Adbry

Oman · access guide

How to access Adbry for moderate-to-severe atopic dermatitis from Oman: 2026 pathway via Oman dermatology and pharmacy supply

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

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Oman has a focused dermatology service footprint. Sultan Qaboos University Hospital (SQUH) dermatology, Royal Hospital Muscat dermatology, Oman Defence Force Hospital dermatology, Muscat Private Hospital, the Aster network, and private dermatology clinics across Manama and Riffa all treat moderate-to-severe atopic dermatitis from topical regimens through systemic immunosuppressants and into the biologic era. Dupixent (dupilumab) has been the most-prescribed biologic for atopic dermatitis in Oman. Adbry (tralokinumab-ldrm) is the IL-13-selective alternative, subject to DGPADC registration pathways and increasingly part of the dermatologist's biologic shortlist where commercial supply is available. For a Oman-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, whether the prescription can be dispensed in-country or requires cross-border supply, and how insurance and out-of-pocket exposure work for the multi-year treatment course. The DGPADC Gene Therapy and Advanced Therapy Medicinal Products regulatory framework (2019) governs the registration pathway for biologics.

This page explains how the pathway works in 2026 for a Oman-resident patient: who qualifies, where the prescribing dermatologist conversation happens, how Adbry is dispensed and stored (locally or via cross-border named-patient pathway), what the loading-to-maintenance dosing schedule looks like, what the realistic out-of-pocket exposure band is in OMR, what to monitor, and how the longer-term treatment course fits into a Omani family's life.

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. The mechanism distinguishes Adbry from Dupixent: Dupixent blocks the IL-4Rα 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. EMA approved Adtralza (EU brand) June 2021. Pivotal trials (ECZTRA 1, 2, 3, 6) showed EASI-75 response rates 25 to 56 percent at week 16. Long-term extension data shows maintained response through week 52.

For a Omani 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 a Oman 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.

A Omani patient should arrive with current EASI, IGA, BSA, and DLQI scores, photographs, complete topical-therapy history, prior systemic-therapy history, and insurance documentation.

The Oman prescribing and supply picture, plainly

Adbry availability in Oman depends on DGPADC registration status at the point of prescription. The DGPADC Gene Therapy and Advanced Therapy Medicinal Products regulatory framework (2019) governs the pathway. Where Adbry is registered and commercially supplied through LEO Pharma's regional distributor network, in-country dispensing applies. Where the indication or formulation extension has not yet been registered locally, a named-patient pathway can apply for documented physician-initiated prescriptions referencing an FDA, EMA, or MHRA approved indication.

1. **Prescribing dermatologist**: any board-certified Omani dermatologist. Major Omani dermatology services include Sultan Qaboos University Hospital (SQUH), Royal Hospital Muscat, Oman Defence Force Hospital, Muscat Private Hospital, the Aster network, and private clinics across Manama and Riffa. 2. **Pharmacy dispensing**: hospital pharmacy for inpatient/specialty outpatient; community pharmacy with cold-chain refrigeration for ongoing maintenance. Storage 2-8 degrees Celsius; up to 14 days at room temperature. For named-patient supply, cross-border procurement from KSA or UAE distributors may apply. 3. **Insurance pre-authorisation**: for Omani nationals, MoH cover for advanced therapies has historically extended on a case-by-case basis. Commercial cover (AXA Gulf, Oman National Insurance, GIG Oman, the regional Bupa product) varies. 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. Ophthalmology if conjunctivitis develops.

The 2026 pathway, step by step

Week 0 to 1: Documentation pack with the treating dermatologist's office, including DGPADC registration confirmation for Adbry at the point of prescription.

Week 1 to 4: Insurance pre-authorisation review.

Week 4 to 6: First dispensing (in-country if registered, or via named-patient cross-border supply). 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. Switch consideration for non-responders.

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

Cost expectation in OMR

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 OMR-equivalent annual cost band is approximately OMR 9,700 to 13,200 at list price.

For Omani nationals, MoH cover for advanced therapies has historically extended on a case-by-case basis. Commercial cover varies; the prescribing dermatologist's office is the gating step. Cross-border named-patient supply adds modest overhead for cold-chain procurement.

What to monitor

Conjunctivitis is the most common adverse event for Adbry, generally mild to moderate. Less common: keratitis. Baseline ophthalmology assessment 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 from open-label extension 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 Omani Islamic medical ethics, where biologics are generally treated as permissive.

The self-injection element is the practical pressure point for some Omani 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. Omani family logistics should plan for cold-chain pharmacy access (most Omani community pharmacies handle this), travel-friendly storage (14-day room-temperature window), and dermatology follow-up cadence.

When Adbry is not the right call

For a Omani 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. The page describes the Adbry pathway because Adbry is the biologic the patient has asked about.

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 a Omani Adbry case we build the documentation pack with the treating dermatologist's office, confirm DGPADC registration status and the appropriate dispensing pathway (in-country versus cross-border named-patient), run the insurance pre-authorisation conversation alongside the clinical pre-authorisation conversation, coordinate the cold-chain supply logistics, organise se

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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