Soliris

Oman · access guide

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

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

A Oman patient with paroxysmal nocturnal hemoglobinuria (PNH), atypical hemolytic uremic syndrome (aHUS), generalised myasthenia gravis (gMG), or neuromyelitis optica spectrum disorder (NMOSD) may receive a prescription for Soliris (eculizumab) from their treating haematologist, nephrologist, or neurologist. Soliris is FDA-approved in the United States and manufactured by Alexion (AstraZeneca Rare Disease). It is a humanised monoclonal antibody that inhibits terminal complement activation. Because Soliris is a complement inhibitor, access is coordinated with the manufacturer's controlled-distribution model and physician training/registration expectations; the named-patient pathway respects those parameters while solving supply and formulary gaps. In Oman, Soliris may be available in limited tertiary settings but not broadly stocked, which is why your physician may be navigating a named-patient import pathway with you.

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

The clinical situation

Soliris is administered as an IV infusion every two weeks after an induction period. It carries a US boxed warning regarding life-threatening meningococcal infections, which is why meningococcal vaccination (or appropriate antibiotic prophylaxis if vaccination is not feasible in time) is a gating step before therapy begins, as is enrolment in the US REMS program. Internationally, equivalent manufacturer risk-minimisation measures apply. Your treating physician confirms diagnosis, vaccination status, prior therapy history, and the monitoring plan per FDA labeling.

Is Soliris legally importable into Oman?

Yes, through the Directorate General of Pharmaceutical Affairs and Drug Control (DGPADC) named-patient import framework. The pathway allows a Oman-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 eculizumab specifically, international access respects the manufacturer's controlled-distribution program and the physician-registration expectations tied to the meningococcal-infection risk profile.

How the pathway works, step by step

1. **Consultation with your treating physician.** Diagnosis confirmation (flow cytometry for PNH; clinical and complement/ADAMTS13 criteria for aHUS; AChR-antibody for gMG; AQP4-IgG for NMOSD), and clinical rationale.
2. **Meningococcal vaccination / prophylaxis.** Vaccination at least 2 weeks before first dose, or appropriate antibiotic cover per labeling.
3. **DGPADC named-patient application.** The physician or hospital pharmacy files the application.
4. **US-side sourcing.** Reserve Meds coordinates with our US-licensed specialty wholesale partner, aligned with the manufacturer's controlled-distribution model.
5. **Cold-chain shipment.** Soliris ships at 2-8°C with continuous temperature monitoring.
6. **Arrival, induction, and maintenance dosing.** The infusion facility administers on the induction-then-biweekly schedule.

What documentation your physician needs

Your physician will typically need to provide:

- Clinical rationale letter confirming indication, diagnostic evidence, prior therapies, and Soliris as the indicated treatment
- Verification of Oman medical licence
- Patient identifier
- Meningococcal vaccination documentation or prophylaxis plan
- Planned induction and biweekly maintenance regimen

Reserve Meds provides a physician documentation kit that bundles the templates DGPADC reviewers expect to see for complement inhibitors, including the meningococcal-infection risk-minimisation block.

Costs and timing

Soliris's US cash-pay drug-only reference price per 300 mg vial sits in a broad indicative range that makes the total course one of the most expensive therapies in global use, annualised treatment costs for PNH or aHUS are typically quoted in the USD 500,000+ range in US list pricing. International 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 range.

Indicative timing for first dose after cohort intake opens is 7-14 days from the moment a complete application is submitted (vaccination lead time may extend this). Maintenance doses ship on a rolling biweekly basis.

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

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

- **Sourcing.** Through our US-licensed specialty wholesale partner, operating under DSCSA chain-of-custody and aligned with the manufacturer's controlled-distribution program.
- **Documentation.** Regulatory package for your physician and for DGPADC review, including the meningococcal-risk-minimisation block.
- **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, and we are not the dispensing pharmacy. All clinical decisions remain with your treating physician.

Frequently asked

Is this legal in Oman? Yes, when executed through the DGPADC named-patient framework with appropriate documentation and respect for the manufacturer's controlled-distribution expectations.

What about the meningococcal warning? It is load-bearing. Vaccination at least 2 weeks before first dose, or antibiotic prophylaxis per labeling, is non-negotiable. Your physician coordinates this before treatment starts.

Is Ultomiris an alternative? Yes, Ultomiris (ravulizumab) is a longer-interval C5 inhibitor in the same family, dosed every eight weeks. Your physician will choose between them based on clinical profile, prior exposure, and logistics.

Will private insurance cover this? Cash-pay is the default. Some Oman insurers reimburse named-patient imports for ultra-rare-disease therapies on escalated review; 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.

reservemeds.com · hello@reservemeds.com