Rybrevant

Oman · access guide

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

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

A Oman patient with locally advanced or metastatic non-small cell lung cancer (NSCLC) carrying an EGFR exon 20 insertion mutation may receive a prescription for Rybrevant (amivantamab-vmjw) from their treating oncologist. Rybrevant is FDA-approved, developed by Janssen (Johnson & Johnson), and is a targeted option for a molecular subgroup that does not respond well to standard EGFR tyrosine-kinase inhibitors. In Oman, access through hospital pharmacies may depend on supply timing and indication, which is why your oncologist may be coordinating a named-patient import pathway on your behalf.

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

The clinical situation

Rybrevant is a bispecific antibody that targets EGFR and MET. It is administered as an intravenous infusion on a weighted dosing schedule, typically weekly for the first cycle and then every two weeks, in an outpatient oncology setting. Eligibility requires molecular confirmation of an EGFR exon 20 insertion, documented via NGS on tumour tissue or plasma. Your oncologist will confirm molecular status, prior line history, and set up infusion-reaction premedication, which is a standing requirement for Rybrevant per FDA labeling.

Is Rybrevant legally importable into Oman?

Yes, through the Directorate General of Pharmaceutical Affairs and Drug Control (DGPADC) named-patient import framework. The DGPADC 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 (FDA qualifies), (b) no clinically equivalent locally registered alternative is suitable, (c) the treating physician takes clinical responsibility, and (d) the importing party documents chain of custody. Applications are reviewed by the DGPADC Drug Sector.

For a molecularly targeted oncology biologic like Rybrevant, where the clinical rationale rests on the EGFR exon 20 diagnosis and the known limitation of standard EGFR-TKIs in this subgroup, the named-patient rationale is straightforward to articulate, and DGPADC reviewers are familiar with the framework.

How the pathway works, step by step

1. **Consultation with your treating oncologist.** The decision to prescribe Rybrevant is a clinical one, supported by EGFR exon 20 confirmation and a written rationale.
2. **Infusion facility identification.** An oncology day-unit with cold-chain storage and infusion-reaction management capability is confirmed.
3. **DGPADC named-patient application.** Your physician or the hospital's importing pharmacy files the application, including clinical rationale, patient reference, the molecular report, and chain-of-custody plan.
4. **US-side sourcing.** Reserve Meds coordinates with our US-licensed specialty wholesale partner to secure Rybrevant from authorised distribution.
5. **Cold-chain shipment.** The product ships with continuous temperature monitoring and chain-of-custody documentation.
6. **Arrival and first infusion.** The hospital pharmacy releases doses to the oncology day-unit for administration on your cycle schedule, with IV premedication protocols in place.

What documentation your physician needs

Your physician will typically need to provide:

- A clinical rationale letter confirming EGFR exon 20 insertion NSCLC, prior systemic therapy, and Rybrevant as the indicated treatment
- Verification of their Oman medical licence (SCFHS / MOH)
- A copy of the NGS report confirming EGFR exon 20
- Patient identifier (anonymised reference preferred)
- Planned dosing schedule with infusion-reaction premedication protocol

Reserve Meds provides a physician documentation kit that bundles the templates DGPADC reviewers expect to see, including the molecular-diagnostic attestation and the infusion-reaction surveillance plan that DGPADC reviewers tend to ask about for amivantamab.

Costs and timing

Rybrevant's US cash-pay drug-only reference cost is driven by vial size and patient weight, and scales over the first cycle because of the split first-dose schedule. Indicative 2026 per-cycle cost for a standard adult patient sits in a broad range of roughly USD 18,000-26,000, with the first cycle typically higher because of the split dose. Cold-chain logistics, DGPADC documentation handling, and concierge coordination add incremental cost. Reserve Meds issues a full transparent quote at the start of intake.

Indicative timing for the first infusion after cohort intake opens is 7-14 days from the moment a complete DGPADC application is submitted. Subsequent cycles ship on a rolling basis against your infusion calendar.

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 infusion-unit scheduling across Oman tertiary centres. Our concierge team coordinates cycle timing with your hospital calendar and family preferences.

Reserve Meds's role

Reserve Meds is a US-based concierge coordinator for cross-border specialty medicine. For Rybrevant 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 DGPADC review.
- **Logistics.** Cold-chain, temperature-monitored shipment coordination.
- **Concierge case lead.** A named point of contact for your family and your physician through intake, first infusion, and subsequent cycles.

What we do not do: we are not the prescriber, we do not practise medicine, and we are not the dispensing pharmacy. All clinical decisions remain with your treating oncologist and the administering infusion facility.

Frequently asked

Is this legal in Oman? Yes, when executed through the DGPADC named-patient framework with appropriate documentation. Cross-border named-patient import is a routine mechanism across Oman oncology. See our trust and compliance page.

Why not a standard EGFR tyrosine kinase inhibitor? Standard EGFR-TKIs such as osimertinib have limited activity against exon 20 insertion mutations. That is precisely why Rybrevant, with its EGFR/MET bispecific mechanism, has been developed for this molecular subgroup. Your oncologist will explain sequencing in your specific case.

What about combination regimens? Rybrevant is used as monotherapy and in combination regimens across different indications. Your oncologist will confirm the regimen that fits your disease status.

Are infusion reactions common? Infusion-related reactions, particularly on the first dose, are a known profile feature of Rybrevant and are managed with standard premedication protocols. Your oncology team will explain the monitoring plan.

Will private insurance cover this? Cash-pay is the default. Some Oman private insurers consider named-patient imports case by case; 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.

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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