Viltepso

United Arab Emirates · access guide

How to access Viltepso from the UAE, the named-patient import pathway, 2026

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

A the UAEi family of a boy with Duchenne muscular dystrophy (DMD) whose genotyping confirms an exon-53-skip-amenable mutation may receive a prescription for Viltepso (viltolarsen) from their treating paediatric neurologist. Viltepso is FDA-approved, developed by NS Pharma (a subsidiary of Nippon Shinyaku), and is an antisense oligonucleotide designed to restore partial dystrophin production in DMD patients amenable to exon 53 skipping. In the UAE, Viltepso is not locally registered, which is why your paediatric neurologist is likely guiding you toward the Ministry of Public Health (MoPH) named-patient import pathway.

This guide explains the legal pathway, what documentation your physician needs, typical timing and cost bands, and where Reserve Meds fits in.

The clinical situation

Viltepso is a phosphorodiamidate morpholino oligomer (PMO) administered by weekly intravenous infusion, indefinitely. Eligibility is strictly genotype-gated: your child's DMD gene mutation must be confirmed by accredited genetic testing as amenable to exon 53 skipping. Treatment requires a paediatric neurologist with DMD experience, a day-infusion facility, and ongoing monitoring including renal function, cardiac assessment, and motor-function scales (NSAA, 6MWT). Dosing is weight-based and continues long-term.

Viltepso and Vyondys 53 both target exon-53-amenable DMD; the choice between them is typically made by the treating physician on availability, tolerability, and patient-specific factors.

Is Viltepso legally importable into the UAE?

Yes, through the the UAE Ministry of Public Health (MoPH) Pharmacy and Drug Control Department named-patient import framework.

The named-patient mechanism allows a the UAE-licensed physician to request import of a medicine not locally registered when: (a) the medicine is approved by a recognised reference authority such as the US FDA, (b) no clinically equivalent locally registered alternative is available, (c) the physician takes clinical responsibility, and (d) the importing party documents chain of custody end to end. For exon-53-amenable DMD in the UAE, there is no locally registered exon-skipping alternative, making the clinical rationale clear once genotype is confirmed.

How the pathway works, step by step

1. **Consultation with your paediatric neurologist.** Confirmation of DMD diagnosis and exon-53-skip-amenable genotype, with baseline NSAA, 6MWT, cardiac, and renal assessments documented.
2. **Treatment-centre identification.** A the UAE tertiary hospital (typically Hamad Medical Corporation or Sidra Medicine) with paediatric neurology and infusion-day capacity is confirmed as the administering site.
3. **MoPH named-patient application.** Your physician or the hospital pharmacy files the application with clinical rationale, genotyping report, patient reference, and chain-of-custody plan.
4. **US-side sourcing.** Reserve Meds coordinates with our US-licensed specialty wholesale partner to secure Viltepso from NS Pharma's authorised distribution channel.
5. **Shipment.** The product ships under chain-of-custody and manufacturer handling conditions to the administering hospital pharmacy.
6. **Arrival and first infusion.** The hospital administers the weekly infusion and establishes the ongoing schedule; Reserve Meds coordinates rolling refills.

What documentation your physician needs

Your physician will typically need to provide:

- A clinical rationale letter confirming DMD diagnosis, exon-53-skip-amenable mutation, baseline motor and cardiac status, and Viltepso as the indicated treatment
- Verification of their the UAE medical licence (QCHP)
- A copy of the accredited DMD genetic-testing report
- Patient identifier (anonymised reference where possible)
- An administration and monitoring plan including weekly infusion scheduling and long-term follow-up

Reserve Meds provides a physician documentation kit with the templates MoPH reviewers expect to see for rare-paediatric-neurology named-patient imports, including the exon-skipping genotype gate central to Viltepso eligibility.

Costs and timing

Viltepso is weight-dependent in dosing, so annual cost scales with the child's body weight. Indicative 2026 US cash-pay annual cost sits in a broad range of roughly USD 300,000 to over USD 1,000,000 depending on weight, with adolescents and older children at the upper end. International logistics, MoPH documentation handling, and concierge coordination add incremental cost. Reserve Meds issues a full transparent quote at the start of intake.

Indicative timing for the first infusion after cohort intake opens is 7-14 days from the moment a complete MoPH application is submitted. Subsequent weekly supply runs on a rolling refill schedule once the pathway is established.

Fulfilment 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: the UAE's paediatric rare-disease community is compact and closely coordinated through the tertiary-hospital network. Families often manage a child's DMD journey alongside school routines and multi-generational households. Our concierge coordination plans refill logistics around school terms and any family travel for wider specialist input in Europe or the US, with a single case lead as the family's continuity contact.

Reserve Meds's role

Reserve Meds is a US-based concierge coordinator for cross-border specialty medicine. For Viltepso specifically, we provide:

- **Sourcing.** Through our US-licensed specialty wholesale partner, operating under DSCSA chain-of-custody.
- **Documentation.** Regulatory package for your physician and for MoPH review, tailored to exon-skipping eligibility.
- **Logistics.** Chain-of-custody shipment coordination to the administering hospital pharmacy on a weekly-refill cadence.
- **Concierge case lead.** A named point of contact for the family, managing long-term refill logistics and weight-based dose adjustments as the child grows.

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 paediatric neurologist.

Frequently asked

Is this legal in the UAE? Yes, when executed through the MoPH named-patient framework with appropriate documentation. Cross-border named-patient import for rare-paediatric-disease therapies is a recognised mechanism. See our trust and compliance page.

Is Viltepso a cure? No. Viltepso is a disease-modifying therapy that restores partial dystrophin expression in exon-53-amenable DMD patients. Your paediatric neurologist will discuss realistic outcome expectations and long-term monitoring.

Viltepso or Vyondys 53, which is right for my son? Both target exon-53-amenable DMD through similar mechanisms. Your treating neurologist chooses between them based on availability, tolerability, and the family's wider treatment plan.

What monitoring does my son need on Viltepso? Renal function monitoring is central, alongside routine DMD follow-up including cardiac, respiratory, and motor-function assessments. Your hospital team schedules the cadence.

Will insurance cover this? Cash-pay is the default. Some the UAEi private insurers consider rare-disease imports case by case, and some the UAEi nationals may access public-sector pathways; we supply documentation for submission but do not process insurance or public-payer 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.

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.
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