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Aimovig access in Egypt: the EDA named-patient pathway

How patients in Egypt obtain US-sourced Aimovig (erenumab-aooe) for migraine prevention when the CGRP-receptor monoclonal antibody is not on local stocking shelves, with 2024 hypertension and Raynaud's safety updates surfaced for the destination neurologist.

Last reviewed 2026-05-12 by Reserve Meds clinical and regulatory team.

Quick orientation

Aimovig (erenumab-aooe) is a fully human IgG2 monoclonal antibody that binds the calcitonin gene-related peptide (CGRP) receptor. It is the only CGRP-pathway monoclonal antibody that targets the receptor itself; the other three class members (fremanezumab, galcanezumab, eptinezumab) bind the CGRP ligand. The FDA approved Aimovig on 17 May 2018 for the preventive treatment of migraine in adults, the first CGRP-pathway monoclonal antibody to reach the US market. Across Egypt, CGRP monoclonal antibody access is limited, with inconsistent local stocking and payer denial common for the class. The FDA updated the Aimovig label in August 2024 to add warnings for hypertension and Raynaud's phenomenon, and that updated safety context travels with every Egypt case Reserve Meds coordinates. Reserved for you.

Why patients in Egypt need Aimovig via NPP

Egypt has a meaningful adult neurology population managed across the Cairo, Alexandria, and Giza tertiary-care network. Chronic and episodic migraine affect a substantial share of the productive-age population, and the introduction of CGRP-pathway monoclonal antibodies starting with Aimovig in 2018 shifted the preventive landscape from older oral agents (topiramate, propranolol, amitriptyline, candesartan) toward a targeted mechanism. CGRP monoclonal antibody access in Egypt is, however, limited: registration is intermittent across the class through local Novartis affiliates, hospital and pharmacy stocking is inconsistent, and local insurers in MENA frequently deny the class on cost grounds, requiring patients to fail multiple older oral preventives first.

Aimovig sits in the country module's first and second structural access gaps depending on the case: registered but not stocked through local Novartis affiliates, or in some cases not registered locally at all in Egypt with active personal-importation activity instead. Four patterns drive Aimovig demand. First, episodic shortages at the local distributor; a patient cannot wait a quarter for a monthly preventive to come back in stock. Second, payer denial or step-therapy requirements that have already been worked through with older oral preventives, and the family elects to pay out of pocket rather than wait through the appeal cycle. Third, dose presentation, where only one strength is locally stocked and a patient titrated to the 140 mg monthly dose cannot source that specific autoinjector. Fourth, physician preference, particularly where a neurologist trained in the US or Europe wants to keep a patient on the specific CGRP monoclonal antibody (Aimovig) that produced a prior response, rather than switch within the class.

The EDA named-patient pathway for Aimovig

The Egyptian Drug Authority (EDA) was created by Law No. 151 of 2019, issued 25 August 2019 in the Official Gazette No. 34 bis (A), with executive regulations issued by Prime Minister Decision No. 777 of 2020 on 29 March 2020. EDA permits the importation of medicines for a specific patient under defined conditions, including where no equivalent registered product is available locally or where the available quantity cannot meet the patient's clinical need. Aimovig qualifies on the basis of FDA approval (2018), EMA approval (26 July 2018), MHRA, Health Canada (1 August 2018), TGA Australia (2 July 2018), and PMDA Japan (2021). The application is filed through the dispensing institution's import pharmacy.

For Aimovig specifically, the clinical justification angle in the EDA application anchors on prior-line failure documentation across older oral migraine preventives. The letter documents the migraine diagnosis (episodic migraine with fewer than 15 headache days per month, or chronic migraine with 15 or more headache days per month with at least 8 having migraine features), monthly migraine days at baseline and the impact on functional status (MIDAS, HIT-6, or comparable disability scales), the prior-therapy history (topiramate dose and tolerability, propranolol or other beta-blocker, amitriptyline or other tricyclic, candesartan where applicable, onabotulinumtoxinA for chronic migraine where applicable), the reasons each prior preventive was discontinued (efficacy, tolerability, contraindication), and the rationale for CGRP-receptor antagonism as the targeted next step. The 2024 FDA label updates for hypertension and Raynaud's phenomenon are acknowledged in the safety plan with the patient's baseline blood pressure and any history of cold-induced vasospasm documented.

A complete application includes the clinical justification letter on hospital letterhead with the physician's stamp, the prescription specifying brand name (Aimovig), generic name (erenumab-aooe), strength (70 mg/mL or 140 mg/mL), dosage form (single-dose prefilled SureClick autoinjector or prefilled syringe, subcutaneous injection), and quantity required (typically a 3-month supply at monthly dosing). The package requires a copy of the patient national ID or passport, the treating neurologist's Egyptian Medical Syndicate (EMS) membership number and Ministry of Health licence reference, full product details including manufacturer (Amgen, BLA holder, with Novartis co-commercialisation rights ex-US), country of origin, FDA approval reference (BLA 761077, May 2018), shelf life and storage at 2 to 8 degrees Celsius with the 7-day room-temperature excursion budget noted, the destination dispensing facility licence, and a chain-of-custody plan for cold-chain handling through Cairo International Airport. The 7-day excursion budget is genuinely useful in the EDA cycle because it tolerates customs holds and last-mile transit in hot-climate corridors better than products without an excursion allowance. Routine EDA personal-import authorisations for well-documented neurology cases are typically processed in a 3 to 6 week window.

Where Aimovig gets dispensed in Egypt

Aimovig is a refrigerated biologic that does not require infusion-suite administration. The patient self-administers subcutaneously after a brief device-handling demonstration, typically into the abdomen, thigh, or upper arm. The dispensing facility list narrows from the full Egyptian specialty hospital network to those institutions with validated 2 to 8 degree Celsius pharmacy storage and a training capacity for self-injection biologics. In practice this includes Cairo University Hospitals (Kasr Al Ainy) with its Drug Information Center and neurology service lines, Ain Shams University Hospitals with strong neurology and headache clinic programs, Dar Al Fouad Hospital (Alameda Healthcare Group, JCI-accredited, Cleveland Clinic cooperation since

1999) with its neuroscience services, As-Salam International Hospital, and the Cleopatra Hospitals Group's neurology service lines across multiple Cairo facilities.

For a resident outside Cairo, Giza, or Alexandria, the standard route is co-management with one of these centres or a Cairo-based licensed specialty importer that handles the EDA filing, customs clearance at Cairo International Airport, and final delivery to a licensed dispensing facility. The patient collects the autoinjector and receives device-handling training at that pharmacy or through a clinic visit. The 30-minute pre-injection room-temperature warming step (to reduce stinging) is communicated to the patient in the training session.

Real cost picture for Aimovig in Egypt

Reserve Meds quotes patients in USD and accepts USD wire transfers. US WAC for Aimovig is approximately USD 767 per single-dose autoinjector at either the 70 mg/mL or 140 mg/mL strength, per Amgen's 2025 published list pricing. The annual US list price for monthly dosing is approximately USD 6,900 per year. The EGP has lost more than 70 percent of its value against the US dollar since early 2022, with the USD/EGP rate near 52 to 53 in May 2026; quoting in USD insulates the patient from intra-case currency drift.

The all-in delivered-to-Egypt cost includes the US drug acquisition at WAC plus margin, cold-chain international logistics from a US specialty distributor to Cairo International Airport in the USD 400 to 1,500 range per shipment, regulatory documentation handling fees on the Egyptian side, and the Reserve Meds coordination fee itemised on the firm quote. Three- and six-month supply windows reduce per-month logistics overhead and align with the 3-month and 3-to-6-month neurology efficacy reassessment intervals. The 7-day room-temperature excursion budget on the Aimovig label provides operational buffer during transit and last-mile delivery in hot-climate corridors.

On the insurance side, Bupa Egypt, AXA Egypt, MetLife Egypt, Allianz Egypt, Misr Insurance, MedGulf Egypt, Orient Takaful, and Royal Insurance each assess CGRP monoclonal antibody named-patient imports case by case. Many plans require step therapy through older oral preventives before considering CGRP-class coverage, and pre-authorization is universally required where any coverage path exists. UHIA coverage under Law No. 2 of 2018 does not generally extend to specialty imports. Cash-pay is the dominant posture; many Egyptian families coordinate USD funds via relatives in the Gulf, the UK, or the US.

Typical timeline for Aimovig in Egypt

From waitlist submission to first autoinjector in hand, the typical Aimovig case in Egypt runs as follows. Reserve Meds confirms eligibility within 24 to 48 hours and sends a documentation kit to the treating neurologist, with Arabic-language patient-facing summaries where the family requests them. The dispensing facility files the EDA personal-import application, which clears in 3 to 6 weeks for well-documented cases. In parallel, Reserve Meds aligns US-side specialty pharmacy sourcing and the cold-chain shipment plan. Once EDA authorisation is issued, US release and cold-chain transit to Cairo International Airport add 5 to 10 business days, with the 7-day room-temperature excursion budget providing a real operational buffer through customs and last-mile handoff. The full cycle for an initial 90-day supply is typically 5 to 9 weeks. Re-supply on a chronic-therapy cadence aligns with neurology efficacy reassessment at 3 months and 3 to 6 months. Some guidelines recommend a treatment holiday after 12 months of sustained response.

What your physician needs to provide

The clinical justification letter is the cornerstone of the EDA Aimovig package. The letter, on the prescribing institution's letterhead and signed and stamped by an EMS-registered Egyptian neurologist with an active Ministry of Health licence, typically includes: diagnosis (episodic or chronic migraine, with monthly migraine days), the prior-therapy history (at least two and ideally three older oral preventives tried, with dose, duration, and reason for discontinuation), the rationale for CGRP-receptor antagonism specifically (versus a CGRP ligand antibody such as fremanezumab, galcanezumab, or eptinezumab; versus oral gepants such as rimegepant or atogepant for prevention), the proposed dosing plan (70 mg monthly starting dose with titration to 140 mg monthly if needed), the response-assessment plan at 3 months and 3 to 6 months, and the device-handling training plan for self-administration.

The 2024 FDA label updates are captured in the safety plan: hypertension (new-onset or worsening of pre-existing hypertension, most commonly reported within 7 days of the first dose; baseline blood pressure documented, with closer monitoring in patients with uncontrolled pre-existing hypertension); Raynaud's phenomenon (history of cold-induced vasospasm documented if relevant); hypersensitivity reactions (rash, angioedema reported in post-marketing); and constipation (patients with constipation-prone GI histories counselled). Reserve Meds surfaces the August 2024 label updates explicitly in the patient-facing case summary so the destination neurologist has the current safety context. The physician confirms their EMS membership and MoH licence are in active standing at the time of filing.

Common questions about Aimovig in Egypt

Will Bupa Egypt, AXA Egypt, MetLife, Allianz, or Misr Insurance cover Aimovig?

Each insurer assesses CGRP monoclonal antibody named-patient imports case by case, and step-therapy requirements through older oral preventives are common. Some plans reimburse a percentage after documented failure on at least two prior preventives; many require pre-authorization. We do not promise coverage. We supply the documentation set; the claim sits with you or your hospital.

What is the safety profile and what changed in 2024?

The most common adverse reactions in clinical trials were injection site reactions and constipation. Post-marketing surveillance led to FDA label updates in August 2024 adding warnings for hypertension (new-onset or worsening of pre-existing hypertension, most commonly reported within 7 days of the first dose) and Raynaud's phenomenon. Hypersensitivity reactions, including rash and angioedema, have also been reported. Blood pressure should be monitored before initiation and during therapy, particularly after the first dose.

Are other CGRP antibodies or oral gepants an alternative?

Yes. The CGRP-pathway monoclonal antibody class includes Ajovy (fremanezumab, Teva), Emgality (galcanezumab, Eli Lilly), and Vypti (eptinezumab, Lundbeck). Aimovig is the only CGRP-receptor antibody; the other three bind the CGRP ligand. Oral CGRP receptor antagonists (gepants) such as Nurtec ODT (rimegepant) and Qulipta (atogepant) are also available for prevention. The clinical decision rests with the treating neurologist. Patients who responded to Aimovig in a prior course often prefer to continue on Aimovig rather than switch within the class.

What is the typical course duration?

Therapy is open-ended. Most clinicians reassess at 3 months and again at 6 months; patients who are responding (typically defined as 50 percent or greater reduction in monthly migraine days) continue. Some guidelines recommend a treatment holiday after 12 months of sustained response to assess whether prevention is still needed.

Can it be used during pregnancy?

Human data are limited. The manufacturer maintains a pregnancy exposure registry. Decisions about use in pregnancy require a treating-physician discussion of risk and benefit, and Egyptian Pharmacovigilance Center (EPVC) reporting obligations apply.

How does the 7-day room-temperature excursion affect shipping to Egypt?

The Aimovig label permits a single excursion of up to 7 days at room temperature (up to 25 degrees Celsius), after which the product must be used or discarded; it cannot be returned to refrigeration once warmed. This budget tolerates customs holds and last-mile transit in hot-climate corridors better than products without an excursion allowance, though Reserve Meds still routes via validated cold-chain packout with continuous temperature monitoring.

Where Reserve Meds fits in Aimovig cases

Reserve Meds is a US-based concierge coordinator. We do not replace the treating neurologist, do not replace EDA, do not replace the Egyptian dispensing pharmacy, and do not act as an importer of record in Egypt. What we do is orchestrate US-side specialty pharmacy sourcing of Amgen-manufactured Aimovig with DSCSA chain-of-custody documentation, prepare the regulatory documentation kit the treating neurologist needs for the EDA filing, coordinate validated 2 to 8 degree Celsius cold-chain international logistics to Cairo International Airport with the 7-day room-temperature excursion budget providing operational buffer, surface the August 2024 hypertension and Raynaud's label updates explicitly in the patient-facing case summary, and run a single named coordinator throughout your case in both English and Arabic. The local EDA filing, customs clearance, and final dispensing all remain with the licensed Egyptian dispensing facility. No prior Reserve Meds case experience with Aimovig specifically at the time of this page; standard NPP coordination applies, and the chronic-therapy monthly cadence aligns naturally with quarterly re-supply windows.

Next step

If the neurologist has recommended Aimovig and the Egyptian pharmacy supply, dose presentation, or insurance step-therapy posture does not align with the prescription, the waitlist is the first step. We confirm eligibility within 24 to 48 hours and send the physician documentation kit, with Arabic-language patient summaries where the family requests them.

Reserved for you.

This guide is informational, not medical or legal advice. The EDA personal-importation framework requires a licensed Egyptian physician's clinical judgment; Reserve Meds is the coordinator, not the prescriber.