

## Aimovig

Abu Dhabi · access guide

# How to access Aimovig for migraine prevention from Abu Dhabi: 2026 pathway via Abu Dhabi neurology and pharmacy supply

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

Abu Dhabi runs one of the deepest neurology service footprints in the UAE. Cleveland Clinic Abu Dhabi (neurology institute), Sheikh Khalifa Medical City (SKMC), Sheikh Shakhbout Medical City (SSMC), Burjeel Medical City, NMC Royal Hospital, and Mediclinic Airport Road all run neurology services that treat migraine from acute attacks through conventional oral preventives and into the calcitonin gene-related peptide (CGRP) era. Aimovig (erenumab-aooe) was the first CGRP-receptor antagonist approved by the FDA, in May 2018, and is registered with the federal UAE Emirates Drug Establishment, with Abu Dhabi-emirate dispensing coordinated through the Department of Health Abu Dhabi (DoH). For an Abu Dhabi-resident adult with at least 4 migraine days per month who has tried and failed two or more conventional oral preventives, the operational question is which CGRP agent fits the case, how the prescription is dispensed, what insurance will cover (Thiqa for Emirati nationals, Daman and the major commercial covers for residents), and how the patient handles the monthly self-injection routine.

This page explains the 2026 pathway for an Abu Dhabi-resident patient: who qualifies, where the prescribing neurologist conversation happens, how Aimovig is dispensed and stored, what the monthly dosing schedule looks like, what the realistic out-of-pocket exposure band is in AED, what to monitor, and how the longer-term treatment course fits into an Abu Dhabi patient's life.

## Why Aimovig, and why now

Aimovig is erenumab-aooe, a humanised IgG2 monoclonal antibody that binds and blocks the CGRP receptor. It is the only first-in-class CGRP-receptor mAb; the anti-ligand mAbs (Ajovy, Emgality, Vyepti) bind the CGRP ligand, and the gepants (Qulipta, Nurtec, Ubrovelvy) are small-molecule oral antagonists.

FDA approved May 2018; EMA July 2018. Pivotal trials (STRIVE, ARISE, the chronic-migraine programme, LIBERTY in refractory patients) showed meaningful reduction in monthly migraine days versus placebo, with 50% response rates of 40 to 50 percent in episodic migraine.

For an Abu Dhabi patient who has cycled through topiramate, propranolol, amitriptyline, candesartan, flunarizine, or valproate, Aimovig is the operational pathway to a once-monthly mechanism-targeted preventive.

## What Aimovig is, in plain language

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Subcutaneous injection. No infusion centre, no inpatient stay. After initial training, the patient self-injects at home. SureClick autoinjector or prefilled syringe.

Standard adult dose: 70 mg subcutaneous monthly. May increase to 140 mg monthly. Injection sites: abdomen, thigh, outer upper arm; rotate between doses.

Taken for as long as it controls the migraine burden. Response assessed at 3 months.

## Eligibility at an Abu Dhabi neurologist's clinic

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1. Confirmed migraine (episodic or chronic) per ICHD-3 criteria. Headache diary as supporting documentation. 2. At least 4 migraine days/month documented. 3. Trial and failure of at least 2 conventional oral preventives. 4. Screening for medication overuse headache. 5. Screening for secondary headache causes. 6. Cardiovascular history review; baseline blood pressure. 7. Constipation history review. 8. Pregnancy planning discussion for women of childbearing potential.

An Abu Dhabi patient should arrive with current preventive-medication history, headache diary, acute-medication patterns, and insurance documentation.

## The Abu Dhabi prescribing and supply picture, plainly

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Aimovig is registered with the federal UAE Emirates Drug Establishment. Abu Dhabi-emirate dispensing is coordinated through DoH. Commercial supply runs through Novartis's MENA regional distributor network. The pathway is:

1. **Prescribing neurologist with migraine/headache expertise:** any board-certified Abu Dhabi neurologist. Major Abu Dhabi neurology services include Cleveland Clinic Abu Dhabi (neurology institute), SKMC, SSMC, Burjeel Medical City, NMC Royal Hospital, and Mediclinic Airport Road. Public sector neurology at SKMC, Tawam, and Mafraq Hospital handles the same role for Emirati nationals. 2. **Pharmacy dispensing:** hospital pharmacy for inpatient/specialty outpatient; community pharmacy with cold-chain refrigeration for ongoing monthly dispensing. Storage 2-8 degrees Celsius; up to 7 days at room temperature (up to 25 C) before use. 3. **Insurance pre-authorisation:** Thiqa coverage for Emirati nationals has extended to CGRP preventive therapy on documented prior-preventive failure plus migraine-day threshold. Daman, AXA Gulf, NEXtCARE, MSH, Bupa Global, and Allianz Care for commercial cover. 4. **Self-injection training:** single supervised session at the prescribing neurologist's clinic or a Novartis nurse educator visit. 5. **Ongoing monitoring:** neurology follow-up at 3 months for response assessment, then every 6 months. Blood pressure and constipation review at each follow-up.

## The 2026 pathway, step by step

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Week 0 to 1: Documentation pack with the treating neurologist's office. Insurance or Thiqa pre-authorisation submitted.

Week 1 to 4: Pre-authorisation review.

Week 4 to 6: First dispensing. First dose 70 mg with self-injection training.

Month 1 to 3: Monthly self-injection at home.

Month 3: Response assessment. Continue at 70 mg, step up to 140 mg, or switch class.

Month 3 onwards: Maintenance dosing. Neurology follow-up every 6 months.

## Cost expectation in AED

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US list price (WAC) approximately USD 6,900 to 7,500 per year. MENA cash-pay retail commonly USD 400 to 700 per month, annual USD 4,800 to 8,400.

At the AED-USD peg of 3.67, the AED-equivalent annual cost band is approximately AED 18,000 to 31,000 at cash-pay retail. For Emirati nationals with Thiqa coverage, the financial pre-authorisation conversation needs to start before the first dispensing.

## What to monitor

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Constipation is the notable signal. Rate higher at 140 mg than 70 mg. Most cases mild to moderate; dietary modification and standard laxatives. Serious constipation requiring hospitalisation has been reported and is a discontinuation indication.

Hypertension. Baseline blood pressure before initiation; ongoing monitoring.

Injection-site reactions are common and typically resolve.

Hypersensitivity is a discontinuation indication.

Live vaccines: no specific restriction.

Long-term safety data through 5+ years is reassuring.

## Religious, ethical, and family-logistics framing

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Aimovig is a recombinant humanised IgG2 monoclonal antibody produced in CHO cell lines. No donor element, no human or animal source material. The classical analogy to vaccines holds in Emirati Islamic medical ethics.

The self-injection element is operationally simple for most patients. The chronic-treatment nature means a years-long routine; plan for cold-chain pharmacy access, travel-friendly storage (7-day window), and neurology follow-up cadence.

Constipation deserves cultural sensitivity. Frank reporting matters; silent tolerance is not the right pattern.

## When Aimovig is not the right call

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For an Abu Dhabi patient where biologic preventive thresholds are not met, where conventional preventives control the disease, where medication overuse headache is the dominant driver, or where insurance requires specific oral preventive trials:

- **Ajovy, Emgality, Vyepti**: anti-CGRP-ligand mAbs. - **Qulipta, Nurtec ODT**: oral gepants for prevention. - **Conventional oral preventives**. - **Botox** with PREEMPT for chronic migraine. - **Behavioural and non-pharmacological adjuncts**.

Reserve Meds does not push a default.

## What Reserve Meds does on this case

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

### *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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### **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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