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## Ozempic access in Egypt: the EDA named-patient pathway

How patients in Egypt with type 2 diabetes obtain Ozempic (semaglutide injection) 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

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Ozempic is the Novo Nordisk brand name for semaglutide injection, a once-weekly subcutaneous GLP-1 receptor agonist approved by the US FDA in December 2017 for glycemic control in adults with type 2 diabetes, expanded in January 2020 to include cardiovascular risk reduction in T2D with established cardiovascular disease, and expanded again on 28 January 2025 to include reduction of worsening kidney disease, kidney failure, and cardiovascular death in T2D with chronic kidney disease. Egypt has one of the highest type 2 diabetes prevalence rates in the MENA region, and Ozempic is registered in Egypt through the EDA. Local on-shelf availability has been uneven through the 2022 to 2025 global shortage period and into 2026, and Egyptian patients with established T2D prescriptions have turned to named-patient pathways to maintain continuity. Reserve Meds coordinates Ozempic strictly within its three FDA-approved indications and declines weight-management inquiries.

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### Why patients in Egypt reach for Ozempic through NPP

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Egypt's type 2 diabetes burden is among the highest in the region, and demand for GLP-1 receptor agonists has consistently outstripped local stocking. Even with Ozempic on the EDA register, three structural gaps appear repeatedly: a particular pen presentation a patient needs may be registered in-country but not consistently stocked at retail; allocation pressure from the three-year global shortage (which the FDA formally declared resolved on 21 February 2025) has continued to surface locally in 2025 and 2026; and the EGP depreciation since early 2022 has materially raised the local-currency cost of imported semaglutide, pushing some families toward cross-border channels that can be coordinated in USD.

Two further dynamics shape demand. The first is authenticity. WHO and multiple national regulators have issued repeated warnings since 2023 about counterfeit semaglutide pens circulating in unauthorised channels across MENA. For a patient who already has a documented T2D diagnosis and an established prescription, DSCSA-traceable supply with end-to-end chain-of-custody documentation from a US authorised distributor is a material differentiator. The second is the gray-market weight-management demand that exists across the region. Reserve Meds is explicit that Ozempic NPP coordination is restricted to the three FDA-approved on-label indications: type 2 diabetes, cardiovascular risk reduction in T2D with CVD, and CKD progression risk reduction in T2D with CKD. Patients seeking semaglutide for weight management are out of scope for Ozempic and we will redirect to the appropriate channel rather than process the inquiry.

## The EDA personal importation pathway for Ozempic

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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 and consolidates 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 is not available locally in the quantity the patient's clinical case requires. 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 Ozempic the clinical justification angle is indication-specific. 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, or T2D with established CVD, or T2D with CKD), prior antihyperglycemic therapy history, HbA1c trajectory, and the specific clinical reason this drug is required
- A recent prescription specifying brand name (Ozempic), generic name (semaglutide injection), pen strength (0.25/0.5 mg, 1 mg, or 2 mg), dosage form, 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 Novo Nordisk, country of origin (United States), FDA approval reference, shelf life, storage conditions (refrigerated 2 to 8 degrees Celsius)
- The destination dispensing facility licence and a chain-of-custody plan including the cold-chain handoff into the hospital pharmacy or licensed importer

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. Cold-chain biologics may add documentation review for temperature integrity. The treating physician's EMS membership and Ministry of Health licence are the cornerstone of the application. Reserve Meds does not promise EDA timelines and is not the filer.

## Where Ozempic gets dispensed in Egypt

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Ozempic is a refrigerated biologic that the patient or caregiver self-administers once weekly by subcutaneous injection after physician training, so 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 institutions with the cold-chain infrastructure and the endocrinology workflow to handle Ozempic as routine include Cairo University Hospitals (Kasr Al Ainy), the oldest and largest academic hospital network in Egypt and the Middle East; Ain Shams University Hospitals; Dar Al Fouad Hospital (Alameda Healthcare Group, JCI-accredited, signed a cooperation agreement with the Cleveland Clinic in 1999); As-Salam International Hospital in Cairo (the first hospital in the Middle East to earn JCI

Clinical Care Certification for Acute Myocardial Infarction, which is relevant for the CV indication patient cohort); and the Cleopatra Hospitals Group facilities.

For patients in the CKD indication cohort, the cardiology and nephrology services at As-Salam International and at the Magdi Yacoub Heart Foundation are natural co-management partners. Smaller clinics outside Cairo, Giza, and Alexandria typically route Ozempic 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.

## **Real cost picture for Ozempic in Egypt**

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Reserve Meds quotes Egyptian patients in US dollars and accepts USD wire transfers. The Egyptian pound 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 especially for a chronic weekly therapy filled month after month.

US wholesale acquisition cost for Ozempic as of 2025 is approximately USD 997 per 30-day pen across all three pen presentations, equating to roughly USD 12,000 per year at WAC before any rebates or discounts. Novo Nordisk has announced a significant WAC reduction effective 1 January 2027, bringing list price to roughly USD 675 per pen. 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 itself. 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 several covering ongoing GLP-1 therapy for documented T2D when the molecule is on their formulary. UHIA coverage for specialty imports is not yet the practical funding path for most patients.

## **Typical timeline for Ozempic in Egypt**

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For an established T2D patient with a clean clinical justification letter and recent labs (HbA1c, renal function, prior antihyperglycemic history), the typical end-to-end cycle is 5 to 9 weeks. The EDA permit step generally runs 3 to 6 weeks for routine endocrinology cases. US-side sourcing through the Novo Nordisk authorised distributor network adds approximately 1 to 2 weeks. International cold-chain transit and Egyptian customs clearance under the import permit are typically 4 to 7 days, with the unopened-pen 2 to 8 degree Celsius stability envelope easily accommodating that window. Cases involving the CKD indication often involve additional nephrology documentation and may extend by 1 to 2 weeks. Recurring monthly fills run faster once the first fill is complete and the file is on record. Timelines are typical ranges, not promises.

## **What your physician needs to provide**

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

- The patient's confirmed type 2 diabetes diagnosis, with HbA1c trajectory and current value

- The on-label indication: glycemic control in T2D, or cardiovascular risk reduction in T2D with established CVD (documenting the qualifying CV event), or risk reduction of worsening kidney disease and CV death in T2D with CKD (documenting the stage of CKD)
- Prior antihyperglycemic therapy history (metformin and any other agents tried) and rationale for adding or continuing semaglutide
- The pen presentation requested (0.25/0.5 mg starter pen, 1 mg, or 2 mg) and the titration plan: 0.25 mg once weekly for 4 weeks, then 0.5 mg once weekly for at least 4 weeks, with escalation in 4-week increments only as glycemic control requires, maximum 2 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 rodent carcinogenicity studies (human relevance has not been determined)
- The monitoring plan: signs of pancreatitis, acute gallbladder disease, acute kidney injury particularly with significant GI adverse reactions, diabetic retinopathy progression in patients with prior retinopathy, and hypoglycemia monitoring when combined with insulin or insulin secretagogues

The treating physician's Egyptian Medical Syndicate membership number and Ministry of Health licence reference anchor the application. Endocrinologists, internal medicine physicians, cardiologists (for the CV indication), and nephrologists (for the CKD indication) all have signing authority on personal-import clinical justification letters, subject to the institutional licence of the dispensing hospital.

## Common questions about Ozempic in Egypt

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**Can I use Reserve Meds to access Ozempic for weight loss?** No. Reserve Meds operates strictly within the FDA-approved Ozempic label: type 2 diabetes, CV risk reduction in T2D with CVD, and CKD risk reduction in T2D with CKD. Wegovy is the FDA-approved obesity brand of semaglutide and is a separate product with separate access considerations. We will redirect weight-management inquiries rather than process them.

**Will Bupa Egypt, AXA, MetLife, or Allianz cover Ozempic?** Each insurer assesses named-patient imports case by case. Several reimburse ongoing GLP-1 therapy for documented T2D when the molecule is on their formulary. We supply the documentation set the insurer needs; the claim itself remains with you or the dispensing hospital.

**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.

**How is authenticity guaranteed given the counterfeit warnings?** All Reserve Meds Ozempic supply comes from a DSCSA-traceable US authorised distributor of Novo Nordisk, with end-to-end chain-of-custody documentation from manufacturer to dispensing hospital. We do not source from gray-market or unauthorised channels.

**What about the boxed warning?** Ozempic carries a boxed warning for risk of thyroid C-cell tumors based on rodent carcinogenicity studies. Human relevance has not been determined.

Ozempic is contraindicated in patients with a personal or family history of medullary thyroid carcinoma or MEN 2 syndrome. Your prescriber screens for this at intake.

**Is dose titration mandatory?** Yes. Initiating at 0.25 mg for 4 weeks and then 0.5 mg for at least 4 weeks before escalating is the labelled approach, primarily for gastrointestinal tolerability.

## Where Reserve Meds fits in Ozempic cases

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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 Ozempic specifically we orchestrate the US-side sourcing through a DSCSA-traceable authorised distributor of Novo Nordisk, prepare the regulatory documentation kit your physician needs (on-label indication letter template, titration schedule, monitoring plan summary), coordinate the international 2 to 8 degree Celsius cold-chain logistics to Cairo, and run a single named coordinator throughout the case in both English and Arabic. We do not coordinate off-label use, and we will redirect inquiries that include weight-management language rather than process them. Pen presentation must be specified on the firm quote because allocation and price differ by SKU.

## Next step

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If your endocrinologist has decided semaglutide is the right next step for your T2D, CV, or CKD 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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**Review & oversight.** Content on this page is reviewed by Reserve Meds's clinical and regulatory team. A US-licensed pharmacist reviews every prescription before dispensing. Regulatory posture is informational, not legal advice; case-specific questions route to retained outside counsel. Review methodology >

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