## Onpattro

Oman · access guide

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

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

A Oman patient diagnosed with hereditary transthyretin-mediated amyloidosis (hATTR) with polyneuropathy may receive a prescription for Onpattro (patisiran) from their treating neurologist, often working alongside cardiology in a multidisciplinary amyloid clinic at a Riyadh, Jeddah, or Eastern Province tertiary centre. Onpattro is FDA-approved for this indication and developed by Alnylam Pharmaceuticals. Routine stocking through Oman hospital pharmacies for this indication is inconsistent, which is why named-patient import through the Directorate General of Pharmaceutical Affairs and Drug Control (DGPADC) is the typical route when a neurologist determines the therapy is clinically indicated.

This guide explains the legal pathway, the documentation your physician prepares, typical timing, indicative cost posture, and where Reserve Meds fits in.

## The clinical situation

Onpattro is a lipid-nanoparticle-encapsulated siRNA that silences hepatic TTR production. It is administered by intravenous infusion every three weeks, preceded by an on-label premedication regimen, a corticosteroid, an H1 and H2 antihistamine, and acetaminophen, to reduce infusion-related reactions. Eligibility requires genetic confirmation of a pathogenic TTR variant, symptomatic polyneuropathy, and a cardiac workup to characterise any ATTR-CM overlap. Your neurologist will establish baseline neuropathy impairment scoring (NIS+7), polyneuropathy disability score, quality-of-life measures, and identify an infusion-capable clinic. Compared with subcutaneous siRNA options like Amvuttra, Onpattro requires infusion infrastructure and the premedication routine, a consideration your neurologist weighs with you and your family.

## Is Onpattro legally importable into Oman?

Yes, through the DGPADC named-patient import framework. The DGPADC named-patient route allows a Oman-licensed physician to request import of a medicine not locally registered when (a) the medicine has been approved by a recognised reference authority such as the US FDA, (b) no clinically equivalent locally registered alternative suits the patient, (c) the treating physician takes clinical responsibility for use, and (d) the importing party documents chain of custody from the US source to the administering facility. hATTR polyneuropathy has limited disease-specific registered alternatives, which supports clinical rationale.

## How the pathway works, step by step

1. **Consultation with your treating neurologist.** TTR genetic report, neuropathy scoring, and a clinical rationale letter documenting the absence of equivalent registered alternatives.
2. **Baseline assessment.** NIS+7, polyneuropathy disability score, cardiac workup (ECG, echocardiogram, NT-proBNP), and identification of an infusion-capable clinic.
3. **DGPADC named-patient application.** The physician or hospital pharmacy files clinical rationale, patient reference, dosing and premedication plan, and chain-of-custody commitment.
4. **US-side sourcing.** Reserve Meds coordinates with our US-licensed specialty wholesale partner to secure Onpattro from authorised distribution under DSCSA.
5. **Cold-chain shipment.** Onpattro is a refrigerated product; shipment follows validated cold-chain protocols with temperature logging.
6. **Arrival and infusion.** The hospital pharmacy receives the vial; the infusion centre administers the dose with the on-label premedication regimen.

## What documentation your physician needs

- Clinical rationale letter confirming hATTR polyneuropathy and Onpattro as the indicated therapy
- Verification of Oman medical licence (SCFHS / MOH)
- TTR genetic test result
- Baseline NIS+7 and polyneuropathy disability score
- Cardiac assessment for ATTR-CM overlap
- Planned infusion schedule (every 3 weeks) and premedication regimen
- Infusion-centre identification and accreditation

Reserve Meds provides a physician documentation kit bundling the templates DGPADC reviewers expect for rare-disease neurology named-patient imports.

## Costs and timing

Onpattro for hATTR polyneuropathy is a substantial rare-disease therapy. Reference US cash-pay for a full annual course (every-three-week infusions) typically sits in the mid-to-high six-figure USD range. Reserve Meds operates on a drug-only reference basis and provides a transparent, itemised delivered quote, covering product, cold-chain logistics, DGPADC documentation handling, customs clearance, and concierge coordination, at the start of intake. Figures are indicative, not a binding quote until intake is complete.

Indicative timing for first dispense after cohort intake opens is 7-14 days from the moment a complete DGPADC application is submitted. The every-three-week infusion cadence is then scheduled with the infusion centre.

*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 and Hajj seasons can affect scheduling across Oman tertiary centres. Our concierge coordinates cycle timing with your family's preferences and your infusion centre's calendar.

## Reserve Meds's role

- **Sourcing.** Through our US-licensed specialty wholesale partner under DSCSA chain-of-custody.
- **Documentation.** Regulatory package for your physician and DGPADC review.
- **Logistics.** Validated cold-chain shipment to your prescribing hospital pharmacy.
- **Concierge case lead.** A named point of contact coordinating the infusion cadence.

**What we do not do:** We are not the prescriber. We do not practise medicine. We are not the dispensing pharmacy. All clinical decisions, including infusion administration, remain with your treating neurologist and the infusion centre.

## 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 Onpattro different from Amvuttra?** Both are siRNA therapies for hATTR polyneuropathy. Onpattro is intravenous, dosed every three weeks, and requires pre-infusion steroid/antihistamine/paracetamol premedication. Amvuttra is subcutaneous, dosed every three months, and does not require a premedication routine. Your neurologist selects based on clinical picture, infusion-centre access, and patient preference.

**Does my centre need infusion capability?** Yes, Onpattro is IV-infused with on-label premedication. Your neurologist will confirm an infusion-capable centre before intake.

**Will private insurance cover this?** Cash-pay is the default. Some Oman private insurers reimburse named-patient 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.




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