Repatha

Oman · access guide

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

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

A Oman 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 Repatha (evolocumab) from their treating cardiologist or lipidologist. Repatha is FDA-approved for LDL-C lowering and developed by Amgen. Repatha is registered in parts of Oman supply chain, but formulary coverage is uneven across institutions and specific presentations can be out of stock, this guide addresses access when your hospital formulary does not reliably provide Repatha.

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

The clinical situation

Repatha is a fully human monoclonal antibody against PCSK9, administered subcutaneously every two weeks (140 mg) or monthly (420 mg) via auto-injector or pre-filled syringe. Eligibility anchors to LDL-C history above goal despite maximally tolerated statin therapy (with or without ezetimibe), documented ASCVD or HeFH, and patient capacity for self-administration. Your cardiologist sets the lipid follow-up cadence and injection-technique training plan.

Is Repatha legally importable into Oman?

Yes, via the Directorate General of Pharmaceutical Affairs and Drug Control (DGPADC) named-patient / special-access import framework when Repatha is not on your specific hospital formulary, when the specific presentation/dose is not locally stocked, or when there is a supply gap at your institution.

The mechanism permits a KSA-licensed physician to import a medicine not routinely available at the institution when (a) the medicine is approved by a recognised reference authority such as the US FDA, (b) the institution cannot supply a clinically equivalent alternative for the patient, (c) the physician accepts clinical responsibility, and (d) chain of custody is documented.

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 (including formulary-gap note if applicable).
2. **Baseline assessment.** Full lipid panel, hepatic and renal function, injection-technique training plan.
3. **DGPADC named-patient application.** The physician or hospital pharmacy files clinical rationale, patient reference, dosing schedule, and chain-of-custody commitment.
4. **US-side sourcing.** Reserve Meds coordinates with our US-licensed specialty wholesale partner to secure Repatha from authorised distribution under DSCSA.
5. **Cold-chain shipment.** Repatha requires refrigerated handling; shipment follows validated cold-chain protocols with temperature logging.
6. **Arrival and dispensing.** The hospital pharmacy releases the auto-injectors after clinic-based training.

What documentation your physician needs

- Clinical rationale letter (indication, statin history, Repatha as indicated therapy, formulary-gap note where relevant)
- Verification of Oman medical license (SCFHS)
- Lipid-panel history documenting LDL-C above goal
- Planned dosing schedule (every 2 weeks or monthly) and follow-up LDL-C cadence

Reserve Meds provides a physician documentation kit bundling templates DGPADC reviewers expect for cardiology named-patient imports, including the formulary-gap clinical-rationale language.

Costs and timing

Repatha's US cash-pay drug-only reference cost sits in an indicative 2026 annual range of roughly USD 6,000-7,000. International logistics, DGPADC 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 DGPADC 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

- **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.
- **Concierge case lead.** A named point of contact coordinating the 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

My hospital already stocks Repatha, do I need this pathway? No, if your hospital reliably stocks and dispenses Repatha for your indication, use the local pathway. Reserve Meds steps in only where there is a documented formulary or supply gap.

How does Repatha compare with Praluent or Leqvio? Repatha and Praluent 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.

Can I self-inject at home? Yes, after clinic-based training on the auto-injector or prefilled syringe, consistent with FDA labeling.

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