

Xadago

Oman · access guide

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

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

An Omani patient with Parkinson's disease experiencing OFF-episodes on levodopa/carbidopa may receive a prescription for Xadago (safinamide) from their treating neurologist or movement-disorder specialist. Xadago is FDA-approved as adjunctive therapy for Parkinson's OFF-episodes and developed by Zambon (with US rights held through licensing). It is not a controlled substance. In Oman, Xadago is not routinely registered for outpatient dispensing, so access is typically coordinated through the named-patient import pathway.

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

The clinical situation

Xadago is a once-daily oral monoamine oxidase-B (MAO-B) inhibitor with additional glutamate-modulating activity, taken at 50 mg or 100 mg. Eligibility anchors to established Parkinson's disease, optimised levodopa/carbidopa regimen, and persistent OFF-episodes. Your neurologist will characterise OFF-time, confirm optimal levodopa dose, screen for dyskinesia tolerance, and review concomitant medicines to avoid serotonin-syndrome risk from concurrent MAO inhibitor combinations.

Is Xadago 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 an Omani-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.

How the pathway works, step by step

1. **Consultation with your treating neurologist.** Parkinson's diagnosis, levodopa regimen optimisation, OFF-episode diary.
2. **Baseline assessment.** Motor fluctuations, dyskinesia tolerance, concomitant-medication review for serotonergic and MAO-interaction risk, hepatic/ophthalmologic baseline per labeling considerations.
3. **DGPADC named-patient application.** The physician or hospital pharmacy files clinical rationale, patient reference, and dosing plan.
4. **US-side sourcing.** Reserve Meds coordinates with our US-licensed specialty wholesale partner to secure Xadago from authorised distribution under DSCSA.
5. **Ambient shipment.** Xadago ships under controlled ambient conditions with chain-of-custody documentation.
6. **Arrival and dispensing.** The hospital pharmacy releases the bottle with titration and concomitant-medicine guidance.

What documentation your physician needs

- Clinical rationale letter confirming Parkinson's with OFF-episodes and Xadago as the indicated adjunct
- Verification of Omani medical license
- Levodopa/carbidopa regimen documentation
- OFF-episode diary evidence
- Concomitant-medication review
- Planned dosing schedule (typically 50 mg titrated to 100 mg)

Reserve Meds provides a physician documentation kit bundling templates DGPADC reviewers expect for Parkinson's adjunct named-patient imports.

Costs and timing

Xadago's US cash-pay drug-only reference cost sits in an indicative 2026 annual range of roughly USD 8,000-11,000 for continuous daily dosing. International logistics, DGPADC documentation handling, 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.** Ambient-controlled shipment to your prescribing hospital.
- **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.

Is Xadago a controlled substance? No. Safinamide is not a scheduled controlled substance.

How does Xadago compare with rasagiline or selegiline? All three are MAO-B inhibitors; Xadago adds glutamate-modulating activity. Your neurologist selects based on the clinical picture, concomitant medicines, and tolerability.

What are the key drug interactions? Concurrent use with other MAO inhibitors, opioid analgesics such as meperidine, and certain serotonergic agents is contraindicated. Your neurologist will review your full medication list at initiation.

Will insurance cover this? Cash-pay is the default. Some Omani private insurers consider case by case; 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.

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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