

Aimovig

Dubai · access guide

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

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

Dubai runs one of the most active neurology service footprints in the wider GCC region. American Hospital Dubai (neurology under the broader specialty service line), Mediclinic City Hospital and Mediclinic Parkview, King's College Hospital London Dubai, Saudi German Hospital Dubai, the Dr Sulaiman Al Habib network in Dubai, Aster Hospitals, and NMC Specialty Hospital 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 Dubai-emirate dispensing coordinated through the Dubai Health Authority Pharmaceutical Affairs Department. For a Dubai-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, and how the patient handles the monthly self-injection routine.

This page explains the 2026 pathway for a Dubai-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 a Dubai 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 a Dubai 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

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 a Dubai neurologist's clinic

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.

A Dubai patient should arrive with current preventive-medication history, headache diary, acute-medication patterns, and insurance documentation.

The Dubai prescribing and supply picture, plainly

Aimovig is registered with the federal UAE Emirates Drug Establishment. Dubai-emirate dispensing is coordinated through the Dubai Health Authority Pharmaceutical Affairs Department. Commercial supply runs through Novartis's MENA regional distributor network. The pathway is:

1. **Prescribing neurologist with migraine/headache expertise:** any board-certified Dubai neurologist. Major Dubai neurology services include American Hospital Dubai, Mediclinic City and Parkview, King's College Hospital London Dubai, Saudi German Hospital Dubai, the Dr Sulaiman Al Habib network, Aster Hospitals, and NMC Specialty Hospital. DHA-employed neurology at Rashid Hospital and Latifa Hospital handles the same role for Emirati nationals and DHA-covered residents. 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:** DHA-regulated employer plans for Dubai-resident expatriates; Daman, AXA Gulf, NEXtCARE, MSH, Bupa Global, Allianz Care for commercial cover. CGRP preventive therapy is approved on documented prior-preventive failure plus migraine-day threshold. The most common pre-authorisation friction point is documentation of 2 prior preventive failures. 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

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

Week 1 to 4: Insurance 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. Cold-chain delivery coordinated.

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

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. Insurance pre-authorisation reduces out-of-pocket exposure substantially for covered patients.

What to monitor

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

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

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

For a Dubai 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

We are a US-based concierge coordinator. We are not the prescriber and not the dispensing pharmacy. On a Dubai Aimovig case we build the documentation pack with the treating neurologist'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 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.

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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