Elevidys

Oman · access guide

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

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

Omani families looking into Elevidys for a son with Duchenne muscular dystrophy are in a practical position. The therapy is registered by Oman Directorate General of Pharmaceutical Affairs and Drug Control for ambulatory pediatric patients aged 4 and older, the DGPADC's Gene Therapy Products Registration and Control Regulations have been in place since 2019 (a regionally mature ATMP framework), and Sidra Medicine in Doha — the regional centre of gravity for this therapy with 10 documented patient administrations — is a 90-minute flight from Manama.

This page is meant to be the first honest read you get on Elevidys in Oman, written by the team that would coordinate around your son's case if you decided you wanted support on the workup, the cross-border logistics, the MoH treatment-abroad funding application, or the documentation. 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 OMR and US dollars, how the cross-border pathway typically works for Omani families, and where Reserve Meds adds value.

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; 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 DGPADC-approved indication in Oman are ambulatory boys aged 4 and older with a genetically confirmed DMD mutation. Non-ambulatory patients are not currently treated at Sidra Medicine or at any 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 for exon 51, Vyondys 53 and Viltepso for exon 53, Amondys 45 for exon 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. Families often ask about waiting until age 4. 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

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 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. If your son has not yet been tested, the workup typically begins at Sultan Qaboos University Hospital (SQUH) or Royal Hospital Muscat's paediatric service. Whole-gene sequencing or MLPA is the standard.

Second, anti-AAVrh74 antibody serology. A positive titre is a contraindication. The test can be run at the workup centre or sent to a regional reference lab; if you are routing to Sidra, Sidra handles this in-house.

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 also standard.

A clinical rationale letter from your paediatric neurologist documents the findings, the North Star score and other functional baselines, the rehabilitation plan, and the requested treatment.

The cross-border pathway in 2026

Oman does not have a documented in-country gene therapy infusion centre administering Elevidys as of 2026. The DGPADC's Gene Therapy Products Registration and Control Regulations (2019) provide the regulatory framework, and Elevidys registration is in place, but the actual infusion infrastructure routes to:

Sidra Medicine, Doha, Qatar. A 90-minute flight from Manama. Sidra is the first hospital outside the United States and the fifth globally to administer Elevidys, with 10 patients treated through their dedicated paediatric gene therapy program as of 2026. Real-world safety and efficacy data from Sidra's cohort have been published in Nature Gene Therapy in 2025 with no severe adverse events reported. For most Omani families, Sidra is the operationally simplest and clinically most experienced option.

UAE qualified centres. Sheikh Khalifa Medical City Abu Dhabi administered the UAE's first DMD gene transfer therapy in March 2024 and is an alternative pattern for families with UAE clinician relationships.

International (US or Europe). Sarepta's qualified-centre network in the US or European qualified centres. Appropriate for families with specific international clinician relationships or insurance coverage tied to international treatment.

For most Omani families pursuing Elevidys, the practical pathway is: workup in Oman at KHUH or SMC → MoH treatment-abroad application (if applicable, for funding support) → cross-border referral to Sidra Medicine → infusion and immediate post-infusion monitoring at Sidra → return to Oman for ongoing follow-up coordinated between Sidra and the Omani neurology team.

The cost conversation, in the form a Omani family needs

The Elevidys drug price in 2026 sits in an indicative range of roughly USD 3.0 to 3.5 million, or approximately OMR 1.13 to 1.32 million, for the one-time infusion product itself. That is the manufacturer's price for the gene therapy. Full cost of care adds workup, infusion-day admission at Sidra (or the chosen centre), peri-infusion immunomodulation drugs, monitoring labs, and travel costs (Doha is the easiest case; US or Europe adds substantial travel and accommodation).

For Omani nationals, the MoH treatment-abroad programme has at times funded eligible cross-border specialty therapies. Application runs through your treating consultant and the MoH treatment-abroad office. Reserve Meds can support documentation at no charge.

For expatriate residents and self-pay families, the standard cash-pay pattern applies. We separate every line: drug, qualified-centre admission at Sidra, 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.

Private insurance coverage in Oman (AXA Gulf, Oman National Insurance, GIG Oman, others) for one-time gene therapies is handled on case-by-case prior authorisation.

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 and biweekly through month six. Cardiac surveillance for myocarditis includes troponin checks and echocardiography per the centre's protocol. Sidra's published cohort has not reported severe adverse events to date.

The first weeks of intensive monitoring are most efficiently handled at the infusion centre (typically Sidra), with the family returning to Oman once the monitoring frequency steps down. Sidra coordinates with the home-country neurology team for the longer tail of follow-up.

What Reserve Meds does for a Omani family

For Omani nationals applying for MoH treatment-abroad funding: documentation support, second-opinion clinical reviews from international qualified-centre paediatric neurologists, coordination of cross-border referral logistics, and case management around the Doha (or US/Europe) stay. We don't process the MoH application directly — that runs through your treating consultant and the MoH treatment-abroad office — but we provide the documentation packet that increases approval likelihood.

For expatriate residents in Oman paying cash: standard Reserve Meds scope — regulatory documentation, sourcing from manufacturer's authorised US distribution under DSCSA chain-of-custody (where international referral applies), cold-chain logistics if the infusion centre is not Sidra, qualified-centre liaison, and named case-lead coordination.

For families considering treatment at Sidra specifically: documentation and second-opinion concierge layer. Sidra's in-house programme handles operational coordination; our role is international second opinions, insurance documentation, and translation of records.

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 (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 across both Shia and Sunni schools, 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

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 — Sidra Medicine in Doha (the simplest cross-border option), UAE, or international.

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 Oman business hours (Sunday-Thursday) 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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