

## Spinraza

Kuwait · access guide

# How to access Spinraza from Kuwait, the named-patient import pathway, 2026

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

A Kuwait patient, infant, child, or adult, with spinal muscular atrophy (SMA) confirmed by biallelic SMN1 mutations may receive a prescription for Spinraza (nusinersen) from their treating paediatric or adult neurologist. Spinraza is FDA-approved, developed by Biogen, and is an intrathecally administered antisense oligonucleotide that modulates SMN2 splicing to increase functional SMN protein. Spinraza is available in some Kuwait tertiary centres; where your specific centre does not stock it or where supply is inconsistent, the named-patient pathway is a legitimate bridge.

This guide explains how Reserve Meds supports access in the formulary-gap scenario and where we fit in.

## The clinical situation

Spinraza is administered by intrathecal injection on a loading schedule of four doses (days 0, 14, 28, and 63) followed by maintenance dosing every four months thereafter, indefinitely. Each dose requires a trained operator performing lumbar puncture with appropriate sedation and imaging support where needed. Eligibility anchors to SMN1 biallelic mutation confirmation and clinical or pre-symptomatic SMA. Baseline assessment includes coagulation parameters, renal function, and platelet count with ongoing monitoring per label. Your neurology team will plan the lumbar-puncture cadence.

SMA prevalence in Kuwait is elevated in part by consanguinity; multiple paediatric-neurology centres have a meaningful SMA patient base and are experienced with the intrathecal dosing routine.

## Is Spinraza legally importable into Kuwait?

Yes, via the Kuwait Ministry of Health (KMOH) named-patient import framework. The mechanism permits a KMOH-licensed physician to import a medicine not locally registered, or not routinely stocked at a given institution, when (a) the medicine is approved by a recognised reference authority such as the US FDA, (b) no clinically equivalent alternative is available for the patient, (c) the physician accepts clinical responsibility, and (d) chain of custody through a licensed importer is documented. For a formulary-gap case, the rationale emphasises the specific institution's unavailability.

## How the pathway works, step by step

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1. **Consultation with your paediatric or adult neurologist.** SMN1 confirmation, clinical SMA type, lumbar-puncture feasibility assessment, clinical rationale letter.
2. **Administering-centre identification.** A neurology centre with intrathecal administration capability is nominated.
3. **KMOH named-patient application.** Your physician files the dossier including rationale, patient reference, loading-plus-maintenance dosing plan, and administering-centre attestation.
4. **US-side sourcing.** Reserve Meds coordinates with our US-licensed specialty wholesale partner to secure Spinraza from the manufacturer's authorised distribution chain under DSCSA.
5. **Cold-chain shipment.** Spinraza ships with validated temperature control to the administering hospital pharmacy, timed to the scheduled dose.
6. **Intrathecal administration and ongoing cadence.** The neurology team delivers each dose per schedule.

## What documentation your physician needs

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- Clinical rationale letter confirming SMA diagnosis, SMN1 biallelic status, clinical SMA type, and Spinraza as the indicated therapy
- Verification of SCFHS medical licence
- SMN1 molecular-testing report
- Baseline coagulation, platelet count, and renal function
- Identification of the administering neurology centre with intrathecal capability
- Loading (doses 1-4) plus every-four-month maintenance dosing plan

Reserve Meds provides a physician documentation kit bundling the KMOH templates reviewers expect to see for SMA named-patient files, designed around the recurring maintenance cadence.

## Costs and timing

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Spinraza's US cash-pay drug-only reference cost in an indicative 2026 drug-only range (delivered quote issued at intake) is roughly USD 125,000 per dose (list-anchored); the first year (six doses) therefore anchors near USD 700,000-750,000, and subsequent annual maintenance (three doses/year) near USD 375,000-380,000. International logistics, KMOH documentation handling, importer-of-record fees, and concierge coordination add incremental cost. Reserve Meds issues a 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 KMOH application is submitted. Subsequent maintenance doses run on the scheduled 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: consanguinity-linked SMA patterns in Kuwait families sometimes mean multiple affected children in one family or extended relatives pursuing therapy. Our case-lead structure supports family-level continuity while each individual case is reviewed on its clinical merits.

## Reserve Meds's role

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- **Sourcing.** Through our US-licensed specialty wholesale partner under DSCSA chain-of-custody.
- **Documentation.** Regulatory package for your physician and KMOH review, keyed to the SMA rationale and multi-dose schedule.
- **Logistics.** Cold-chain shipment to the administering centre, timed to each scheduled dose.
- **Concierge case lead.** A named point of contact maintaining case continuity across the loading phase and into long-term maintenance.

**What we do not do:** we are not the prescriber, we do not practise medicine, and we are not the dispensing pharmacy or administering centre. All clinical decisions remain with your treating neurologist.

## Frequently asked

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**How does Spinraza compare with Evrysdi?** Evrysdi is an oral daily liquid. Your neurologist selects between intrathecal Spinraza and oral Evrysdi based on anatomy, caregiver preference, and clinical picture.

**My child has had Zolgensma, are they still candidates for Spinraza?** Sequential therapy is not a contraindication; some families choose add-on nusinersen after gene therapy. Your neurologist decides.

**What about the lumbar-puncture burden?** In older children with spinal fusion or difficult anatomy, imaging-guided administration and specialised sedation protocols are used.

**Will insurance or MoH cover this?** Some Kuwait private insurers and MoH rare-disease channels consider case-by-case reimbursement for SMA therapies; 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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### 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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