

## Aimovig

Oman · access guide

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

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

Oman has a focused neurology service footprint. Sultan Qaboos University Hospital (SQUH) (KHUH) neurology, Royal Hospital Muscat neurology, Royal Oman Police Hospital neurology, Muscat Private Hospital, the Aster network, and DGPADC-licensed private clinics across Manama and Riffa all treat migraine from acute attacks through conventional oral preventives and into the calcitonin gene-related peptide (CGRP) era. Aimovig (erenumab-aooe) is the first CGRP-receptor antagonist approved by the FDA, in May 2018, with registration subject to the DGPADC pathway. For a Oman-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, 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.

This page explains the 2026 pathway for a Oman-resident patient: who qualifies, where the prescribing neurologist conversation happens, how Aimovig is dispensed and stored (locally or via cross-border supply where applicable), what the monthly 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 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 Omani 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 a Oman 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.

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

## The Oman prescribing and supply picture, plainly

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Aimovig availability in Oman depends on DGPADC registration status at the point of prescription. Where Aimovig is registered and commercially supplied through Novartis'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 FDA, EMA, or MHRA approved indications.

1. **Prescribing neurologist with migraine/headache expertise:** any board-certified Omani neurologist. Major Omani neurology services include Sultan Qaboos University Hospital (SQUH), Royal Hospital Muscat, Royal Oman Police Hospital, Muscat Private Hospital, the Aster network, and DGPADC-licensed private clinics across Manama and Riffa. 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). For named-patient supply, cross-border procurement from KSA or UAE distributors may apply. 3. **Insurance pre-authorisation:** Omani nationals on MoH cover for advanced therapies on a case-by-case basis. Commercial cover (AXA Gulf, Oman National Insurance, GIG Oman, the regional Bupa product) varies. Documentation of 2 prior preventive failures is the most common pre-authorisation requirement. 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, including DGPADC registration confirmation for Aimovig 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). First dose 70 mg with self-injection training.

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

Month 3: Response assessment. Step up to 140 mg or switch class for non-responders.

Ongoing: Maintenance for as long as Aimovig controls the migraine burden.

## **Cost expectation in OMR**

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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 2026 indicative cross rates, the OMR-equivalent annual cost band is approximately OMR 1,800 to 3,200 at cash-pay retail. For Omani nationals, MoH cover for advanced therapies has historically extended on a case-by-case basis. Commercial cover varies. Cross-border named-patient supply, where applicable, adds modest overhead for cold-chain procurement.

## **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 Omani 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 a Omani 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 a Omani Aimovig case we build the documentation pack with the treating neurologist'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 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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