Wainzua

Oman · access guide

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

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

A Oman patient diagnosed with hereditary transthyretin-mediated amyloidosis (hATTR) with polyneuropathy may receive a prescription for Wainzua (eplontersen) from their treating neurologist in a tertiary centre in Riyadh, Jeddah, or the Eastern Province. Wainzua is FDA-approved for this indication and developed by Ionis Pharmaceuticals in partnership with AstraZeneca. In Oman, Wainzua is not routinely registered for outpatient dispensing for this indication, and access is typically coordinated through the named-patient import pathway.

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

The clinical situation

Wainzua is a ligand-conjugated antisense oligonucleotide (LICA-ASO) that silences hepatic TTR production, administered subcutaneously once monthly via auto-injector. Eligibility requires genetic confirmation of a pathogenic TTR variant, symptomatic polyneuropathy, and workup to characterise any cardiac amyloidosis overlap. Your neurologist will establish baseline neuropathy impairment score, mNIS+7, polyneuropathy disability score, and quality-of-life measures. Wainzua's self-administration profile is a meaningful convenience advantage, patients can self-inject at home after clinic training.

Is Wainzua legally importable into Oman?

Yes, through the Directorate General of Pharmaceutical Affairs and Drug Control (DGPADC) named-patient / special-access import framework. The mechanism permits a KSA-licensed physician to import a medicine not locally registered when (a) it is approved by a recognised reference authority such as the US FDA, (b) no clinically equivalent registered alternative is suitable, (c) the physician accepts clinical responsibility, and (d) chain of custody is documented. hATTR polyneuropathy has limited disease-specific registered options on Oman formularies, which simplifies clinical rationale.

How the pathway works, step by step

1. **Consultation with your treating neurologist.** TTR genetic report, neuropathy scoring, and clinical rationale.
2. **Baseline assessment.** mNIS+7, polyneuropathy disability score, cardiac workup (ECG, echocardiogram, NT-proBNP).
3. **DGPADC named-patient application.** The physician or hospital pharmacy files clinical rationale, patient reference, dosing schedule, and chain-of-custody commitment.
4. **US-side sourcing.** Reserve Meds coordinates with our US-licensed specialty wholesale partner to secure Wainzua from authorised distribution under DSCSA.
5. **Cold-chain shipment.** Wainzua requires refrigerated handling; shipment follows validated cold-chain protocols with temperature logging.
6. **Arrival and dispensing.** The hospital pharmacy releases the auto-injector to the patient after clinic-based self-administration training.

What documentation your physician needs

- Clinical rationale letter confirming hATTR polyneuropathy and Wainzua as the indicated therapy
- Verification of Oman medical license (SCFHS)
- TTR genetic test result
- Baseline mNIS+7 and polyneuropathy disability score
- Cardiac assessment for ATTR-CM overlap
- Planned monthly dosing schedule and monitoring plan

Reserve Meds provides a physician documentation kit bundling templates DGPADC reviewers expect for rare-disease neurology named-patient imports.

Costs and timing

Wainzua's US cash-pay drug-only reference cost sits in an indicative 2026 annual range of roughly USD 440,000-470,000 (dosed monthly). International logistics, DGPADC documentation handling, cold-chain shipment, and concierge coordination add incremental cost. Reserve Meds issues a transparent quote at the start of intake. Indicative range.

Indicative timing for first dispense after cohort intake opens is 7-14 days from the moment a complete DGPADC application is submitted.

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

- **Sourcing.** Through our US-licensed specialty wholesale partner under DSCSA chain-of-custody.
- **Documentation.** Regulatory package for your physician and DGPADC review.
- **Logistics.** Validated cold-chain shipment to your prescribing hospital pharmacy.
- **Concierge case lead.** A named point of contact coordinating monthly refills.

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

Frequently asked

Is this legal in Oman? Yes, when executed through the DGPADC named-patient framework with appropriate documentation. See our trust and compliance page.

How is Wainzua different from Amvuttra or Onpattro? All three silence hepatic TTR but differ in chemistry and administration, Wainzua is subcutaneous antisense (monthly, auto-injector), Amvuttra is subcutaneous siRNA (quarterly), Onpattro is intravenous siRNA (every three weeks). Your neurologist selects based on clinical picture and patient preference.

Can I self-inject at home? Yes, after clinic-based training on the auto-injector, consistent with FDA labeling.

Will insurance cover this? Cash-pay is the default. Some Oman private insurers consider rare-disease 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.

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