## Omvoh

Oman · access guide

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

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

A Oman patient with moderately-to-severely active ulcerative colitis, or moderately-to-severely active Crohn's disease, who has had an inadequate response to prior therapy may receive a prescription for Omvoh (mirikizumab) from their treating gastroenterologist. Omvoh is FDA-approved in the United States and manufactured by Eli Lilly. It is a humanised IgG4 monoclonal antibody that selectively targets the p19 subunit of interleukin-23, and was the first IL-23p19-selective antibody FDA-approved specifically for ulcerative colitis. Access through Oman hospital pharmacies varies by institution; when the specific presentation needed is not locally stocked, a named-patient import route remains legitimate for the patient whose gastroenterologist has already prescribed the drug.

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

## The clinical situation

Omvoh is an injectable anti-IL-23p19 monoclonal antibody. For ulcerative colitis, the induction regimen is 300 mg intravenously at weeks 0, 4, and 8, followed by subcutaneous maintenance at 200 mg every 4 weeks. The Crohn's disease regimen follows a similar induction-then-maintenance structure per FDA labeling. The IL-23 class has a cleaner safety profile than the JAK class and does not carry an FDA boxed warning. Pre-treatment screening per FDA labeling includes tuberculosis evaluation, hepatitis B and C serology, and review of vaccination status; live vaccines are not recommended during therapy. Your gastroenterologist will document severity (Mayo score, endoscopic findings, prior therapy exposure) and the induction and maintenance plan before starting Omvoh.

## Is Omvoh legally importable into Oman?

Yes, through the Directorate General of Pharmaceutical Affairs and Drug Control (DGPADC) named-patient / personal-use import framework, coordinated with the dispensing hospital pharmacy. The Oman has a mature named-patient mechanism that has supported specialty IBD, immunology, and rare-disease access for many years.

The DGPADC named-patient route allows a Oman-licensed physician to request import of a medicine when: (a) the medicine has been approved by a recognised reference authority (FDA qualifies), (b) no clinically equivalent locally available alternative is suitable for the patient, (c) the treating physician takes clinical responsibility for use, and (d) chain of custody is documented from the US source to the administering pharmacy. Applications are reviewed by the DGPADC Drug Sector.

## How the pathway works, step by step

1. **Consultation with your treating gastroenterologist.** The prescribing decision is clinical. Your gastroenterologist documents the indication (UC or Crohn's), severity scoring, prior therapy history, and rationale for Omvoh.
2. **Baseline screening.** TB, viral hepatitis, and vaccination review are completed and documented per FDA labeling.
3. **DGPADC named-patient application.** Your gastroenterologist or hospital pharmacy files the application with clinical rationale, patient reference, presentation (IV induction or SC maintenance), quantity, and chain-of-custody plan.
4. **US-side sourcing.** Reserve Meds coordinates with our US-licensed specialty wholesale partner to secure product from Eli Lilly's authorised distribution under DSCSA chain-of-custody.
5. **Cold-chain shipment.** Omvoh is a biologic requiring refrigerated transport (2 to 8 degrees Celsius) with temperature-excursion monitoring end to end.
6. **Arrival and first administration.** The dispensing facility releases product against the physician's prescription. IV induction is administered at the hospital or infusion centre; SC maintenance follows on the planned schedule.

## What documentation your physician needs

Your physician will typically need to provide:

- A clinical rationale letter confirming the IBD diagnosis (UC or Crohn's), severity scoring, prior therapy history (including any biologic or JAK exposure), and Omvoh as the indicated treatment
- Verification of their Oman medical licence (SCFHS / MOH)
- A patient identifier (anonymised reference preferred)
- Documented pre-treatment screening (TB, hepatitis) and vaccination review
- The planned induction schedule (IV) and maintenance schedule (SC) with presentation details
- Identification of the infusion facility for IV induction

Reserve Meds provides a physician documentation kit that bundles the templates DGPADC reviewers expect for IL-23 biologic imports with an IV induction plus SC maintenance structure, including cold-chain handling.

## Typical costs and indicative timing

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 single Omvoh 300 mg IV induction dose sits in an indicative 2026 band of roughly USD 11,500 to 13,500, with 200 mg SC maintenance dosing priced lower per unit and totalling a comparable monthly cost given the every-4-week cadence. International cold-chain logistics, DGPADC documentation handling, and concierge coordination add incremental cost. The delivered quote we issue at intake itemises each line so nothing is hidden.

Indicative timing, not a guarantee, for first dose after cohort intake opens is 7 to 14 days from the moment a complete application is submitted to DGPADC, assuming the documentation package is clean on first pass. Maintenance doses are scheduled against the physician's cadence.

; service availability is limited to our first cohort. All timelines are indicative, not guarantees. A brief culturally-aware note: Ramadan and Hajj seasons affect scheduling across Oman tertiary centres, and our concierge team coordinates against your family's calendar.

## Where Reserve Meds fits in

Reserve Meds is a US-based concierge coordinator for cross-border specialty medicine. For Omvoh 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 gastroenterologist and for DGPADC review.
- **Cold-chain logistics.** Temperature-controlled, internationally tracked shipment with excursion monitoring.
- **Concierge case lead.** A named point of contact for your family and your gastroenterologist across the full case arc.

We are a coordinator, not the prescriber, not the dispensing pharmacy. All clinical decisions remain with your treating gastroenterologist, and dispensing and administration sit with the licensed Oman facility of record.

## FAQ

### Is this legal in Oman?

Yes, when executed through the DGPADC named-patient / personal-use framework with appropriate documentation, clinical rationale, and a licensed dispensing and administering facility.

### How does Omvoh compare to Skyrizi for IBD?

Skyrizi and Omvoh are both IL-23p19-selective monoclonal antibodies with FDA approvals spanning IBD indications, but they differ in dosing cadence, trial evidence, and label specifics. Your gastroenterologist chooses based on indication, prior therapy, and response expectations.

### Why does UC induction use IV while maintenance uses SC?

The induction regimen relies on higher systemic exposure early in therapy; the SC maintenance dose then sustains response. Your gastroenterologist will coordinate induction at an infusion-capable facility and transition to SC dosing per labeling.

### What if my gastroenterologist has not done a named-patient request before?

The process is institutional and your IBD service will have encountered it. Our documentation kit is written for first-time applicants.

### Will private insurance cover this?

Cash-pay is the default posture. Some Oman private insurers reimburse named-patient imports on a case-by-case basis; we supply documentation 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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