Evrysdi

Oman · access guide

How to access Evrysdi from Oman, the named-patient import pathway, 2026

By Reserve Meds · Clinical & regulatory team · Last reviewed 2026-04-23

A Oman patient, infant, child, or adult, with spinal muscular atrophy (SMA) confirmed by biallelic SMN1 mutations may receive a prescription for Evrysdi (risdiplam) from their treating neurologist. Evrysdi is FDA-approved, developed by Roche and Genentech with PTC Therapeutics and the SMA Foundation, and is an oral once-daily liquid SMN2 splicing modifier. Evrysdi is available in some Oman tertiary centres; where your specific centre does not stock it or where supply is inconsistent, the named-patient pathway is a legitimate bridge.

This guide explains how Reserve Meds supports access in the formulary-gap scenario and where we fit in.

The clinical situation

Evrysdi is a once-daily oral liquid (or gastrostomy-tube-administered) SMN2 splicing modifier. Weight-based dosing covers paediatric and adult regimens. Eligibility anchors to SMN1 biallelic mutation confirmation and clinical or pre-symptomatic SMA. Baseline assessment is modest compared with gene-therapy or intrathecal regimens. Your neurology team will confirm genotype and plan the monitoring cadence. Because administration is oral, families avoid the logistics of intrathecal visits, a meaningful consideration in Oman where patient travel between regional centres and tertiary neurology units can be substantial.

Is Evrysdi legally importable into Oman?

Yes, via the Directorate General of Pharmaceutical Affairs and Drug Control (DGPADC) named-patient import framework. The mechanism permits a DGPADC-licensed physician to import a medicine not locally registered, or not routinely stocked at a given institution, when (a) the medicine is approved by a recognised reference authority such as the US FDA, (b) no clinically equivalent alternative is available for the patient, (c) the physician accepts clinical responsibility, and (d) chain of custody through a licensed importer is documented.

How the pathway works, step by step

1. **Consultation with your neurologist.** SMN1 confirmation, clinical SMA type, weight documentation, baseline functional assessment, clinical rationale letter.
2. **Weight-based dosing plan.** The prescribing neurologist confirms the regimen.
3. **DGPADC named-patient application.** Your physician files the dossier including rationale, patient reference, and dosing plan.
4. **US-side sourcing.** Reserve Meds coordinates with our US-licensed specialty wholesale partner to secure Evrysdi from the manufacturer's authorised distribution chain under DSCSA.
5. **Controlled shipment.** Evrysdi ships with appropriate refrigerated logistics and full chain-of-custody documentation to the importer of record.
6. **Initiation and ongoing refill cadence.** Your team initiates daily dosing, monitors motor function and routine safety, and plans refill cycles.

What documentation your physician needs

- Clinical rationale letter confirming SMA diagnosis, SMN1 biallelic status, clinical SMA type, weight, and Evrysdi as the indicated therapy
- Verification of SCFHS medical licence
- SMN1 molecular-testing report
- Weight-based dosing plan
- Multi-month refill schedule

Reserve Meds provides a physician documentation kit bundling the DGPADC templates reviewers expect to see for SMA named-patient files.

Costs and timing

Evrysdi's US cash-pay drug-only reference cost is weight-based. In an indicative 2026 drug-only range (delivered quote issued at intake), annual cost for a paediatric patient sits near USD 100,000-340,000 depending on weight, and for an adult patient near USD 340,000. International logistics, DGPADC documentation handling, importer-of-record fees, and concierge coordination add incremental cost. Reserve Meds issues a transparent quote at the start of intake. Indicative range.

Indicative timing for first dispensation after cohort intake opens is 7-14 days from the moment a complete DGPADC application is submitted.

Fulfillment availability is limited to our first cohort, and all timelines published on this site are indicative. If your clinical situation is time-sensitive, tell us at intake. We triage accordingly.

A culturally-aware note: SMA prevalence in Oman is elevated by consanguinity and multiple affected children in one extended family is not uncommon. Our case-lead structure supports family-level continuity while each individual case is reviewed on its clinical merits.

Reserve Meds's role

- **Sourcing.** Through our US-licensed specialty wholesale partner under DSCSA chain-of-custody.
- **Documentation.** Regulatory package for your physician and DGPADC review, keyed to the SMA rationale.
- **Logistics.** Refrigerated shipment to the nominated pharmacy with importer-of-record handling.
- **Concierge case lead.** A named point of contact supporting the multi-year daily-dosing treatment horizon and ongoing refill cycles.

What we do not do: we are not the prescriber, we do not practise medicine, and we are not the dispensing pharmacy. All clinical decisions remain with your treating neurologist.

Frequently asked

How does Evrysdi compare with Spinraza? Evrysdi is daily oral; Spinraza is every-four-month intrathecal. Both address the SMN pathway. Your neurologist selects based on anatomy, caregiver preference, and clinical picture.

Can Evrysdi follow Zolgensma? Sequential therapy is not a contraindication; some families use add-on Evrysdi after gene therapy. Your neurologist decides.

How is the liquid stored? Refrigerated at the pharmacy and during shipment; a room-temperature in-use stability window applies once reconstituted, your pharmacy and family will manage.

Will insurance or MoH cover this? Cash-pay is the default for named-patient imports. Some Oman private insurers and MoH rare-disease channels consider case-by-case reimbursement; we supply documentation but do not process claims directly.

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