Soliris access in Egypt

A patient-first guide to accessing Soliris (eculizumab) for paroxysmal nocturnal hemoglobinuria, atypical hemolytic uremic syndrome, generalized myasthenia gravis, and neuromyelitis optica spectrum disorder in the Arab Republic of Egypt, through the Egyptian Drug Authority Personal Importation framework and infusion at qualified Egyptian centers.

Quick orientation

Soliris is the brand name for eculizumab, a humanized monoclonal antibody that binds terminal complement protein C5 and blocks formation of the membrane attack complex. FDA-approved March 16, 2007 for paroxysmal nocturnal hemoglobinuria (PNH), with label extensions in 2011 (atypical hemolytic uremic syndrome, aHUS), 2017 (generalized myasthenia gravis, gMG, in AChR-antibody-positive adults), and 2019 (anti-AQP4-antibody-positive neuromyelitis optica spectrum disorder, NMOSD). Soliris is governed by a mandatory Risk Evaluation and Mitigation Strategy (REMS) tied to meningococcal vaccination at least two weeks before the first dose. For Egyptian patients, Soliris access is documented under the Egyptian Drug Authority (EDA) Personal Importation framework where commercial availability gaps emerge, with refrigerated cold-chain delivery to a qualified infusion center and intravenous administration on a defined schedule. Reserve Meds coordinates the US-side sourcing, cold-chain logistics, and the meningococcal vaccination documentation handshake. Reserved for you.

Why patients in Egypt need Soliris via NPP

Soliris reaches Egyptian patients through international named-patient channels for a narrow set of structural reasons. The drug carries broad international registration (EU, UK, Health Canada, Japan PMDA, SFDA Saudi Arabia, MOHAP UAE), and eculizumab has been registered in Egypt at various points through local agent arrangements. The practical pattern in Egypt is that local availability is concentrated at one or two tertiary centers, stocking is uneven, and patients living outside those catchment areas cannot reliably access continuous supply through their local pharmacy network. For chronic complement-inhibitor therapy, supply continuity is the operational requirement, and a break in dosing carries clinical risk (in PNH and aHUS, discontinuation can trigger severe rebound hemolysis or thrombotic microangiopathy).

A second access pattern is indication-specific. Soliris may be locally available for PNH and aHUS but not consistently for gMG or NMOSD, even though the FDA-approved indication is on-label internationally. Patients with gMG or NMOSD facing an off-label-in-country situation despite an on-label FDA indication frequently turn to private cross-border supply with the documentation built around the FDA label and the international evidence base. Cost is the third driver. Even where Soliris is available, the absence of a national health system funding orphan biologics for non-citizens, or the absence of reimbursement at all for self-pay residents, forces a cash-pay procurement pathway. UHIA does not currently cover Soliris-class biologics for most patients. Reserve Meds operates squarely in that cash-pay segment.

The EDA Personal Importation pathway for Soliris

The Egyptian Drug Authority was created by Law No. 151 of 2019, issued 25 August 2019 in the Official Gazette No. 34 bis (A), with executive regulations issued by Prime Minister Decision No. 777 of 2020. EDA permits the importation of unregistered or unavailable medicines for a specific named patient under defined conditions, most importantly where no equivalent registered product is available locally, or where the available quantity of an equivalent registered product cannot meet the patient's clinical need. This is the pathway commonly referred to as Personal Importation. The application is filed through the dispensing institution's import pharmacy.

For Soliris, the application package centers on the patient's specific indication and the meningococcal vaccination documentation. The clinical justification letter, signed by the treating specialist on hospital letterhead, stamped, addresses the diagnosis (PNH with documented intravascular hemolysis and elevated LDH; aHUS with documented thrombotic microangiopathy and ADAMTS13 activity to rule out TTP; AChR-antibody-positive gMG with documented antibody titer and disease severity; anti-AQP4-antibody-positive NMOSD with documented antibody status and relapse history), prior therapies attempted with outcomes, and the specific clinical case for terminal complement blockade with eculizumab.

The dosing plan referenced in the letter aligns with the FDA label for the specific indication: PNH adult dosing is 600 mg IV weekly for the first 4 weeks, then 900 mg IV at week 5, then 900 mg IV every 14 days as maintenance; aHUS adult dosing at or above 40 kg is 900 mg IV weekly for 4 weeks, then 1,200 mg IV at week 5, then 1,200 mg IV every 14 days; adult gMG and NMOSD dosing follows the same induction-and-maintenance pattern as aHUS. The clinical letter is accompanied by the recent prescription specifying brand name, INN (eculizumab), strength (10 mg per mL, 300 mg per 30 mL single-use vial), and quantity, patient identifier documentation (national ID or passport), physician licensing verification through the Egyptian Medical Syndicate, manufacturer details from Alexion (now an AstraZeneca subsidiary) including FDA approval reference, the destination dispensing facility license at the receiving infusion center, the chain-of-custody plan for refrigerated shipment (2 to 8 degrees Celsius), and the meningococcal vaccination documentation.

The meningococcal vaccination requirement is a hard prerequisite of the US prescribing standard and Reserve Meds documents the patient's vaccination status (serogroups A, C, W, Y, and B) as part of intake even where local Egyptian prescribing rules differ. Vaccination must be completed at least two weeks before the first dose. The treating physician's plan for ongoing infection vigilance and revaccination per Egyptian and international guidance is referenced in the file. Routine EDA personal-import authorizations for well-documented rare-disease cases typically process in 3 to 6 weeks; complex cases extend to 8 to 14 weeks. EDA reserves discretion at every step. Reserve Meds does not promise EDA timelines and is not the filer.

Where Soliris gets dispensed in Egypt

The Egyptian infusion-center map for Soliris is anchored at the major academic and specialty hospitals with outpatient infusion suites and the cold-chain pharmacy infrastructure for refrigerated biologics. Cairo University Hospitals (Kasr Al Ainy) hematology and nephrology, Ain Shams University Hospitals, and the private specialty networks at Dar Al Fouad Hospital (JCI-accredited), As-Salam International Hospital, and the Cleopatra Hospitals Group all operate outpatient infusion centers and routine experience with imported specialty biologics.

For PNH and aHUS cases, hematology and nephrology services at the academic institutions are the dominant treating-center pattern. For gMG cases, neurology services at Kasr Al Ainy and Ain

Shams handle the bulk of routine AChR-antibody-positive cases. For NMOSD, neuroimmunology and neurology services across the same network manage anti-AQP4-antibody-positive cases. Children's Cancer Hospital Egypt 57357 is primarily oncology-focused but supports pediatric aHUS coordination where the institutional fit is appropriate.

The infusion site, not the patient's home, is the delivery endpoint. Every Soliris quote requires a confirmed receiving infusion center in the destination country before procurement, with the cold-chain hand-off SOP confirming unbroken 2 to 8 degrees Celsius transit on arrival.

Real cost picture for Soliris in Egypt

Soliris is one of the most expensive long-running biologics in the world. Published US pricing references put vial-level wholesale acquisition cost at approximately USD 7,000 per 300 mg vial. Annual US WAC for PNH dosing in an average-weight adult is in the range of USD 500,000 to USD 700,000, with aHUS, gMG, and NMOSD maintenance dosing landing at the higher end because of the larger 1,200 mg maintenance dose. At the May 2026 USD to EGP rate near 52 to 53, annual US WAC converts to roughly EGP 26 to 37 million for a PNH-equivalent course.

International cash-pay private-import pricing typically reflects ex-US wholesaler pricing plus the Reserve Meds coordination fee, customs, freight, and treatment-center procedural costs. Per-dose all-in delivered cost to an Egyptian named-patient case is materially below US WAC in most documented patterns. International cold-chain logistics from the US source to Cairo International Airport typically run USD 400 to 1,500 per shipment depending on volume, temperature class (2 to 8 degrees Celsius for Soliris), and route. The dilution-and-infusion services at the receiving treatment center are billed locally.

Reserve Meds quotes in USD and accepts USD wire transfers. The EGP has lost more than 70 percent of its value against the US dollar since early 2022. Local insurer behavior for Soliris named-patient cases is case-by-case. Bupa Egypt, AXA Egypt, MetLife Egypt, Allianz Egypt, and Misr Insurance assess individually, with PNH and aHUS more likely to attract coverage consideration than gMG or NMOSD given indication histories. UHIA does not currently cover most specialty biologics. Cash-pay is the default operating posture, and many families later recover a portion through private insurance where coverage applies. The 2024 to 2025 US launch of eculizumab biosimilars (EPYSQLI, Bkemv) has introduced meaningful domestic price pressure in the United States but does not change the international NPP picture in Egypt unless and until those biosimilars are locally registered.

Typical timeline for Soliris in Egypt

For routine, well-documented cases at a major institution, the EDA layer for the first authorization typically resolves in 3 to 6 weeks once the complete file is submitted. Complex first-time cases or unusual documentation gaps can extend to 8 to 14 weeks. Cold-chain logistics from the US source to the Cairo infusion center add several days to a week to the active shipment window. The clinical timeline is then set by the FDA-labeled induction-and-maintenance schedule for the patient's specific indication, with infusions every 14 days as maintenance after the four-week induction phase. Because Soliris is intended for chronic, indefinite use across all four indications, the operational continuity pattern (recurring biweekly shipments aligned with the infusion schedule) is the dominant cadence after the initial authorization clears.

What your physician needs to provide

The clinical justification letter is the cornerstone of any Soliris case file in Egypt. The letter, signed by a treating specialist holding active Egyptian Medical Syndicate registration and a Ministry of Health license, addresses the patient's diagnosis with confirmatory laboratory documentation (PNH with documented intravascular hemolysis and elevated LDH; aHUS with documented thrombotic microangiopathy and ADAMTS13 activity to rule out TTP; AChR-antibody-positive gMG with documented antibody titer; anti-AQP4-antibody-positive NMOSD with documented antibody status), disease severity, prior therapies attempted with outcomes, and the specific clinical case for terminal complement blockade.

The dosing plan references the FDA-labeled induction-and-maintenance schedule for the patient's specific indication. The meningococcal vaccination documentation (serogroups A, C, W, Y, and B), completed at least two weeks before the first dose, is documented as a discrete element of the file alongside the treating physician's plan for ongoing infection vigilance, revaccination per Egyptian and international guidance, and recognition that the US REMS framework does not transfer into the destination country, where the receiving prescriber operates under local pharmacovigilance rules through the Egyptian Pharmacovigilance Center (EPVC). Reserve Meds supplies the US-side documentation kit (manufacturer-direct sourcing confirmation, cold-chain validation, customs documentation) so the treating physician and the Egyptian institutional pharmacy team have the regulatory layer prepared in parallel.

Common questions about Soliris in Egypt

Will Bupa Egypt, AXA, MetLife, or Allianz cover Soliris? Each plan assesses named-patient biologic imports case-by-case, with PNH and aHUS more likely to attract coverage consideration than gMG or NMOSD given indication histories. Some plans reimburse a percentage when the drug treats a covered indication even if the specific product is not on a local formulary; many require pre-authorization. UHIA does not currently cover most specialty biologics. Cash-pay is the default posture, with many families later recovering a portion where coverage applies.

What is the meningococcal vaccination requirement? The dominant safety concern with terminal complement blockade is serious meningococcal infection, including septicemia and meningitis. Meningococcal infections have been reported in both vaccinated and unvaccinated patients on the drug. Patients require meningococcal vaccination against serogroups A, C, W, Y, and B at least two weeks before the first dose, with revaccination per international guidance. The vaccination requirement is a hard prerequisite of the US prescribing standard and Reserve Meds documents the patient's vaccination status as part of intake.

What is the monitoring requirement? Ongoing monitoring includes LDH and reticulocyte count in PNH, platelet count and serum creatinine and LDH in aHUS, clinical symptom monitoring in gMG and NMOSD, and infection vigilance across all indications. Adverse events are reported through the Egyptian Pharmacovigilance Center (EPVC) per Egyptian regulatory practice.

Why Soliris versus Ultomiris? Ultomiris (ravulizumab) is the longer-acting C5 inhibitor from the same manufacturer, dosed every 8 weeks in maintenance versus every 2 weeks for Soliris. In many markets Ultomiris has become the preferred long-term therapy where the payer pathway supports it. Soliris remains in use where Ultomiris is not yet locally registered or reimbursed, or where a treating clinician has clinical reasons to continue eculizumab specifically. The patient onboarding conversation in every Soliris case includes a clinical-context note confirming the treating physician's specific decision to continue eculizumab rather than transition.

What about discontinuation risk? Discontinuation of Soliris in PNH and aHUS carries a documented risk of severe hemolysis or thrombotic microangiopathy rebound. Patients planning a treatment pause require monitoring per the FDA label's warnings. Continuity of supply is a clinical safety issue, not just an operational one.

Can the drug ship directly to my home? No. The dispensing facility must hold a valid Egyptian pharmacy or hospital license. For Soliris, the medicine ships to the infusion center where the patient is treated. Direct-to-home delivery without a licensed dispensing facility in the chain is not the model.

Where Reserve Meds fits in Soliris cases

Reserve Meds is a US-based concierge coordinator. For a Soliris inquiry from an Egyptian family, the working unit is confirmed receiving infusion center, documentation kit preparation with the meningococcal vaccination reference, US-side sourcing, international cold-chain logistics to Cairo International Airport, and continuous coordination through the four-week induction phase and the every-14-days maintenance cadence. The clinical decisions remain with the treating specialist. The regulatory authority remains EDA. The infusion remains with the licensed Egyptian dispensing facility.

What Reserve Meds carries: identification of the infusion center with cold-chain pharmacy capability and willingness to dose imported product, preparation of the documentation kit including the meningococcal vaccination reference and the EPVC pharmacovigilance handshake, the patient onboarding conversation that confirms the treating physician's decision to continue eculizumab rather than transition to Ultomiris where applicable, manufacturer-direct sourcing confirmation, validated 2 to 8 degrees Celsius cold-chain shippers, customs and chain-of-custody documentation, and a single named coordinator who runs the case in both English and Arabic through the induction phase and the operational continuity of biweekly maintenance dosing. Reserved for you.

Next step

If you or a family member is considering Soliris for PNH, aHUS, gMG, or NMOSD in Egypt, the first step is a coordinated intake that confirms eligibility, infusion-center fit, meningococcal vaccination status, and a transparent firm quote. The waitlist request prefills the relevant context so the coordinator who reaches out is already oriented to your case.

Reserved for you.

About Soliris

PNH, aHUS, gMG (AChR+), NMOSD (AQP4+)
Manufacturer: Alexion / AstraZeneca
Modality: Anti-C5 monoclonal antibody, IV
Vaccination: meningococcal required
Full drug page →

About Egypt

North Africa, MENA
Authority: EDA

Pathway: Personal Importation
Full country page →

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