> **Tezspire**
> Bahrain · access guide

How to access Tezspire from Bahrain, the named-patient import pathway, 2026

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

A Bahrain patient with severe, uncontrolled asthma may receive a prescription for Tezspire (tezepelumab) from their treating pulmonologist or allergist. Tezspire is FDA-approved as add-on maintenance treatment for severe asthma in patients 12 years and older, co-developed by Amgen and AstraZeneca. It is the first and only severe-asthma biologic approved without a phenotype or biomarker restriction, meaning it is an option for high-eosinophil, low-eosinophil, allergic, and non-allergic severe asthma phenotypes alike. In Bahrain, Tezspire is registered but supply timing and pharmacy availability vary; families whose pulmonologists want a predictable start date frequently route through the NHRA named-patient pathway.

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

The clinical situation

Tezspire is a human monoclonal antibody that binds thymic stromal lymphopoietin (TSLP), an epithelial-cell-derived cytokine that sits upstream of multiple downstream inflammatory cascades (IL-5, IL-4, IL-13, IgE-mediated pathways). By blocking TSLP, Tezspire reduces exacerbations in severe asthma across phenotypes, a contrast with other severe-asthma biologics that target a single downstream cytokine or IgE. Dosing is 210 mg subcutaneously every four weeks. Your pulmonologist will confirm severe-asthma diagnosis (recurrent exacerbations despite high-dose ICS/LABA, impaired lung function), review phenotyping data (eosinophil count, FeNO, IgE, allergen sensitisation), and decide whether Tezspire fits better than a downstream-targeted biologic given the specific clinical picture.

Is Tezspire legally importable into Bahrain?

Yes, through the National Health Regulatory Authority (NHRA) named-patient / special-access import framework. The mechanism permits a Bahrain-licensed physician to request import of a medicine when (a) the medicine is approved by a recognised reference authority such as the US FDA or EMA, (b) no clinically equivalent locally available option is suitable, (c) the physician takes clinical responsibility, and (d) chain of custody is documented. For Tezspire specifically, the pathway is commonly used when local pharmacy supply timing does not match the patient's exacerbation trajectory or when the specific SC pen presentation is required.

How the pathway works, step by step

1. **Consultation with your treating pulmonologist or allergist.** Severe-asthma confirmation, exacerbation history over the prior 12 months, FEV1 and asthma control test scores, and phenotype workup (eosinophils, FeNO, allergen panel, IgE).
2. **Biologic selection.** Your physician weighs Tezspire against phenotype-targeted alternatives (anti-IL-5, anti-IL-5R, anti-IgE, anti-IL-4Rα) given the specific clinical picture; TSLP blockade is particularly attractive for mixed or low-biomarker phenotypes.
3. **NHRA named-patient application.** Your physician or the hospital pharmacy files the application with clinical rationale, patient reference, product details, and chain-of-custody plan.
4. **US-side sourcing.** Reserve Meds coordinates with our US-licensed specialty wholesale partner to secure Tezspire from authorised distribution under DSCSA.
5. **Cold-chain shipment.** Tezspire ships under validated 2-8 °C conditions with temperature logging and chain-of-custody documentation.
6. **Arrival and administration.** The dispensing facility releases the SC pen or prefilled syringe; first dose is administered under clinical observation per labeling, with subsequent doses administered by clinician, trained caregiver, or patient every four weeks.

What documentation your physician needs

- Clinical rationale letter confirming severe-asthma diagnosis, exacerbation history, prior controller regimen, and Tezspire as the indicated add-on
- Verification of Bahrain medical licence (SCFHS)
- Spirometry results (FEV1, reversibility)
- Phenotyping workup (eosinophil count, FeNO, IgE, allergen sensitisation)
- Planned dosing schedule and follow-up cadence
- Patient identifier (anonymised reference preferred)

Reserve Meds provides a physician documentation kit that bundles the templates NHRA reviewers expect to see for severe-asthma biologic named-patient imports, with a phenotype-selection annex covering the biologic-choice rationale.

Typical costs and indicative timing

Tezspire's US cash-pay drug-only reference range in 2026 sits at roughly USD 3,500-4,500 per 210 mg SC dose (monthly supply). International cold-chain logistics, NHRA documentation handling, and concierge coordination are quoted separately. Reserve Meds issues a full transparent delivered quote at intake so your family sees one landed number. Indicative range.

Indicative timing for first dose after cohort intake opens is 7-14 days from the moment a complete NHRA application is submitted. Maintenance doses ship monthly on a rolling 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.

Where Reserve Meds fits in

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

- **Sourcing.** Through our US-licensed specialty wholesale partner, operating under DSCSA chain-of-custody from authorised channels.
- **Documentation.** Regulatory package for your physician and for NHRA review, including severe-asthma phenotype templates.
- **Logistics.** Validated 2-8 °C cold-chain shipment with temperature logging.
- **Concierge case lead.** A named point of contact coordinating monthly refills.

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 pulmonologist.

Frequently asked

Is this legal in Bahrain? Yes, when executed through the NHRA named-patient / special-access framework with appropriate documentation. See our trust and compliance page for methodology.

How does Tezspire compare with Fasenra, Nucala, Dupixent, or Xolair? Tezspire is the only severe-asthma biologic approved without a phenotype restriction. Fasenra (anti-IL-5R) and Nucala (anti-IL-5) target eosinophilic asthma. Dupixent (anti-IL-4Rα) targets type 2 inflammation with a broader immunology footprint. Xolair (anti-IgE) targets allergic asthma. Your pulmonologist chooses based on your phenotype, prior biologic exposure, and comorbidity profile.

What if my asthma has a mixed phenotype? TSLP blockade's appeal is exactly this scenario, the mechanism sits upstream of multiple downstream pathways, so it can work where a single-cytokine biologic may not.

Can my child receive Tezspire? The FDA approval covers patients 12 years and older. Younger patients are outside current labeling; your physician decides.

Will private insurance cover this? Cash-pay is the default. Some Bahrain private insurers reimburse named-patient imports case by case; we supply documentation for your submission 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.

Reserve Meds is in pre-launch. Published timelines and cost ranges are indicative, not guarantees.
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