

Voxzogo

Oman · access guide

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

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

A Oman family of a child with achondroplasia may receive a prescription for Voxzogo (vosoritide) from their treating paediatric endocrinologist or geneticist. Voxzogo is FDA-approved, manufactured by BioMarin, and is a C-type natriuretic peptide analogue indicated to improve linear growth in children with achondroplasia whose epiphyses are not closed. Achondroplasia is the most common form of disproportionate short stature, caused by a pathogenic variant in the FGFR3 gene. In Oman, Voxzogo is not locally registered for routine dispensing, which is why your paediatric specialist is likely guiding you toward the Directorate General of Pharmaceutical Affairs and Drug Control (DGPADC) 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

Voxzogo is a daily subcutaneous injection administered at home by a caregiver after training. Eligibility is based on genetic confirmation of achondroplasia (FGFR3 pathogenic variant) and open epiphyses confirmed on imaging. Treatment requires a paediatric endocrinologist or geneticist for baseline assessment, height/growth-velocity tracking, and ongoing blood-pressure monitoring (Voxzogo can cause transient blood-pressure decreases after injection). Your physician sets the schedule and coordinates caregiver injection training. Dosing is weight-based and continues until epiphyseal closure.

Is Voxzogo legally importable into Oman?

Yes, through the DGPADC named-patient import framework, administered in coordination with the Ministry of Health for patients treated in public tertiary centres.

The named-patient mechanism allows a Oman-licensed physician to import 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) chain of custody is documented end to end. For achondroplasia in Oman, there is no locally registered disease-modifying alternative, making the clinical rationale direct.

How the pathway works, step by step

1. **Consultation with your paediatric endocrinologist or geneticist.** Genetic confirmation of achondroplasia, baseline height/weight, growth-velocity assessment, epiphyseal status on imaging, and cardiovascular baseline documented.
2. **Caregiver injection training.** Your care team schedules training in subcutaneous injection technique and blood-pressure observation post-injection.
3. **DGPADC named-patient application.** Your physician or the hospital pharmacy files the application with clinical rationale, genetic report, patient reference, and chain-of-custody plan.
4. **US-side sourcing.** Reserve Meds coordinates with our US-licensed specialty wholesale partner to secure Voxzogo from BioMarin's authorised distribution channel.
5. **Cold-chain shipment.** Voxzogo ships under cold-chain with chain-of-custody documentation.
6. **Arrival and dispensing.** The hospital pharmacy releases the supply to the family; the paediatric team schedules monthly clinic reviews to track growth velocity and blood pressure.

What documentation your physician needs

Your physician will typically need to provide:

- A clinical rationale letter confirming achondroplasia diagnosis, FGFR3 genetic report, baseline auxology, open-epiphysis confirmation, and Voxzogo as the indicated treatment
- Verification of their Oman medical licence (SCFHS / MOH)
- A copy of the FGFR3 genetic report and growth-plate imaging
- Patient identifier (anonymised reference where possible)
- An administration and monitoring plan including caregiver training, blood-pressure surveillance, and growth-velocity tracking

Reserve Meds provides a physician documentation kit that bundles the templates DGPADC reviewers expect to see for rare-paediatric-endocrinology named-patient imports, including caregiver-administration training documentation.

Costs and timing

Voxzogo 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 320,000-450,000 depending on weight, with older and larger children toward the higher end. International cold-chain logistics, DGPADC documentation handling, and concierge coordination add incremental cost. Reserve Meds issues a full transparent quote at the start of intake.

Indicative timing for first dispense after cohort intake opens is 7-14 days from the moment a complete DGPADC application is submitted. Refills ship on a rolling basis against the monthly dispensing schedule.

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: achondroplasia in Oman families is often a shared extended-family journey, with multiple affected relatives in the extended family tree. Daily home injections ask meaningful commitment from caregivers, a mother, father, older sibling, or grandparent. Our concierge coordination supports whichever family member is the designated administrator, with refill logistics planned around school terms, Ramadan, and family travel.

Reserve Meds's role

Reserve Meds is a US-based concierge coordinator for cross-border specialty medicine. For Voxzogo 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 DGPADC review.
- **Logistics.** Cold-chain shipment coordination to the prescribing hospital pharmacy with refill cadence planning.
- **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 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.

Does Voxzogo cure achondroplasia? No. Voxzogo is a disease-modifying therapy shown in pivotal studies to improve annualised growth velocity. Your paediatric team will discuss realistic outcome expectations and the anticipated duration of therapy until epiphyseal closure.

When should treatment start? FDA labelling broadens with successive updates, your paediatric specialist will confirm current age eligibility. Earlier initiation (while epiphyses are open) is typically prioritised.

What side effects should we watch for? Transient injection-site reactions and transient blood-pressure decreases are common; your care team covers observation protocol post-injection. Serious adverse events are rare but monitored.

Will insurance or MoH coverage apply? Cash-pay is the default. Some Oman patients may receive partial MoH or private-insurance consideration on a case-by-case basis; we supply documentation for submission 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.

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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