Duvyzat

Abu Dhabi · access guide

Duvyzat (givinostat) for an Abu Dhabi family: what the pathway looks like in 2026

By Reserve Meds clinical & regulatory team. Last reviewed 2026-05-20.

An Abu Dhabi family of a son with Duchenne muscular dystrophy walks into this decision in a clinically well-positioned emirate. Abu Dhabi is the UAE's documented hub for advanced paediatric neuromuscular care, with Sheikh Khalifa Medical City, Sheikh Shakhbout Medical City, and Tawam Hospital paediatric neurology providing depth that few other GCC locations match. This page is meant to be the first honest read you get on Duvyzat in Abu Dhabi.

What changed in March 2024, and why Duvyzat sits differently from the exon-skipping drugs

Duvyzat (givinostat) is the first FDA-approved oral pharmacological therapy for DMD that does not depend on a specific exon-skip-amenable mutation. The Sarepta exon-skipping family is genotype-restricted; Elevidys gene therapy is stage-restricted. Duvyzat is approved for any patient aged 6 years and older with a genetically confirmed DMD diagnosis, regardless of which exon boundary the deletion sits on.

For families whose son's mutation has put exon-skipping out of reach, and for families who are not in the current Elevidys ambulatory-only window, this is a meaningful change in 2026. Duvyzat does not restore dystrophin; it works at a downstream pathology level, reducing fibrosis and inflammation in dystrophin-deficient muscle. FDA approval was granted on 21 March 2024 based on the Phase 3 EPIDYS trial. EMA review is in progress as of 2026.

What Duvyzat actually is, in plain terms

Duvyzat is a histone deacetylase (HDAC) inhibitor, given as an oral suspension twice a day with food. The active ingredient is givinostat. HDAC inhibition reduces fibrosis and inflammation in dystrophin-deficient muscle and supports the muscle's attempts at regeneration. EPIDYS data documented approximately 30 percent slower decline in four-stair-climb time over 18 months versus placebo, with consistent direction of effect on the North Star Ambulatory Assessment.

Duvyzat is not a cure. It does not address the underlying genetic defect. It is given on top of the background corticosteroid (prednisolone, deflazacort, or vamorolone). The steroid does not stop.

The oral suspension is 8.86 mg/mL, dispensed with a calibrated oral syringe. Dosing is by weight, twice daily with food, lifelong.

The workup that opens the pathway

Genetic confirmation of DMD. In Abu Dhabi, paediatric DMD genetic workup typically routes through Tawam Hospital paediatric genetics in Al Ain (long-standing rare-disease and neuromuscular service), SKMC paediatric neurology in Abu Dhabi city, or SSMC paediatric services. Whole-gene sequencing or MLPA is sent to regional reference labs.

Baseline platelet count. Monitoring at week 2, week 4, then every 3 months. Severe thrombocytopenia is a contraindication.

Baseline ECG with QTc. Periodic ECG. Avoid QT-prolonging drugs and strong CYP3A4 inhibitors.

Baseline LFTs. Quarterly. Severe hepatic impairment is a contraindication.

Baseline triglycerides. Periodic monitoring.

Baseline MFM and NSAA.

Weight check at every visit (dose moves through weight bands as the child grows).

Review of background corticosteroid regimen.

A clinical rationale letter from your paediatric neurologist documents all of the above, the rehabilitation plan, and the requested treatment.

The Abu Dhabi pathway: how it actually works in 2026

The Emirates Drug Establishment is the federal authority you and your treating hospital file through. `[VERIFY: EDE Duvyzat registration status in 2026]`. In the absence of EDE registration, the named-patient mechanism is the route. The Department of Health Abu Dhabi adds the emirate-level layer. Duvyzat sits firmly in the named-patient category in 2026 because the FDA approval is under 24 months old.

In our experience coordinating named-patient paediatric neuromuscular cases in the UAE, EDE approval on a complete, well-documented file takes three to six weeks from filing. Renewal cycles for continuous oral therapy require advance planning. Reserve Meds maintains the renewal calendar.

In Abu Dhabi, the paediatric neurology hubs that can supervise oral Duvyzat include Tawam Hospital paediatric neurology in Al Ain (long-standing DMD and neuromuscular experience), Sheikh Khalifa Medical City paediatric neurology in Abu Dhabi (administered the UAE's first DMD gene transfer therapy in March 2024; Dr Omar Ismayl leads paediatric neurology), Sheikh Shakhbout Medical City paediatric services, Cleveland Clinic Abu Dhabi paediatric services, and Burjeel Medical City. Because Duvyzat is an oral suspension administered at home twice daily with food, the supervisory question is about monitoring infrastructure (platelets, LFTs, ECG, MFM, NSAA) rather than about infusion-centre capability.

For Emirati nationals, Thiqa and Daman pre-authorisation pathways may apply.

The cost conversation, in the form an Abu Dhabi family needs

The Duvyzat annual drug price in 2026 sits in an indicative range of roughly USD 350,000 to 500,000 per year, depending on body weight, or approximately AED 1.28 to 1.84 million per year. For a typical paediatric patient, cumulative drug cost over a lifetime can reach USD 10 to 20 million plus.

The full cost of care includes pre-treatment workup, quarterly monitoring labs and ECGs, MFM and NSAA assessments, rehabilitation programme, background corticosteroid management, and our coordination fee. We separate every line. We do not put a markup on the manufacturer's drug price. The coordination fee is disclosed in writing.

Insurance coverage in Abu Dhabi is uneven. Daman and Thiqa have reimbursed specialty DMD therapies for Emirati nationals and certain employer plans through prior authorisation; private insurers vary widely. We supply your insurer with the documentation packet at no charge.

A direct comparison point: Duvyzat at roughly AED 1.28 to 1.84 million per year sits between the supportive-care-only cost picture and the Amondys 45 weekly IV exon-skip cost picture (AED 2.6 to 4.4 million per year). For families whose son is not eligible for any exon-skip drug, Duvyzat is the first targeted oral option available at all.

Life on twice-daily oral suspension

Duvyzat is a chronic oral medication integrated into mealtimes. Twice a day, with food, measured with the calibrated oral syringe. Anchoring the dose to breakfast and dinner is the most reliable adherence pattern.

Most common adverse events: diarrhea, abdominal pain, nausea, and decreased weight. Manageable with dose adjustment, anti-diarrhoeal support, and dietary attention.

Clinic visit cadence: platelets at week 2, week 4, then every 3 months; LFTs, triglycerides, and ECG every 3 months; MFM and NSAA at the assessment intervals your neurologist sets. The background corticosteroid surveillance continues as it would for any DMD child on a corticosteroid regimen.

DMD carries cognitive and behavioural comorbidities at higher prevalence than the general paediatric population, including autism-spectrum traits, ADHD, and learning differences. The standard DMD MDT at Tawam, SKMC, and SSMC includes neuropsychology and caregiver psychosocial support. Duvyzat itself does not add a CNS mental-health safety burden, but the MDT framework matters.

Religious and ethical considerations

Givinostat is a small-molecule synthetic chemistry. The active ingredient itself is not derived from animal sources. Standard halal acceptability hinges on the full excipient list of the oral suspension; this is the question to put to your religious advisor with the dispensing pharmacist's full label disclosure in hand. The Islamic bioethics consensus on disease-modifying therapy that preserves life and function is broadly permissive.

When Duvyzat is not the right option

If your son has not had genetic confirmation of DMD, the workup begins there. If your son is younger than 6 years old, Duvyzat is not approved for him at this age. If your son has severe hepatic impairment or severe thrombocytopenia at baseline, Duvyzat is contraindicated. If your son is on a strong CYP3A4 inhibitor or a QT-prolonging medication, the treating team will review interactions before initiating. If your son's underlying diagnosis is not DMD, Duvyzat does not apply.

In all of these situations, reach out anyway.

What Reserve Meds does for an Abu Dhabi family

Reserve Meds is a US-based concierge coordinator for cross-border specialty medicine. Our scope is the regulatory documentation packet, the EDE named-patient filing in collaboration with the dispensing hospital pharmacy, the sourcing logistics from the manufacturer's authorised US distribution channel, cold-chain shipment where the formulation requires it, the renewal-cycle calendar, and named case-lead coordination.

Reserve Meds is not your son's prescriber. We do not practise medicine. We do not manufacture Duvyzat. Clinical decisions stay with your paediatric neurologist and the supervising centre.

We work cash-pay. Our coordination fee is disclosed in writing.

What to do if you want to start

The first concrete step is a call with our case-lead so we can confirm whether Duvyzat is the right consideration for your son. If genetic confirmation is already in hand, we move directly into documentation work. If not, we route through to Tawam, SKMC, or SSMC paediatric genetics first.

Most families reach us first on WhatsApp, which is the medium we hold open during UAE business hours and on weekends for active cases.

Start your son's case on the portal, or open a WhatsApp conversation with the case-lead and we will take it from there.

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.

Composite case examples. This document is for general information only and does not constitute medical advice. Please consult your treating physician.
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