Elevidys

Abu Dhabi · access guide

Elevidys (delandistrogene moxeparvovec) for an Abu Dhabi family: what the pathway looks like in 2026

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

Abu Dhabi families looking into Elevidys for a son with Duchenne muscular dystrophy are in the strongest UAE position. Sheikh Khalifa Medical City administered the UAE's first DMD gene transfer therapy on 19 March 2024 under Department of Health Abu Dhabi coordination. Elevidys is approved by the UAE Emirates Drug Establishment for ambulatory pediatric DMD patients aged 4 and older. Abu Dhabi-resident families pursuing Elevidys have the practical option of staying in-emirate for the entire workup, regulatory, infusion, and follow-up arc.

This page is meant to be the first honest read you get on Elevidys for an Abu Dhabi-based family, written by the team that would coordinate around your son's case if you wanted documentation support, an international second opinion, or coordination for cases that route abroad instead of through SKMC. We assume your paediatric neurologist has either raised this with you or you have raised it with them.

We will be specific about what changed in 2025 about who Elevidys is currently approved for, what the workup decides, what it costs in AED and US dollars, the SKMC pathway in practice, and what life looks like in the six months after.

What changed in 2025, and what it means for your son

In June 2025, after two fatal acute liver failure events in non-ambulatory patients who had been treated with Elevidys, Sarepta voluntarily paused distribution for non-ambulatory boys. In July 2025, the FDA placed Elevidys on a brief clinical hold following a third death from acute liver failure; the hold was lifted on 28 July 2025 with a new boxed warning and a narrowed approved indication. As of 2026, both the FDA-approved indication and the UAE-approved indication are ambulatory boys aged 4 and older with a genetically confirmed DMD mutation. Non-ambulatory patients are not currently treated at SKMC or any other qualified centre internationally outside of specific trial settings.

If your son is still walking, even imperfectly, you are inside the current indication. If your son has lost ambulation, Elevidys is not currently the answer, but there are other paths that may be, and we'd be glad to talk those through. Exon-skipping therapies for eligible mutations (Exondys 51, Vyondys 53, Viltepso, Amondys 45), supportive-care optimisation, and emerging therapies have a place for different patient subgroups. Reach out and we will walk through your son's specific picture.

The under-4 group is outside the current approved indication. The window is age- and stage-sensitive.

What Elevidys actually is, in plain terms

Elevidys is a single intravenous infusion. The active ingredient is an adeno-associated virus, type rh74, engineered to carry a shortened version of the dystrophin gene called micro-dystrophin. Once infused, the virus delivers that gene to muscle cells, which begin producing a shorter, partially functional version of dystrophin protein. The native DMD gene is too large to package into the virus, which is why the therapy uses a shortened construct designed by Sarepta in collaboration with the Nationwide Children's Hospital team.

What Elevidys is not is a cure. The clinical data describe a disease-modifying therapy: a slowing of functional decline against the natural history of DMD, with variability across patients. Your neurologist will walk you through EMBARK data, long-term follow-up cohorts, and the Sidra Medicine real-world experience published in Nature Gene Therapy in 2025.

The workup that decides eligibility

Three results need to land.

First, genetic confirmation of a DMD-causing mutation. SKMC's paediatric neurology service under Dr Omar Ismayl, or SSMC's paediatric neuromuscular team including Dr Waseem Fathalla, runs the genetic workup in-house. Whole-gene sequencing or MLPA-confirmed mutation detection is the standard.

Second, anti-AAVrh74 antibody serology. A positive titre is a contraindication. The test is run by reference laboratories and typically returns in 7 to 10 days. SKMC has incorporated this into its DMD gene-therapy workup since the March 2024 first administration.

Third, baseline hepatic and cardiac function. The 2025 boxed warning makes this non-negotiable. Active hepatitis, elevated transaminases, prior liver injury, and concurrent hepatotoxic medications need to be assessed and addressed before the infusion is scheduled. Cardiac MRI baseline is standard.

A clinical rationale letter from your paediatric neurologist documents all three findings.

The Abu Dhabi pathway: how it actually works

SKMC's documented Elevidys workflow:

- **Referral.** Your paediatric neurologist refers the case to SKMC paediatric neurology, or you reach SKMC directly. SSMC is an alternative depending on which centre is accepting active cases and the clinical profile. - **Workup at SKMC** (or SSMC). Genetic confirmation, antibody screen, hepatic and cardiac baselines, functional baselines, rehabilitation review. Typically two to four weeks. - **DoH + EDE coordination.** SKMC's import pharmacy files through the Department of Health Abu Dhabi at the emirate level and the Emirates Drug Establishment at the federal level. EDE took over UAE pharmaceutical regulatory functions in 2026 via the ede.gov.ae portal. - **Infusion at SKMC.** Administered under the multidisciplinary peri-infusion protocol. Hospital admission for the immunomodulation start and overnight monitoring. - **Six-month follow-up.** SKMC runs the post-infusion monitoring schedule.

For Thiqa-covered Emirati nationals, much of the cost may be underwritten through the public-health insurance structure — your treating consultant and the SKMC patient-services team are the path to confirm what is available for your son's case.

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

The Elevidys drug price in 2026 sits in an indicative range of roughly USD 3.0 to 3.5 million, or approximately AED 11 to 13 million, for the one-time infusion product itself. That is the manufacturer's price for the gene therapy. The full cost of care includes the pre-infusion workup, the infusion-day admission, the peri-infusion immunomodulation protocol, the intensive monitoring schedule for the first six months, and outpatient logistics. For Abu Dhabi-resident families being treated at SKMC, travel is not a factor.

When we issue a quote at intake (for families pursuing international referral or where Reserve Meds is involved in cross-border coordination), we separate every line. We do not put a markup on the manufacturer's drug price.

For Thiqa-covered or other Daman-plan Emirati nationals being treated entirely at SKMC, the financial structure runs through the SKMC patient-services team and the relevant public-health insurance pathway, not through Reserve Meds. We are most useful in those cases as a documentation and second-opinion concierge layer rather than as the operational coordinator.

The six months after the infusion

The peri-infusion immunomodulation protocol is intensive. Your son will be on oral corticosteroids in addition to his existing DMD steroid regimen for roughly the first eight weeks. Weekly liver function panels for the first three months, biweekly through month six. Cardiac surveillance for myocarditis per the centre's protocol. SKMC runs this monitoring schedule in-house with the family living in or commuting to Abu Dhabi.

A practical implication: your son's school attendance, sports participation, and social activity will be partially restricted for several weeks. SKMC's paediatric rehabilitation service is part of the post-infusion programme.

What Reserve Meds does for an Abu Dhabi family, honestly

Because SKMC is the in-emirate infusion centre with documented capability, our role for an Abu Dhabi family is different from our role for families coordinating cross-border.

For families being treated at SKMC under Thiqa or other Daman coverage: documentation and international second-opinion concierge layer. SKMC's in-house programme covers operational coordination. We can help with international second opinions from US qualified-centre paediatric neurologists, prior-authorisation documentation for private insurance overlays, and translation of medical records.

For families pursuing international referral (US or Europe) rather than SKMC: standard Reserve Meds cross-border scope — regulatory documentation, sourcing from manufacturer's authorised US distribution under DSCSA chain-of-custody, cold-chain logistics, qualified-centre liaison, and named case-lead coordination.

For families considering Sidra Medicine, Doha (the regional centre with 10 documented Elevidys administrations and published real-world data): documentation and coordination support; Sidra's in-house programme handles operational coordination at their end.

Reserve Meds is not your son's prescriber. We do not practise medicine. We do not manufacture Elevidys. We do not own or operate SKMC, SSMC, or any other infusion centre. Clinical decisions stay with your paediatric neurologist and the treating centre.

We work cash-pay (where applicable). Our coordination fee is disclosed in writing.

A note for families weighing this

For Muslim families thinking through the religious-ethical dimension, the Islamic bioethics consensus on disease-modifying therapies that preserve life and function is broadly permissive, and families typically consult with their religious advisors before committing. We will not pressure that conversation. Families typically take between two and six weeks from first call to readiness; given SKMC's in-emirate presence for Abu Dhabi residents, the timeline can be tighter than for cross-border cases.

What to do if you want to start

If you are considering SKMC for your son's case, the right first step is direct contact with SKMC paediatric neurology or DoH referrals. We can support documentation, international second opinions, or coordination around any complementary international consultation.

If you are considering international referral or Sidra Medicine, reach out and we will walk through the cross-border options.

If your son is non-ambulatory, under 4, or in a situation where Elevidys is not the answer, reach out anyway: we will walk through what other options exist.

Most families reach us first on WhatsApp during UAE business hours.

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.

reservemeds.com · hello@reservemeds.com