Adbry

Saudi Arabia · access guide

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

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

Saudi Arabia has one of the largest dermatology service networks in the region. King Faisal Specialist Hospital and Research Centre dermatology, King Abdulaziz Medical City dermatology under National Guard Health Affairs, the Saudi German Hospitals network, Dr Sulaiman Al Habib Medical Group, Magrabi Dermatology, Bupa Arabia network providers, and the major MoH tertiary dermatology services all run programmes that 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 KSA for several years. Adbry (tralokinumab-ldrm) is the IL-13-selective alternative, registered with the Saudi SFDA and increasingly part of the dermatologist's biologic shortlist. For a KSA-resident adult or adolescent (12+) with moderate-to-severe AD that has plateaued on topical prescription therapy, the operational question is no longer whether IL-13-targeted biologic therapy is reachable: it is which biologic fits the case, how the prescription is dispensed in-country, what SFDA registration status applies, and how insurance and out-of-pocket exposure work for the multi-year treatment course.

This page explains how the pathway works in 2026 for a KSA-resident patient: who qualifies, where the prescribing dermatologist conversation happens, how Adbry is dispensed and stored, what the loading-to-maintenance dosing schedule looks like, what the realistic out-of-pocket exposure band is in SAR, what to monitor (conjunctivitis being the notable adverse event class), and how the longer-term treatment course fits into a Saudi 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 is what distinguishes Adbry from Dupixent: Dupixent blocks the IL-4Rα receptor and therefore inhibits both IL-4 and IL-13 signalling; Adbry binds the IL-13 cytokine directly and produces a more selective IL-13 blockade. For patients whose AD biology is IL-13-dominant, this selectivity can translate into comparable efficacy with a different side-effect profile.

The FDA approved Adbry for adults in December 2021 and expanded to adolescents 12 to 17 in December 2023. The EMA approved Adtralza (EU brand) in June 2021 with similar adolescent expansion in 2024. The pivotal trials (ECZTRA 1, 2, 3, and 6) demonstrated EASI-75 response rates around 25 to 56 percent at week 16. Long-term extension data shows maintained response through week 52 with every-2-week or every-4-week dosing.

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

What Adbry is, in plain language

Adbry is a subcutaneous injection. There is no infusion centre, no inpatient stay, no specialty-centre referral required. After an initial training session with the prescribing dermatologist or a LEO nurse educator, the patient self-injects at home. The injection device is a prefilled syringe of 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 to 17): 300 mg loading, then 150 mg every 2 weeks.

This is not a short-course therapy. Adbry is taken for as long as it controls the disease, typically years for responders.

Eligibility at a KSA dermatologist's clinic

For Saudi-resident patients, the dermatology services apply the FDA, EMA, and SFDA criteria with local insurance adaptation:

1. Confirmed diagnosis of moderate-to-severe atopic dermatitis (EASI 16 or greater, IGA 3 or greater, BSA involvement 10 percent or greater, or DLQI elevation). 2. Documented prior trial of topical prescription therapy that failed or is not advisable. 3. Age 12 or older and weight at least 40 kg. 4. Screening for active infection, especially helminthic parasitic infection. Relevant for patients from helminth-endemic regions. 5. Tuberculosis screening per institutional standard. 6. Baseline ophthalmology assessment for patients with prior conjunctivitis history. 7. Vaccination status review. Live vaccines should be avoided during treatment. 8. Pregnancy planning discussion for women of childbearing potential.

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

The KSA prescribing and supply picture, plainly

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

1. **Prescribing dermatologist**: any board-certified Saudi dermatologist treating moderate-to-severe AD. Major Saudi private dermatology services include KFSHRC dermatology, KAMC dermatology, Saudi German Hospitals (Riyadh, Jeddah, Madinah, Asir, Dammam), Dr Sulaiman Al Habib Medical Group (multiple cities), Magrabi Dermatology, the Bupa Arabia provider network. Public sector dermatology at MoH tertiary centres handles the same role for nationals. 2. **Pharmacy dispensing**: hospital pharmacy if prescribed in specialty outpatient settings; community pharmacy with cold-chain refrigeration for ongoing maintenance. Adbry must be stored at 2 to 8 degrees Celsius; up to 14 days at room temperature before use. 3. **Insurance pre-authorisation**: for Saudi nationals, MoH or military hospital cover may apply depending on referral. Bupa Arabia, Tawuniya, MedGulf, and other commercial insurers require documented severity and prior-therapy failure. 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 to 6 months. Ophthalmology review if conjunctivitis develops.

The 2026 pathway, step by step

Week 0 to 1: Reserve Meds builds the documentation pack with the treating dermatologist's office.

Week 1 to 4: Insurance preauthorisation review. Most Saudi commercial insurers turn this around within 2 to 4 weeks.

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

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

Week 16 onwards: Response assessment. Step-down to every-4-week dosing for responders under 100 kg with IGA 0 or 1. Continued every-2-week for partial responders. Switch consideration for non-responders.

Ongoing: Maintenance dosing for as long as Adbry controls the disease. Annual minimum dermatology review; quarterly typical.

Cost expectation in SAR

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 SAR-equivalent annual cost band is approximately SAR 96,000 to 131,000 at list price.

For Saudi nationals with MoH or military hospital cover, in-country cover for SFDA-registered biologics has historically extended on a case-by-case basis. Commercial cover (Bupa Arabia, Tawuniya, MedGulf, others) varies; the prescribing dermatologist's office initiates pre-authorisation.

What to monitor

Conjunctivitis is the most common adverse event for Adbry, generally mild to moderate and responsive to topical treatment. Less common: keratitis. Patients with prior conjunctivitis history may benefit from baseline ophthalmology assessment.

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 Saudi Islamic medical ethics, where biologics are generally treated as permissive.

The self-injection element is the practical pressure point for some Saudi families. Patients uncomfortable with home injection can request clinic-administered dispensing. Most Saudi patients are comfortable after the initial training.

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

The chronic-treatment nature means a years-long routine. Saudi family logistics should plan for cold-chain pharmacy access, travel-friendly storage (14-day room-temperature window), and dermatology follow-up cadence.

When Adbry is not the right call

For a Saudi patient whose AD severity does not meet biologic eligibility thresholds, where helminthic infection 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 with boxed warning class. - **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 Saudi 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.

Composite case examples. This document is for general information only and does not constitute medical advice. Please consult your treating physician.
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