

## Reblozyl

Bahrain · access guide

# How to access Reblozyl from Bahrain, the named-patient import pathway, 2026

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

A Bahrain patient with transfusion-dependent beta-thalassemia or lower-risk myelodysplastic syndrome (MDS) with ring sideroblasts or SF3B1 mutation may receive a prescription for Reblozyl (luspatercept-aamt) from their treating haematologist. Reblozyl is FDA-approved for anaemia in adults with beta-thalassemia requiring regular red-blood-cell transfusions and for anaemia in lower-risk MDS who require transfusions, and it is manufactured by Bristol Myers Squibb. It is a first-in-class erythroid maturation agent, a fusion protein that binds TGF- $\beta$  superfamily ligands and promotes late-stage red-blood-cell maturation, reducing transfusion burden in appropriately selected patients. Beta-thalassemia has a meaningful disease burden in parts of Bahrain, which is why Reblozyl is often specifically considered for transfusion-dependent patients. In Bahrain, Reblozyl may not yet be broadly registered for every indication, which is why your haematologist may be navigating a named-patient import pathway with you.

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

## The clinical situation

Reblozyl is administered as a subcutaneous injection every three weeks, weight-based. Eligibility requires the specific approved indications: transfusion-dependent beta-thalassemia in adults, or anaemia in lower-risk MDS (ring sideroblasts or SF3B1 mutation for the original indication, with newer data supporting a broader first-line indication in lower-risk MDS). Your treating haematologist confirms diagnosis (molecular and transfusion-dependence evidence), baseline labs, and the dosing plan per FDA labeling. Reblozyl carries warnings related to thromboembolism in beta-thalassemia and hypertension.

## Is Reblozyl legally importable into Bahrain?

Yes, through the National Health Regulatory Authority (NHRA) named-patient import framework. The pathway allows a Bahrain-licensed physician to request import of a medicine not broadly registered locally when: (a) the medicine is approved by a recognised reference authority (FDA qualifies), (b) no locally registered alternative is clinically equivalent for the patient, (c) the physician takes clinical responsibility, and (d) chain of custody is documented through a licensed importing entity.

For luspatercept specifically, the application is relatively routine as a subcutaneously administered biologic, no REMS or complement-inhibitor-style vaccination gating applies.

## How the pathway works, step by step

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1. **Consultation with your treating haematologist.** Diagnosis confirmation (beta-thalassemia genotype and transfusion dependence, or MDS with ring sideroblasts / SF3B1 mutation), baseline labs, and the clinical rationale for Reblozyl.
2. **NHRA named-patient application.** Your physician files the application including clinical letter, patient identifier, and product details.
3. **US-side sourcing.** Reserve Meds coordinates with our US-licensed specialty wholesale partner to secure the product from the manufacturer's authorised distribution chain.
4. **Cold-chain shipment.** Reblozyl ships at 2-8°C with continuous temperature monitoring.
5. **Arrival and subcutaneous dosing.** The treating centre administers the subcutaneous injection every three weeks; dose titration is guided by response and transfusion burden.

## What documentation your physician needs

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Your physician will typically need to provide:

- Clinical rationale letter confirming diagnosis (beta-thalassemia or lower-risk MDS), transfusion history, baseline labs, and Reblozyl as the indicated treatment
- Verification of Bahrain medical licence
- Patient identifier
- Planned three-weekly subcutaneous dosing schedule
- Plan for transfusion-burden monitoring and response assessment

Reserve Meds provides a physician documentation kit that bundles the templates NHRA reviewers expect to see for erythroid-maturation-agent therapy.

## Costs and timing

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Reblozyl's US cash-pay drug-only reference price sits in a broad indicative range, the annualised treatment cost varies substantially with weight-based dosing but typically falls in the USD 150,000-300,000 range in US list pricing. International cold-chain logistics, NHRA documentation, and concierge coordination add incremental cost; Reserve Meds issues a full transparent quote at the start of intake. Indicative range.

Indicative timing for the first dose after cohort intake opens is 7-14 days from the moment a complete application is submitted.

*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

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

- **Sourcing.** Through our US-licensed specialty wholesale partner, operating under DSCSA chain-of-custody.
- **Documentation.** Regulatory package for your physician and for NHRA review.
- **Logistics.** Cold-chain, temperature-monitored shipment.
- **Concierge case lead.** A named point of contact.

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

## Frequently asked

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**Is this legal in Bahrain?** Yes, when executed through the NHRA named-patient framework with appropriate documentation.

**Beta-thalassemia is common in our region, how does Reblozyl change care?** The goal of Reblozyl in transfusion-dependent beta-thalassemia is reduction of transfusion burden, which translates into fewer hospital visits, lower iron burden (with the corresponding reduction in chelation need), and improved quality of life. Clinical-trial data showed meaningful reductions in transfusion requirement in responders; not every patient responds, and response is typically assessed over several dose cycles.

**What about thrombosis risk?** Beta-thalassemia patients have an elevated baseline thrombotic risk, and Reblozyl has been associated with thromboembolic events in this population. Your haematologist manages thromboprophylaxis decisions individually.

**How does Reblozyl compare with chronic transfusion alone?** Chronic transfusion remains the backbone of care for transfusion-dependent beta-thalassemia, with iron chelation to manage iron overload. Reblozyl is an add-on therapy that aims to reduce, not replace, transfusion frequency; patients continue under standard-of-care management.

**Will private insurance cover this?** Cash-pay is the default. Some Bahrain private insurers reimburse thalassemia and MDS therapy on escalated review; 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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### **Reserve Meds**

*reserved for you.*

Composite case examples. This document is for general information only and does not constitute medical advice. Please consult your treating physician.

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

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