Spinraza

Oman · access guide

How to access Spinraza 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 Spinraza (nusinersen) from their treating paediatric or adult neurologist. Spinraza is FDA-approved, developed by Biogen, and is an intrathecally administered antisense oligonucleotide that modulates SMN2 splicing to increase functional SMN protein. Spinraza 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

Spinraza is administered by intrathecal injection on a loading schedule of four doses (days 0, 14, 28, and 63) followed by maintenance dosing every four months thereafter, indefinitely. Each dose requires a trained operator performing lumbar puncture with appropriate sedation and imaging support where needed. Eligibility anchors to SMN1 biallelic mutation confirmation and clinical or pre-symptomatic SMA. Baseline assessment includes coagulation parameters, renal function, and platelet count with ongoing monitoring per label. Your neurology team will plan the lumbar-puncture cadence.

SMA prevalence in Oman is elevated in part by consanguinity; multiple paediatric-neurology centres have a meaningful SMA patient base and are experienced with the intrathecal dosing routine.

Is Spinraza 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. For a formulary-gap case, the rationale emphasises the specific institution's unavailability.

How the pathway works, step by step

1. **Consultation with your paediatric or adult neurologist.** SMN1 confirmation, clinical SMA type, lumbar-puncture feasibility assessment, clinical rationale letter.
2. **Administering-centre identification.** A neurology centre with intrathecal administration capability is nominated.
3. **DGPADC named-patient application.** Your physician files the dossier including rationale, patient reference, loading-plus-maintenance dosing plan, and administering-centre attestation.
4. **US-side sourcing.** Reserve Meds coordinates with our US-licensed specialty wholesale partner to secure Spinraza from the manufacturer's authorised distribution chain under DSCSA.
5. **Cold-chain shipment.** Spinraza ships with validated temperature control to the administering hospital pharmacy, timed to the scheduled dose.
6. **Intrathecal administration and ongoing cadence.** The neurology team delivers each dose per schedule.

What documentation your physician needs

- Clinical rationale letter confirming SMA diagnosis, SMN1 biallelic status, clinical SMA type, and Spinraza as the indicated therapy
- Verification of SCFHS medical licence
- SMN1 molecular-testing report
- Baseline coagulation, platelet count, and renal function
- Identification of the administering neurology centre with intrathecal capability
- Loading (doses 1-4) plus every-four-month maintenance dosing plan

Reserve Meds provides a physician documentation kit bundling the DGPADC templates reviewers expect to see for SMA named-patient files, designed around the recurring maintenance cadence.

Costs and timing

Spinraza's US cash-pay drug-only reference cost in an indicative 2026 drug-only range (delivered quote issued at intake) is roughly USD 125,000 per dose (list-anchored); the first year (six doses) therefore anchors near USD 700,000-750,000, and subsequent annual maintenance (three doses/year) near USD 375,000-380,000. 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 dose after cohort intake opens is 7-14 days from the moment a complete DGPADC application is submitted. Subsequent maintenance doses run on the scheduled calendar.

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: consanguinity-linked SMA patterns in Oman families sometimes mean multiple affected children in one family or extended relatives pursuing therapy. 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 and multi-dose schedule.
- **Logistics.** Cold-chain shipment to the administering centre, timed to each scheduled dose.
- **Concierge case lead.** A named point of contact maintaining case continuity across the loading phase and into long-term maintenance.

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

Frequently asked

How does Spinraza compare with Evrysdi? Evrysdi is an oral daily liquid. Your neurologist selects between intrathecal Spinraza and oral Evrysdi based on anatomy, caregiver preference, and clinical picture.

My child has had Zolgensma, are they still candidates for Spinraza? Sequential therapy is not a contraindication; some families choose add-on nusinersen after gene therapy. Your neurologist decides.

What about the lumbar-puncture burden? In older children with spinal fusion or difficult anatomy, imaging-guided administration and specialised sedation protocols are used.

Will insurance or MoH cover this? Some Oman private insurers and MoH rare-disease channels consider case-by-case reimbursement for SMA therapies; 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.

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