

Dysport

Saudi Arabia · access guide

How to access Dysport for spasticity, cervical dystonia, or sialorrhea from Saudi Arabia: 2026 pathway via KFSHRC, KFMC, Sultan Bin Abdulaziz Humanitarian City, and the Saudi rehabilitation network

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

Dysport (abobotulinumtoxinA, Ipsen) is one of the established botulinum toxin type A products with a broad set of approved therapeutic indications: cervical dystonia in adults, upper and lower limb spasticity in adults and in children aged 2 and older, and chronic sialorrhea. Dysport has been commercially available in Saudi Arabia for many years through specialist neurology, physical medicine and rehabilitation, paediatric neurorehabilitation, and otolaryngology services concentrated in the Riyadh, Jeddah, and Dammam tertiary networks. This page explains how a Saudi-resident adult or paediatric patient with a therapeutic indication for Dysport navigates the specialist injection pathway in 2026: which centre, which prescriber, what the appointment looks like, what state-funded or commercial insurance covers, and what to expect over the 12-to-16-week re-injection cycle.

One boundary up front. Dysport is also FDA-approved for cosmetic improvement of glabellar lines (the vertical frown lines between the eyebrows), and that is the indication most people associate with the brand name. Cosmetic botulinum toxin is a routine elective service widely available in Saudi private aesthetics clinics, with same-day appointment availability and modest cost. Reserve Meds does not coordinate cosmetic botulinum toxin access. The page below is for therapeutic Dysport: cervical dystonia, spasticity, sialorrhea. If you are looking for cosmetic glabellar line treatment, the right next step is a local aesthetics clinic, not this page.

What Dysport is, in plain language

Dysport is botulinum neurotoxin type A. It is administered by intramuscular injection at the affected muscle group, by a trained specialist physician, in a clinic setting. The injected toxin temporarily blocks the chemical signal that tells the muscle to contract. The injected muscle becomes weaker and softer over 2 to 7 days, the effect peaks at 2 to 4 weeks, and the muscle gradually recovers to baseline over 12 to 16 weeks. The injection cycle then repeats.

Dysport is never self-administered. The patient does not receive a vial at home. The product is held at the treating hospital's specialty pharmacy, reconstituted by the injecting physician on the day of the appointment, and administered in the clinic. The patient comes in for the appointment, the injection is given, and the patient goes home with no take-home medication.

A point that matters for safety and for any conversation with another prescriber: Dysport units are not interchangeable with Botox (onabotulinumtoxinA) units, Xeomin (incobotulinumtoxinA) units, or Myobloc (rimabotulinumtoxinB) units. These are different products. Conversion ratios circulate in the literature but no regulator endorses them. The injecting physician prescribes by the Dysport unit specifically.

The therapeutic indications, and what each one means

Cervical dystonia (adult). Involuntary contraction of the neck muscles causing abnormal head and neck posture, often painful. Diagnosed by a movement disorders neurologist. The injection session targets the over-active neck muscles, typically the sternocleidomastoid, splenius capitis, levator scapulae, and trapezius in different combinations depending on the dystonic pattern. Standard total adult dose is 500 units divided across the target muscles per session, with re-injection at 12 weeks.

Upper limb spasticity (adult). After stroke, traumatic brain injury, spinal cord injury, multiple sclerosis, or other upper motor neuron lesion, the affected arm and hand develop a stiff posture. Injection therapy targets the over-active muscles with the goal of restoring a more useful posture and creating a 12-to-16-week window for physiotherapy and occupational therapy to capitalise on. Total session dose up to 1000 units divided across affected muscles. Re-injection at 12 to 16 weeks.

Lower limb spasticity (adult). Stiff knee gait, equinovarus foot, adductor spasticity affecting transfer and seating. Injection targets gastrocnemius, soleus, tibialis posterior, rectus femoris, hamstrings, hip adductors as relevant. Total session dose up to 1500 units divided. Re-injection at 12 to 16 weeks. Combined with orthotic management, gait training, and serial casting in selected patients.

Paediatric spasticity (age 2 and older, upper and lower limb). Spastic cerebral palsy or other static encephalopathy is the dominant aetiology. Paediatric injection is best done in a specialist paediatric neurorehabilitation programme with paediatric anaesthesia or sedation available. Weight-based dosing: upper limb 8 to 16 units per kg per limb, lower limb 10 to 15 units per kg per limb, with session totals capped. Re-injection at 12 to 16 weeks, integrated with the rehabilitation programme.

Sialorrhea (chronic drooling, adult and paediatric age 3 and older). Excessive drooling from neurological causes. Injection by an otolaryngologist or trained specialist, with ultrasound guidance, into the parotid and submandibular salivary glands, reduces salivary flow. Doses approximately 2 units per kg per parotid and per submandibular gland, or fixed regimens. Re-injection cycle is similar at 12 to 16 weeks.

The Saudi specialist injection picture in 2026

Saudi Arabia has unusually deep specialist capacity for therapeutic Dysport across the relevant subspecialties:

Adult cervical dystonia (movement disorders neurology): King Faisal Specialist Hospital and Research Centre (KFSHRC) Riyadh has the deepest movement disorders neurology programme in the region, with a multidisciplinary clinic. KFSHRC Jeddah extends the service to the Western region. King Fahd Medical City (KFMC) Riyadh runs an active movement disorders service. King Abdulaziz Medical City (KAMC) Riyadh, King Khalid University Hospital, Prince Sultan Military Medical City, KFSH Dammam, International Medical Center Jeddah, and the Dr Sulaiman Al Habib network all carry adult neurology botulinum injection services.

Adult spasticity (physical medicine and rehabilitation): Sultan Bin Abdulaziz Humanitarian City (SBAHC) Riyadh is the regional reference centre for rehabilitation medicine, with the largest integrated PM&R, physiotherapy, occupational therapy, orthotic, and assistive technology programme in the Gulf. KFSHRC Riyadh rehabilitation medicine, KAMC Riyadh PM&R, KFMC PM&R, KFSH Dammam, and Saudi German Hospital networks complement. The SBAHC injection clinic integrates with serial casting, gait analysis, and orthotic fitting in one centre, which is the operational ideal for adult spasticity care.

Paediatric spasticity (paediatric neurology and paediatric rehabilitation): KFSHRC Riyadh paediatric neurology, King Saud University Medical City paediatric rehabilitation, KAMC Riyadh paediatric services, SBAHC paediatric programme (the regional reference for paediatric rehabilitation including paediatric injection under sedation and integration with orthopaedic and neurosurgical management), KFMC paediatric services, and Maternity and Children's Hospital Riyadh. SBAHC and KFSHRC are the standout paediatric anchors. For families with severe paediatric cerebral palsy considering selective dorsal rhizotomy as adjunct, the cross-referral runs to Sidra Medicine Doha or to international SDR centres with KFSHRC neurosurgery review.

Sialorrhea injection (otolaryngology): ENT departments at KFSHRC Riyadh and Jeddah, KFMC, KAMC, KFSH Dammam, and the Dr Sulaiman Al Habib ENT network, often co-managed with the referring neurology or paediatric team.

The pathway is straightforward in Saudi Arabia because Dysport is commercially registered and stocked through NUPCO and the major hospital specialty pharmacies. There is no named-patient or NPP routing complexity. The operational questions are which specialist, which clinic, what the appointment cycle looks like, and how the funding pathway runs (state-funded for Saudi nationals via the tertiary centre, commercial insurance or self-pay for the non-national private sector).

Eligibility and the conversation with the specialist

The first appointment with the specialist is not the injection appointment. It is a clinical assessment to confirm the indication, define the realistic treatment goal, plan the muscle targets and dose, and align the patient or family on what the injection cycle commits to.

For cervical dystonia, the neurologist confirms the diagnosis, documents the dystonic pattern, and discusses the 12-week injection cycle. For spasticity, the physiatrist or neurologist documents the upper motor neuron lesion, assesses the affected muscles, defines a treatment goal, and plans the muscle targets. For sialorrhea, the otolaryngologist confirms the burden and plans the gland targets.

Pre-injection review covers active infection at the planned sites, active neuromuscular junction disease (myasthenia gravis, Lambert-Eaton, ALS are relative contraindications), aminoglycoside antibiotic exposure, anticoagulant status, and pregnancy or lactation status. The treating specialist sets the re-injection calendar at the first session, with a minimum 12 weeks between sessions for the same muscle group.

The injection session, step by step

The session is usually a 30-to-60-minute clinic appointment.

The patient is positioned. The injection sites are marked. For deeper or smaller muscles, EMG guidance or ultrasound guidance is used. The Dysport vial is reconstituted by the physician with 0.9% saline at a dilution selected for the target muscle volume. The injections are given. After the injections the patient is observed in clinic for 15 to 30 minutes. The specialist briefs the patient and family on what to expect (onset 2 to 7 days, peak 2 to 4 weeks, recovery over 12 to 16 weeks) and on warning signs requiring urgent attention. A physiotherapy or rehabilitation plan is set for the active treatment window.

For paediatric injection sessions, the sedation or anaesthesia plan is set in advance. SBAHC, KFSHRC, and KFMC paediatric services have established paediatric anaesthesia integration for injection sessions. The perioperative pathway is longer but the injection portion is the same.

The 2026 pathway, step by step

Week 0: Referral. The patient's primary physician, neurologist, or paediatrician refers to the appropriate specialist. For Saudi nationals, the referral often routes through the tertiary public hospital (KFSHRC, KAMC, KFMC, SBAHC) where the treatment will be delivered.

Week 1 to 6: First specialist assessment at the tertiary centre. Indication confirmed, treatment goal set, injection plan drafted. For Saudi nationals, the funding pathway is the tertiary centre's state-funded budget; for non-Saudis, the commercial insurance pre-authorisation or self-pay arrangement is set in parallel.

Week 4 to 10: Injection appointment scheduling. Wait times vary by centre and indication; KFSHRC and SBAHC tend to have longer wait times for first injection appointments given referral volume.

Week 6 to 12: First injection session. Reserve Meds coordinates appointment logistics for non-national patients and patients routed through the private sector, the post-injection physiotherapy schedule where applicable, and the 12-to-16-week re-injection calendar.

Week 18 to 24: First post-injection follow-up and re-injection appointment. The cycle repeats.

Month 6 to 12: Ongoing 12-to-16-week injection cycle integrated with rehabilitation. Annual specialist review to reassess overall function and treatment goals.

Cost expectation in SAR

For Saudi nationals being treated at KFSHRC, KAMC, KFMC, SBAHC, or other public-sector tertiary centres, therapeutic botulinum toxin for cervical dystonia, spasticity, and sialorrhea is typically funded through the tertiary centre's state budget with NUPCO supply. The patient's out-of-pocket exposure is minimal.

For non-Saudi residents and Saudi nationals routed through the private sector (Dr Sulaiman Al Habib, IMC Jeddah, Saudi German Hospital, Mouwasat, Habib Medical Group), the cost picture is set per centre. Per-vial private-pay cost of Dysport at the Saudi specialty pharmacy commonly runs USD 800 to USD 1,500 per 500-unit vial. Per-session injection cost including physician fee, clinic fee, supplies, and the vial itself typically runs USD 1,500 to USD 4,000 depending on indication, dose, and centre. A spasticity patient receiving 4 sessions per year at the upper unit end runs an annual drug-plus-procedure cost of approximately USD 8,000 to USD 16,000.

At 2026 indicative cross rates, the SAR-equivalent annual cost band is approximately SAR 30,000 to SAR 60,000 per patient. Commercial insurance coverage through Bupa Arabia, Tawuniya, MedGulf, AXA, and the Saudi commercial insurers is commonly available for therapeutic botulinum toxin with documented medical necessity and prior authorisation. Council of Cooperative Health Insurance (CCHI) sets the framework. Cosmetic glabellar line injection is patient-pay only and is not coordinated by Reserve Meds.

What to monitor

The safety conversation for Dysport is anchored on a small set of issues.

Distant spread of toxin effect. The boxed warning. Botulinum toxin injected at one site can occasionally spread to muscles beyond the target, with effects ranging from mild generalised weakness or fatigue to, rarely, dysphagia or respiratory compromise. The risk is highest in paediatric limb spasticity at higher doses and in patients with underlying neuromuscular disease. Patients and families are briefed on the warning signs (difficulty swallowing, breathing, generalised weakness, eye droop) and instructed to seek immediate medical attention if they occur.

Dysphagia after cervical dystonia injection. Common and dose-related. Usually mild and self-limited over 1 to 4 weeks.

Injection-site reactions. Local pain, bruising, mild swelling. Usually self-limited.

Neck pain after cervical dystonia injection. Often paradoxical, related to muscle weakness shifting head support to adjacent muscles. Usually transient.

Antibody formation. With repeated injection some patients develop neutralising antibodies that reduce clinical responsiveness. The 12-week minimum re-injection interval is the discipline that minimises this risk.

Pregnancy. Limited human data. The specialist applies a benefit-risk discussion case by case. Lactation is generally considered compatible.

Drug interactions. Aminoglycoside antibiotics and other neuromuscular junction blockers may potentiate the toxin effect. Medication review at every session.

Religious, ethical, and family-logistics framing

Dysport is a purified bacterial protein. The active ingredient is botulinum toxin type A produced from *Clostridium botulinum* cultures. The formulation contains human serum albumin and lactose as excipients. The human serum albumin component is relevant for some Muslim patients and families who want to confirm the sourcing. The treating specialist can discuss alternatives (Xeomin, which does not contain human serum albumin) for patients or families who prefer to avoid the human serum albumin excipient. Reserve Meds raises this proactively where it is likely to be relevant.

The 12-to-16-week injection cycle is operationally forgiving. Ramadan, Hajj, summer travel, school holidays, and family commitments can be planned around four-times-a-year appointments without significant disruption. For Saudi nationals planning Umrah or Hajj during the active treatment window, the schedule typically accommodates without difficulty.

For paediatric patients the family-logistics conversation is the larger one. Spasticity care is a multi-year commitment with injection, physiotherapy, occupational therapy, orthotic fitting, and where appropriate orthopaedic and neurosurgical input. The injection by itself is the smaller part. SBAHC and KFSHRC paediatric programmes are designed to support the family through the multi-year journey.

When Dysport is not the right call

For cosmetic glabellar lines without a therapeutic indication, Dysport via Reserve Meds is not the pathway. Local Saudi private aesthetics clinics provide cosmetic botulinum toxin as a routine elective service. Reserve Meds does not coordinate cosmetic botulinum toxin.

For patients with active neuromuscular junction disease, botulinum toxin can worsen weakness and is a relative contraindication. The treating neurologist makes the case-by-case call.

For patients with active infection at the planned injection site, the session is postponed until the infection resolves.

For patients with severe fixed contracture where the joint range of motion is mechanically restricted by tendon shortening rather than over-active muscle, botulinum injection alone does not restore function. The pathway shifts to orthopaedic surgery with botulinum injection as adjunct.

For patients with severe spasticity not adequately managed by oral medication plus focal injection, the conversation may move toward intrathecal baclofen pump (adult) or selective dorsal rhizotomy (paediatric, at regional reference centres). The specialist sets the threshold.

For patients with neutralising antibodies to type A and reduced clinical response, the alternatives are Xeomin or Myobloc. The specialist makes the brand-switching call.

Reserve Meds does not push Dysport as a default. The page above describes the Dysport pathway because Dysport is the product the patient or family has asked about. If the conversation with the specialist points toward a different option, the operational pathway shifts accordingly.

What Reserve Meds does on this case

We are a US-based concierge coordinator for specialty pharma access. For therapeutic Dysport cases in Saudi Arabia we identify the appropriate specialist (movement disorders neurologist for cervical dystonia, physiatrist for adult spasticity, paediatric neurologist or paediatric rehab for paediatric spasticity, otolaryngologist for sialorrhea), coordinate the first specialist appointment, run the insurance or state-funded pre-authorisation conversation in parallel with the clinical pre-authorisation, schedule the injection session and the post-injection physiotherapy or rehabilitation programme, and maintain the 12-to-16-week re-injection calendar. We do not sell, dispense, store, transport, or administer the product. The treating specialist and the dispensing centre own clinical and supply chain.

Cosmetic botulinum toxin for glabellar lines is outside Reserve Meds scope. If the question is therapeutic Dysport for cervical dystonia, spasticity, or sialorrhea, this is the right page. If the question is cosmetic, a local Saudi aesthetics clinic is the right next step. Clinical decisions remain with your treating specialist.

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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