Rivfloza

Oman · access guide

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

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

A Oman patient diagnosed with primary hyperoxaluria (PH) may receive a prescription for Rivfloza (nedosiran) from their treating nephrologist or metabolic-disease specialist, often at a Riyadh, Jeddah, or Eastern Province tertiary centre with a specialty paediatric-nephrology or adult-genetics service. Rivfloza is FDA-approved for primary hyperoxaluria type 1 and is developed by Novo Nordisk (acquired from Dicerna). PH is an ultra-rare inherited disorder, and routine stocking of Rivfloza through Oman hospital pharmacies is not expected, so access runs through the Directorate General of Pharmaceutical Affairs and Drug Control (DGPADC) named-patient pathway.

This guide explains the legal pathway, the documentation your physician prepares, typical timing, indicative cost posture, and where Reserve Meds fits in.

The clinical situation

Rivfloza is a subcutaneous small interfering RNA (siRNA) therapy that reduces hepatic oxalate production by targeting LDHA, the enzyme at the final step of oxalate synthesis. It is administered once monthly by subcutaneous injection after in-clinic training, and is suitable for self-administration or caregiver administration. Eligibility requires biochemical and genetic confirmation of primary hyperoxaluria consistent with the labelled population, a documented elevation in urinary oxalate, and specialist-led management. Your nephrologist will establish baseline 24-hour urinary oxalate (or spot oxalate:creatinine ratio for younger patients), plasma oxalate where relevant, eGFR, renal imaging, and a long-term follow-up cadence.

Is Rivfloza legally importable into Oman?

Yes, through the DGPADC named-patient import framework. The DGPADC named-patient route allows a Oman-licensed physician to request import of a medicine not locally registered when (a) the medicine has been approved by a recognised reference authority such as the US FDA, (b) no clinically equivalent locally registered alternative suits the patient, (c) the treating physician takes clinical responsibility for use, and (d) the importing party documents chain of custody. Primary hyperoxaluria has no clinically equivalent registered disease-modifying alternative on Oman formularies, which supports clinical rationale.

How the pathway works, step by step

1. **Consultation with your treating nephrologist or metabolic-disease specialist.** Biochemical and genetic workup, urinary oxalate measurement, and a clinical rationale letter.
2. **Baseline assessment.** 24-hour urinary oxalate or spot oxalate:creatinine ratio, eGFR, renal ultrasound, plasma oxalate where relevant, and, critically, confirmation of genetic subtype.
3. **DGPADC named-patient application.** The physician or hospital pharmacy files clinical rationale, patient reference, dosing plan (monthly SC), and chain-of-custody commitment.
4. **US-side sourcing.** Reserve Meds coordinates with our US-licensed specialty wholesale partner to secure Rivfloza from authorised distribution under DSCSA.
5. **Cold-chain shipment.** Rivfloza requires refrigerated handling; shipment follows validated cold-chain protocols with temperature logging.
6. **Arrival, dispensing, and injection training.** The hospital pharmacy releases product; the nephrology clinic provides self-injection training and sets the monthly schedule.

What documentation your physician needs

- Clinical rationale letter confirming primary hyperoxaluria and Rivfloza as the indicated therapy
- Verification of Oman medical licence (SCFHS / MOH)
- Genetic test result confirming PH subtype (AGXT for PH1)
- Baseline 24-hour urinary oxalate or spot oxalate:creatinine ratio
- Baseline eGFR, renal ultrasound, plasma oxalate where relevant
- Patient weight and age
- Planned dosing schedule (monthly SC) and long-term monitoring plan

Reserve Meds provides a physician documentation kit bundling the templates DGPADC reviewers expect for ultra-rare nephrology / metabolic named-patient imports.

Costs and timing

Rivfloza for primary hyperoxaluria is a substantial ultra-rare-disease therapy. Reference US cash-pay for a full annual course (monthly subcutaneous dosing) typically sits in the mid-to-high six-figure USD range. Reserve Meds operates on a drug-only reference basis and provides a transparent, itemised delivered quote, covering product, cold-chain logistics, DGPADC documentation handling, customs clearance, and concierge coordination, at the start of intake. Figures are indicative, not a binding quote until intake is complete.

Indicative timing for first dispense after cohort intake opens is 7-14 days from the moment a complete DGPADC application is submitted. Monthly refill cadence is established with the hospital pharmacy thereafter.

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: primary hyperoxaluria is autosomal-recessive, and consanguinity patterns in some Oman families mean multiple siblings may carry disease. Our concierge coordinates with the extended family when more than one patient in the household is under care.

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.
- **Logistics.** Validated cold-chain shipment to your prescribing hospital pharmacy.
- **Concierge case lead.** A named point of contact coordinating monthly refills.

What we do not do: We are not the prescriber. We do not practise medicine. We are not the dispensing pharmacy. All clinical decisions remain with your treating nephrologist or metabolic-disease specialist.

Frequently asked

Is this legal in Oman? Yes, when executed through the DGPADC named-patient framework with appropriate documentation. See our trust and compliance page.

How is Rivfloza different from Oxlumo? Both are siRNA therapies targeting oxalate overproduction in primary hyperoxaluria but act on different molecular targets (Rivfloza targets LDHA; Oxlumo targets HAO1). Labelled populations and dosing schedules differ. Your specialist selects based on genetic subtype, age, and clinical picture.

Does Rivfloza cure PH? No disease-modifying therapy is curative in primary hyperoxaluria, but Rivfloza substantially reduces urinary oxalate and can slow progression of renal damage. Transplant considerations remain individualised.

Will private insurance cover this? Cash-pay is the default. Some Oman private insurers reimburse ultra-rare-disease imports on a case-by-case basis; we supply documentation for your submission but do not process insurance 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.

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