

Adbry

Abu Dhabi · access guide

How to access Adbry for moderate-to-severe atopic dermatitis from Abu Dhabi: 2026 emirate-level pathway via Abu Dhabi dermatology and pharmacy supply

By Reserve Meds clinical & regulatory team. Last reviewed 2026-05-20.

Abu Dhabi has one of the deepest dermatology service footprints in the UAE. Cleveland Clinic Abu Dhabi dermatology, Sheikh Shakhbout Medical City dermatology (MD Anderson affiliation), Burjeel Medical City dermatology, NMC Royal Hospital Khalifa City, Sheikh Khalifa Medical City dermatology, Tawam Hospital dermatology, and the major private dermatology clinics across Abu Dhabi and Al Ain all treat moderate-to-severe atopic dermatitis from topical regimens through systemic immunosuppressants and into the biologic era. Public sector dermatology under the Department of Health Abu Dhabi serves Emirati nationals through SKMC, Tawam, and the SEHA network. Dupixent (dupilumab) has been the most-prescribed biologic for atopic dermatitis in Abu Dhabi. Adbry (tralokinumab-ldrm) is the IL-13-selective alternative, registered with the Emirates Drug Establishment and increasingly part of the dermatologist's biologic shortlist. For an Abu Dhabi resident adult or adolescent (12+) with moderate-to-severe AD that has plateaued on topical prescription therapy, the operational question is which biologic fits the case, how the prescription is dispensed in-emirate, and how Thiqa or commercial insurance handles the multi-year treatment course.

This page explains how the pathway works in 2026 for an Abu Dhabi-resident patient.

Why Adbry, and why now

Adbry is tralokinumab-ldrm, a fully human IgG4 monoclonal antibody that selectively binds to and neutralises the IL-13 cytokine itself. Developed by LEO Pharma. Dupixent blocks the IL-4R α receptor and inhibits both IL-4 and IL-13 signalling; Adbry binds IL-13 directly and produces selective IL-13 blockade.

FDA approved Adbry for adults December 2021, expanded to adolescents 12-17 December 2023. Pivotal trials (ECZTRA 1, 2, 3, 6) showed EASI-75 response rates 25 to 56 percent at week 16.

For an Abu Dhabi patient who has cycled through topical corticosteroids, topical calcineurin inhibitors, perhaps short courses of oral cyclosporine, and possibly a dupilumab trial that did not achieve adequate response, Adbry is the IL-13-selective alternative.

What Adbry is, in plain language

Subcutaneous injection. No infusion centre, no inpatient stay. After initial training, the patient self-injects at home. Prefilled syringe 150 mg per millilitre.

Adult dosing: 600 mg loading at week 0, then 300 mg every 2 weeks. Patients under 100 kg achieving IGA 0 or 1 at week 16 may step down to 300 mg every 4 weeks. Adolescent (12-17): 300 mg loading, then 150 mg every 2 weeks.

Taken for as long as it controls the disease, typically years for responders.

Eligibility at an Abu Dhabi dermatologist's clinic

1. Confirmed moderate-to-severe AD (EASI 16+, IGA 3+, BSA 10%+, or DLQI elevation). 2. Documented prior topical prescription therapy failure or contraindication. 3. Age 12+, weight 40 kg+. 4. Screening for active infection, especially helminthic. 5. Tuberculosis screening per institutional standard. 6. Baseline ophthalmology assessment for patients with conjunctivitis history. 7. Vaccination status review; avoid live vaccines during treatment. 8. Pregnancy planning discussion for women of childbearing potential.

The Abu Dhabi prescribing and supply picture, plainly

Adbry is registered with the Emirates Drug Establishment. Commercial supply runs through LEO Pharma's regional distributor network. The pathway is:

1. **Prescribing dermatologist:** any board-certified Abu Dhabi dermatologist. Major Abu Dhabi dermatology services include Cleveland Clinic Abu Dhabi, Sheikh Shakhbout Medical City (MD Anderson affiliation), Burjeel Medical City, NMC Royal Hospital Khalifa City, Sheikh Khalifa Medical City, Tawam Hospital (Al Ain), and the major private dermatology clinics. Public sector dermatology under DoH Abu Dhabi serves Emirati nationals through the SEHA network. 2. **Pharmacy dispensing:** hospital pharmacy or community pharmacy with cold-chain refrigeration. Storage 2-8 degrees Celsius; up to 14 days at room temperature. 3. **Insurance pre-authorisation:** Thiqa coverage for Emirati nationals has historically extended to biologic AD therapy on a case-by-case basis with documented severity and prior-therapy failure. Daman, MetLife, Oman Insurance, AXA Gulf, Cigna, and other commercial insurers require similar documentation. Some require dupilumab trial-and-failure before approving tralokinumab. 4. **Self-injection training:** single supervised session at the prescribing dermatologist's clinic or a LEO nurse educator visit. 5. **Ongoing monitoring:** dermatology follow-up at weeks 4 and 16, then every 3-6 months.

The 2026 pathway, step by step

Week 0 to 1: Documentation pack with the treating dermatologist's office.

Week 1 to 4: Insurance pre-authorisation review.

Week 4 to 6: First dispensing. Loading dose 600 mg in clinic with self-injection training.

Ongoing: Self-injection every 2 weeks at home. Dermatology follow-up at weeks 4 and 16.

Week 16 onwards: Response assessment. Step-down to every-4-week dosing for responders under 100 kg with IGA 0 or 1.

Ongoing: Maintenance for as long as Adbry controls the disease.

Cost expectation in AED

US list price approximately USD 1,810.87 for a 2-syringe pack, USD 3,621.73 for a 4-syringe pack. Annual cost at list price approximately USD 25,700 to 35,000. At 2026 indicative cross rates, the AED-equivalent annual cost band is approximately AED 94,000 to 129,000 at list price.

For Emirati nationals with Thiqa coverage, the financial pre-authorisation conversation needs to start before the first dispensing. Daman and other commercial covers vary.

What to monitor

Conjunctivitis is the most common adverse event for Adbry. Less common: keratitis. Baseline ophthalmology for patients with prior conjunctivitis history.

Injection-site reactions are common and typically resolve.

Live vaccines should be avoided during treatment.

Long-term safety data is reassuring through years 3 to 4 of continuous use.

Religious, ethical, and family-logistics framing

Adbry is a recombinant IgG4 monoclonal antibody produced in CHO cell lines. No donor element, no human or animal source material, no foreign genetic content. The classical analogy to vaccines holds in Emirati Islamic medical ethics.

The self-injection element is the practical pressure point for some Abu Dhabi families. Patients uncomfortable with home injection can request clinic-administered dispensing.

For adolescent patients, parental involvement in the injection routine is typical and culturally expected.

The chronic-treatment nature means a years-long routine. Plan for cold-chain pharmacy access (Abu Dhabi community pharmacies handle this well), travel-friendly storage (14-day room-temperature window), and dermatology follow-up cadence.

When Adbry is not the right call

For an Abu Dhabi patient where biologic eligibility thresholds are not met, where helminthic screening is positive, or where insurance pre-authorisation requires dupilumab trial first:

- **Dupixent (dupilumab)**: most established MENA experience. - **Ebglyss (lebrikizumab)**: another IL-13 antagonist. - **Cibinqo (abrocitinib) and Rinvoq (upadacitinib)**: oral JAK1 inhibitors. - **Continued topical therapy with adjuncts**.

Reserve Meds does not push a default.

What Reserve Meds does on this case

We are a US-based concierge coordinator. We are not the prescriber and not the dispensing pharmacy. On an Abu Dhabi Adbry case we build the documentation pack with the treating dermatologist's office, run the insurance pre-authorisation conversation alongside the clinical pre-authorisation conversation, coordinate the cold-chain supply logistics, organise self-injection training and ophthalmology baseline if needed, and stay with the case through the first year of dosing. Clinical decisions remain with your treating dermatologist.

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.

reservemeds.com · hello@reservemeds.com