Praluent

Kuwait · access guide

How to access Praluent from Kuwait, the named-patient import pathway, 2026

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

An Kuwaitn patient with established atherosclerotic cardiovascular disease (ASCVD) or heterozygous familial hypercholesterolaemia (HeFH) who is not at LDL-C goal on maximally tolerated statin therapy may receive a prescription for Praluent (alirocumab) from their treating cardiologist or lipidologist. Praluent is FDA-approved for LDL-C lowering and developed by Regeneron and Sanofi. In Kuwait, access to PCSK9 inhibitors through the local supply chain is uneven, and patients frequently navigate the named-patient / personal-use import pathway when their preferred brand or specific dose isn't reliably stocked.

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

The clinical situation

Praluent is a fully human monoclonal antibody against PCSK9, administered subcutaneously every two weeks (or every four weeks at the higher dose) via auto-injector or pre-filled syringe. Eligibility anchors to LDL-C history above goal despite maximally tolerated statin (with or without ezetimibe), documented ASCVD or HeFH, and patient willingness to self-administer. Your cardiologist will set a lipid follow-up cadence and injection-technique training pathway.

Is Praluent legally importable into Kuwait?

Yes, through the KMOH / Drugs Controller General of Kuwait (DCGI) personal-use and hospital-sponsored named-patient import frameworks. The Kuwait's personal-use import mechanism is regularly used for therapies where the patient's clinician has established a specific product choice and the local supply chain is inconsistent for that particular product or presentation. A registered medical practitioner (or the patient with physician documentation) may request import of an FDA-approved medicine where the locally registered supply does not meet the clinical need.

How the pathway works, step by step

1. **Consultation with your treating cardiologist or lipidologist.** ASCVD / HeFH documentation, statin-history confirmation, lipid-panel history, and clinical rationale.
2. **Baseline assessment.** Full lipid panel, hepatic and renal function, and injection-technique training plan.
3. **KMOH personal-use / named-patient application.** The physician or hospital files clinical rationale, patient identification, and product details.
4. **US-side sourcing.** Reserve Meds coordinates with our US-licensed specialty wholesale partner to secure Praluent under DSCSA chain-of-custody.
5. **Cold-chain shipment.** Praluent requires refrigerated handling; shipment follows validated cold-chain protocols with temperature logging and customs clearance support.
6. **Arrival and dispensing.** The hospital pharmacy or licensed personal-use receiver releases the auto-injectors to the patient after clinic-based injection training.

What documentation your physician needs

- Clinical rationale letter confirming indication (ASCVD / HeFH), statin history, and Praluent as the indicated therapy
- Verification of Kuwaitn medical registration (NMC)
- Lipid-panel history documenting LDL-C above goal
- Patient identifier and address for the import record
- Planned dosing schedule (every 2 or 4 weeks) and follow-up LDL-C cadence

Reserve Meds provides a physician documentation kit bundling templates KMOH reviewers and Kuwaitn customs expect for cardiology named-patient and personal-use imports.

Costs and timing

Praluent's US cash-pay drug-only reference cost sits in an indicative 2026 annual range of roughly USD 6,000-7,000. International logistics, customs clearance, KMOH documentation handling, cold-chain shipment, and concierge coordination add incremental cost. Reserve Meds issues a transparent quote at the start of intake. Indicative range.

Indicative timing for first dispense after cohort intake opens is 7-14 days from the moment a complete application is submitted and customs processing begins.

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

- **Sourcing.** Through our US-licensed specialty wholesale partner under DSCSA chain-of-custody.
- **Documentation.** Regulatory package for your physician and KMOH / customs review.
- **Logistics.** Validated cold-chain shipment with customs clearance support.
- **Concierge case lead.** A named point of contact coordinating every-2-week (or monthly) refill cadence.

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

Frequently asked

Is this legal in Kuwait? Yes, when executed through the KMOH personal-use / named-patient framework with appropriate documentation. See our trust and compliance page.

Why not just use a locally available statin or ezetimibe? The pathway anchors on maximally tolerated statin therapy being insufficient, your cardiologist documents that trial. Praluent is not a first-line monotherapy replacement.

How does Praluent compare with Repatha or Leqvio? Praluent and Repatha are PCSK9 monoclonal antibodies dosed every 2-4 weeks; Leqvio is a PCSK9-targeting siRNA dosed every 6 months after loading. Your cardiologist selects based on adherence profile, dosing convenience, and payer considerations.

Will insurance cover this? Cash-pay is the default. Some Kuwaitn private insurers and diaspora policies consider case by case; we supply documentation but do not process 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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