Xolair

Oman · access guide

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

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

A Oman patient with moderate-to-severe allergic asthma, chronic spontaneous urticaria (CSU), nasal polyps, or IgE-mediated food allergy may receive a prescription for Xolair (omalizumab) from their treating pulmonologist, allergist, dermatologist, or ENT specialist. Xolair is FDA-approved across all four indications, including the recent approval for reducing allergic reactions to accidental food exposure, and is developed by Genentech and Novartis. It is the longest-established anti-IgE biologic, with more than two decades of post-market safety data. In Oman, Xolair is registered and available through tertiary hospital pharmacies for asthma and CSU indications; the food allergy indication is newer and availability in the specific dosing and presentation your physician has selected may be inconsistent, which is one driver of the DGPADC named-patient route.

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

The clinical situation

Xolair is a humanised IgG1 monoclonal antibody that binds free IgE, preventing IgE from engaging its high-affinity receptor on mast cells and basophils. This reduces the mast-cell / basophil activation that drives allergic asthma, spontaneous urticaria, polyp inflammation, and IgE-mediated food allergy reactions. Dosing is weight- and serum-IgE-banded for allergic asthma and food allergy (75-600 mg every two or four weeks SC), fixed at 300 mg every four weeks for CSU, and either weight-banded or fixed for nasal polyps depending on clinical context. The food allergy indication is distinct, Xolair is approved to reduce the severity of allergic reactions to accidental exposure in IgE-mediated food allergy, not as a cure or as a path away from avoidance. Your physician will confirm indication-specific eligibility and map dosing.

Is Xolair legally importable into Oman?

Yes, through the Directorate General of Pharmaceutical Affairs and Drug Control (DGPADC) named-patient / special-access import framework. The pathway permits a Oman-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 meets the patient's needs for the specific indication, dose, or presentation, (c) the physician accepts clinical responsibility, and (d) chain of custody is documented. The food allergy indication is particularly common as a named-patient driver given the recency of FDA approval relative to local label updates.

How the pathway works, step by step

1. **Consultation with your treating specialist.** Indication-specific diagnosis and workup, spirometry and allergen panel for asthma, UAS7 scores and autoantibody workup for CSU, nasal polyp scoring for CRSwNP, or specific-IgE and oral food challenge documentation for food allergy.
2. **Dose calculation.** Weight and baseline serum IgE drive the dosing band for allergic asthma and food allergy; fixed dosing applies to CSU.
3. **DGPADC named-patient application.** Your physician or the hospital pharmacy files the application with clinical rationale, indication-specific documentation, and chain-of-custody plan.
4. **US-side sourcing.** Reserve Meds coordinates with our US-licensed specialty wholesale partner to secure Xolair from authorised distribution under DSCSA.
5. **Cold-chain shipment.** Xolair ships under validated 2-8 °C conditions with temperature logging and chain-of-custody documentation.
6. **Arrival and administration.** First dose administered under clinician observation per labeling (anaphylaxis risk, particularly in food allergy dosing); subsequent doses administered by clinician or, for eligible patients, as prefilled self-injectable presentation.

What documentation your physician needs

- Clinical rationale letter confirming indication, severity, and Xolair as the indicated therapy
- Verification of Oman medical licence (SCFHS)
- Indication-specific workup (allergen panel, UAS7, polyp score, specific-IgE panel, as applicable)
- Weight and serum total IgE (for weight/IgE-banded indications)
- Planned dosing schedule and follow-up cadence
- Patient identifier (anonymised reference preferred)

Reserve Meds provides a physician documentation kit that bundles the templates DGPADC reviewers expect to see for anti-IgE biologic named-patient imports, including the dosing-band calculator and food-allergy-indication annex.

Typical costs and indicative timing

Xolair's US cash-pay drug-only reference range in 2026 sits at roughly USD 1,800-2,400 per 150 mg dose equivalent, with monthly total depending on weight- and IgE-banded dose. International cold-chain logistics, DGPADC 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 DGPADC application is submitted. Maintenance doses ship on the every-two-week or every-four-week cadence set by your physician.

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 Xolair 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 DGPADC review, including indication-specific templates.
- **Logistics.** Validated 2-8 °C cold-chain shipment with temperature logging.
- **Concierge case lead.** A named point of contact coordinating induction and maintenance 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 specialist.

Frequently asked

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

Is Xolair a cure for food allergy? No. Xolair is approved to reduce the severity of allergic reactions to accidental food exposure in IgE-mediated food allergy. Strict avoidance and emergency-epinephrine carriage remain the standard of care. Your allergist will discuss realistic expectations.

How does Xolair compare with newer severe-asthma biologics? Xolair targets IgE and is the longest-established anti-IgE option; newer biologics target eosinophilic pathways (Fasenra, Nucala), IL-4Rα (Dupixent), or TSLP upstream (Tezspire). Choice depends on phenotype, Xolair remains a leading option for IgE-driven allergic asthma.

What about anaphylaxis risk? Xolair carries a boxed warning for anaphylaxis. First doses are administered under clinical observation per labeling; patients are prescribed emergency epinephrine.

Will private insurance cover this? Cash-pay is the default. Some Oman 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.

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