

## Elevidys

Dubai · access guide

# Elevidys (delandistrogene moxeparvovec) for a Dubai family: what the pathway looks like in 2026

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

A Dubai family of a son with Duchenne muscular dystrophy is in a workable position. Elevidys is approved by the UAE Emirates Drug Establishment (EDE) for ambulatory pediatric DMD patients aged 4 and older, the Dubai Health Authority handles emirate-level coordination, and the UAE's documented gene-therapy infrastructure — Sheikh Khalifa Medical City in Abu Dhabi — is 90 minutes by car or a short hop by air. Dubai-side hospitals (American Hospital Dubai, Mediclinic City Hospital, Neuropedia) handle the workup, the post-infusion follow-up, and the longitudinal DMD care; the infusion itself currently routes cross-emirate or internationally.

This page is meant to be the first honest read you get on Elevidys for a Dubai-based family, written by the team that would coordinate around your son's case. 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, where the infusion realistically happens for a Dubai family, 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, the strongest warning the FDA issues, 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 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, depending on the specific mutation), supportive-care optimisation, and emerging therapies in late-stage development each have a place. 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; the benefit is highest when there is still dystrophin-producing muscle mass to preserve.

## What Elevidys actually is, in plain terms

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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 that originated this approach.

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 the EMBARK study data, the long-term international follow-up cohorts, and the Sidra Medicine real-world experience published in Nature Gene Therapy in 2025.

## The workup that decides eligibility

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Three results need to land.

First, genetic confirmation of a DMD-causing mutation. If your son has already been genetically tested, your neurologist will pull the report; if not, this is the first appointment. American Hospital Dubai's paediatric neurology under Dr Ubaid Shah, or Mediclinic City Hospital's paediatric neurology unit, run the workup. 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.

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 the findings.

## The UAE federal + Dubai emirate regulatory pathway

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The Emirates Drug Establishment (EDE), which took over the UAE pharmaceutical regulatory functions from MoHAP by early 2026, is the federal authority. EDE's filing portal at [ede.gov.ae](http://ede.gov.ae) handles the named-patient mechanism for unregistered drugs and the procurement and import authorisation for registered drugs like Elevidys. The Dubai Health Authority (DHA) Pharmaceutical Affairs Department handles the Dubai-emirate layer when the dispensing facility is in Dubai.

The documented UAE infrastructure point for DMD gene transfer therapy is Sheikh Khalifa Medical City (SKMC) in Abu Dhabi, which administered the UAE's first case on 19 March 2024 under DoH coordination. As of 2026, SKMC remains the in-country centre with the deepest paediatric AAV gene-therapy capability. SKMC's paediatric neurology unit is led by Dr Omar Ismayl.

For a Dubai-resident family, the practical pathway is:

- **Workup at a Dubai centre** — American Hospital Dubai, Mediclinic City Hospital, or another Dubai paediatric neurology service. - **Cross-emirate referral to SKMC** for the infusion, with DHA → DoH coordination and EDE federal-layer approval. - **Return to Dubai** for the longitudinal post-infusion follow-up, coordinated between SKMC and your Dubai paediatric neurologist.

Alternative patterns: international referral to a US qualified centre (Sarepta's network), or referral to Sidra Medicine in Doha (the regional gene therapy hub with 10 documented Elevidys administrations as of 2026).

For Dubai families with specific preferences — international clinician relationships, insurance constraints, family already abroad for other reasons — Reserve Meds can coordinate any of the three patterns.

## **The cost conversation, in the form a Dubai family needs**

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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 any travel costs if the infusion is at SKMC Abu Dhabi (modest) or internationally (substantial).

When we issue a quote at intake, we separate every line: drug, qualified-centre admission, immunomodulation drugs, monitoring labs, our coordination fee. We do not put a markup on the manufacturer's drug price. Our coordination fee is disclosed in writing before any funds move.

Insurance coverage of Elevidys in the UAE is uneven. Daman and major private UAE insurers handle one-time gene therapies on a case-by-case prior-authorization basis. We supply the documentation packet to your insurer at no charge.

## **The six months after the infusion**

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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. The 2025 boxed warning addresses acute liver injury; the monitoring schedule is designed to catch it early.

A practical implication for the family: your son's school attendance, sports participation, and social activity will be partially restricted for several weeks. We coordinate with the family on this side too, including communication with the school in Dubai and arranging for tutoring or remote-learning support if you ask.

For Dubai families whose infusion is at SKMC, the family typically stays in Abu Dhabi for the first few weeks of intensive monitoring (Reserve Meds arranges accommodation), then returns to Dubai once the monitoring frequency steps down. Follow-up labs are typically done at the Dubai paediatric neurology centre and shared with SKMC.

## **What Reserve Meds does for a Dubai family**

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Reserve Meds is a US-based concierge coordinator for cross-border specialty medicine. For a Dubai-resident family pursuing Elevidys:

- **For families being treated at SKMC Abu Dhabi:** documentation support, DHA + DoH + EDE coordination, second-opinion clinical reviews from international qualified-centre paediatric neurologists, case management around the Abu Dhabi stay, follow-up coordination back to Dubai. - **For families pursuing international referral:** 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 in the US or Europe, and named case-lead coordination. - **For families considering Sidra Medicine, Doha:** documentation and second-opinion concierge layer; 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 any infusion centre. Clinical decisions stay with your paediatric neurologist and the treating centre.

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

## A note for families weighing this

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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.

## What to do if you want to start

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The first concrete step is a call with our case-lead so we can confirm whether Elevidys is the right consideration for your son and discuss which pathway fits your family — SKMC Abu Dhabi cross-emirate, international, or Sidra Medicine.

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 for his specific picture.

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.

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### **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.

reservemeds.com · hello@reservemeds.com