist. Our concierge team coordinates supply cycles around your family's calendar and the hospital's clinic schedule.

## Reserve Meds's role

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

- **Sourcing.** Through our US-licensed specialty wholesale partner, operating under DSCSA chain-of-custody.
- **Documentation.** Regulatory documentation package for your physician and for DGPADC review.
- **Logistics.** Shipment coordination and chain-of-custody.
- **Concierge case lead.** A named point of contact for your family and your physician throughout the process.

**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 haematologist.

## Frequently asked

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

**How is Ojjaara different from ruxolitinib or fedratinib?** Ojjaara is labeled specifically for myelofibrosis patients with anaemia, owing to its ACVR1 activity and hepcidin-modulating profile. Ruxolitinib is the longstanding first-line JAK inhibitor, and fedratinib (Inrebic) is a JAK2-selective alternative. Vonjo (pacritinib) sits in the thrombocytopenic subgroup. Your haematologist chooses based on your dominant clinical problem.

**What monitoring is needed?** CBC, LFTs, peripheral blood for transfusion dependence, and infection surveillance are all part of the standard protocol. Your haematologist follows label guidance.

**Can Ojjaara be combined with transfusion support?** Ongoing transfusion support remains a clinical decision based on response. The goal of therapy in this subgroup is typically both spleen/symptom control and reduction of transfusion burden.

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

Reserve Meds is in pre-launch. Published timelines and cost ranges are indicative, not guarantees.
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