Vumerity

Oman · access guide

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

By Reserve Meds · Clinical & regulatory team · Last reviewed 2026-04-24

A Oman patient with relapsing multiple sclerosis (MS), including clinically isolated syndrome, relapsing-remitting, and active secondary-progressive disease, may receive a prescription for Vumerity (diroximel fumarate) from their treating neurologist. Vumerity is FDA-approved and developed by Biogen. It is an oral fumarate structurally designed to deliver the same active metabolite (monomethyl fumarate) as dimethyl fumarate (Tecfidera), with a clinical-trial tolerability profile that generally shows lower rates of gastrointestinal adverse events. In the Kingdom of Oman, Vumerity is not routinely registered for outpatient dispensing, and access is typically coordinated through the named-patient import pathway via the Directorate General of Pharmaceutical Affairs and Drug Control (DGPADC).

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

The clinical situation

Vumerity is an oral fumarate prodrug that is rapidly converted in vivo to monomethyl fumarate, the same active metabolite delivered by dimethyl fumarate. The clinical rationale for Vumerity over dimethyl fumarate is the GI-tolerability profile observed in comparative studies. Vumerity is taken twice daily with food. Initiation uses a 7-day starter dose (231 mg twice daily), stepping up to the maintenance 462 mg twice daily.

Eligibility requires a confirmed relapsing MS diagnosis per McDonald criteria, MRI evidence, and a clinical rationale. Before starting, your neurologist will establish complete blood count including absolute lymphocyte count, baseline liver function tests, and review for progressive multifocal leukoencephalopathy (PML) risk factors. During therapy, CBC with lymphocyte count is rechecked at six months and every 6-12 months thereafter; LFTs are monitored periodically. Flushing, a known fumarate-class effect, is managed with administration after food, aspirin pre-medication where appropriate, and patient counselling that flushing typically declines within the first month of therapy.

Is Vumerity legally importable into Oman?

Yes, through the DGPADC named-patient import framework. The mechanism permits 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 registered alternative is suitable, (c) the physician accepts clinical responsibility, and (d) chain of custody is documented. Fumarate-class named-patient imports for MS are a familiar category for DGPADC reviewers.

How the pathway works, step by step

1. **Consultation with your treating neurologist.** Confirmation of MS subtype, MRI review, prior DMT history, and clinical rationale for Vumerity over other fumarates or DMTs.
2. **Baseline workup.** CBC with lymphocyte count, LFTs, PML risk review.
3. **DGPADC named-patient application.** The physician or hospital pharmacy files the application including clinical rationale, patient reference, titration plan, and chain-of-custody commitment.
4. **US-side sourcing.** Reserve Meds coordinates with our US-licensed specialty wholesale partner to secure Vumerity from authorised distribution under DSCSA.
5. **Ambient shipment.** Vumerity ships under controlled ambient conditions with chain-of-custody documentation.
6. **Arrival and first dose.** The dispensing pharmacy releases the 7-day starter pack with flushing-management counselling; maintenance dosing continues at home.

What documentation your physician needs

- Clinical rationale letter confirming relapsing MS and Vumerity as the indicated therapy
- Verification of Oman medical licence (SCFHS)
- MRI report supporting the diagnosis
- CBC with lymphocyte count and LFTs
- PML risk-factor review
- Planned titration schedule and monitoring plan
- Flushing-management counselling plan

Reserve Meds provides a physician documentation kit bundling templates DGPADC reviewers expect for fumarate MS named-patient imports.

Typical costs and indicative timing

Vumerity's US cash-pay reference cost sits in an indicative 2026 annual range of roughly USD 96,000-110,000. International logistics, DGPADC documentation handling, and concierge coordination add incremental cost. Reserve Meds issues a transparent quote at the start of intake. These figures are indicative drug-only reference pricing.

Indicative timing for first dispense after cohort intake opens is 7-14 days from the moment a complete DGPADC application is submitted. Monthly refills are generally faster once the pathway is established.

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 brief culturally-aware note: Ramadan and Hajj seasons can affect scheduling and refill timing. Our concierge team coordinates the monthly cycle with your family's preferences.

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.** Ambient-controlled 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, do not practise medicine, and are not the dispensing pharmacy. All clinical decisions remain with your treating neurologist.

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 Vumerity different from Tecfidera? Vumerity (diroximel fumarate) and Tecfidera (dimethyl fumarate) deliver the same active metabolite, monomethyl fumarate. Vumerity's clinical-trial GI-tolerability profile generally shows lower rates of gastrointestinal adverse events. Your neurologist selects based on the specific tolerability situation and prior fumarate experience.

What about flushing? Flushing is a known fumarate-class effect. Administration after food and, where appropriate, aspirin pre-medication reduce frequency and severity. Flushing typically declines in intensity within the first month of maintenance therapy.

What is PML and why the risk review? Progressive multifocal leukoencephalopathy is a rare but serious brain infection seen with certain immunomodulatory therapies, including fumarates. Risk factors and lymphocyte monitoring are part of routine MS care and FDA labelling.

Will private insurance cover this? Cash-pay is the default. Some Oman private insurers consider named-patient imports case by case; 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.

Reserve Meds is in pre-launch. Published timelines and cost ranges are indicative, not guarantees.
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