Aimovig access in Saudi Arabia: the SFDA named-patient pathway

How patients in the Kingdom of Saudi Arabia obtain US-sourced Aimovig (erenumab-aooe) for migraine prevention when the local pharmacy is out of stock, the payer denies coverage, or the neurologist wants to keep the patient on the CGRP-receptor antibody that produced a response.

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Quick orientation

Aimovig (erenumab-aooe) is a fully human IgG2 monoclonal antibody that binds the calcitonin gene-related peptide (CGRP) receptor, the only CGRP-receptor antibody on the market (the other three CGRP-pathway antibodies bind the CGRP ligand instead). It is FDA-approved for the preventive treatment of migraine in adults, including both episodic and chronic migraine, with monthly subcutaneous dosing via prefilled SureClick autoinjector. In the Kingdom of Saudi Arabia, Aimovig is registered with the Saudi Food and Drug Authority through Novartis Saudi Arabia, but stocking and reimbursement realities vary by hospital, by year, and by month. The SFDA Personal Importation Program is the corridor when local supply or payer behavior is not aligned with the prescription. Reserved for you.

Why patients in Saudi Arabia need Aimovig via NPP

Migraine prevention is the third most common reason a Saudi neurology service line writes a prescription for a non-locally-stocked specialty therapy. Aimovig is registered with SFDA through the Novartis local agent network, so the medicine is on the Kingdom register. The named-patient demand for Aimovig in Saudi Arabia is rarely a "not registered" story; it is one of these patterns, drawn from the drug module's class-level analysis.

First, episodic shortages or stock-outs at the local Novartis affiliate or distributor, especially in the months following a label or supply change. A migraine patient cannot wait a quarter for a monthly preventive to come back in stock, and the family looks abroad. Second, formulary or payer denial. Saudi private insurers handling specialty migraine therapy may require step-therapy through topiramate, propranolol, amitriptyline, or candesartan first, and patients who have already failed those oral preventives and have the capacity to pay out of pocket route around the local payer rather than wait through an appeal cycle. Third, dose presentation. Where only the 70 mg/mL strength is locally stocked, a patient titrated to the 140 mg monthly dose may not be able to source the 140 mg presentation locally. Fourth, physician preference. A neurologist trained in the US or Europe may prefer to keep a patient on the exact CGRP monoclonal antibody that produced a response in their treatment history. If that product is Aimovig and the locally stocked CGRP biologic is Ajovy, Emgality, or Vyepti, the family chooses to import rather than switch class members. In all four patterns, the SFDA PIP corridor is the lawful route.

The SFDA Personal Importation Program for Aimovig

The SFDA Personal Importation Program allows a SCFHS-licensed physician to request import of a specific medicine for a specific named patient when the medicine is approved by a recognised reference authority (US FDA, EMA, MHRA, PMDA Japan, or Health Canada) and a clinically equivalent locally available alternative is not suitable. Aimovig qualifies under the reference-authority test cleanly: FDA-approved May 17, 2018 (BLA 761077), EMA-authorised July 26, 2018, MHRA, Health Canada (August 2018), TGA Australia (July 2018), and PMDA Japan (2021). The clinical-equivalence test is met in each of the four NPP-driving patterns described above, with the specific framing depending on the case.

The clinical-justification angle in an Aimovig PIP file typically anchors on one of two patterns. For an episodic migraine patient, the letter documents migraine days per month at baseline, prior preventive therapy failures (topiramate, propranolol, amitriptyline, candesartan), the rationale for CGRP receptor antagonism specifically, and the dosing plan (70 mg monthly with up-titration to 140 mg monthly if response is inadequate at 3 months). For a chronic migraine patient (15 or more headache days per month with at least 8 of migraine features), the letter additionally references the patient's headache calendar, MIDAS or HIT-6 disability scores where available, and the chronic-migraine evidence base. For a patient on continuity-of-therapy with prior US, EU, or UK Aimovig response, the letter documents the prior response and the rationale for continuing on erenumab specifically rather than rotating to a CGRP-ligand antibody.

A complete application includes the clinical justification letter on institutional letterhead from the treating neurologist, the physician's active SCFHS license in neurology or pain medicine, an anonymised patient identifier, full product details (brand Aimovig, generic erenumab-aooe, manufacturer Amgen, strength 70 mg/mL or 140 mg/mL prefilled SureClick autoinjector or prefilled syringe, lot, expiry, requested quantity for the planned monthly dosing window), the destination dispensing facility SFDA license, and a chain-of-custody plan documenting validated cold-chain transit with the 7-day room-temperature excursion budget noted. The 7-day room-temperature allowance is operationally useful for cross-border shipments to the Kingdom, particularly through hot-climate transit; it tolerates customs holds and last-mile delivery in ways stricter biologics do not. Routine cases run 10 to 21 business days through SFDA review; complex cases extend to 6 to 10 weeks.

Where Aimovig gets dispensed in Saudi Arabia

Aimovig is a refrigerated biologic that does not require infusion-suite administration. The patient self-administers subcutaneously in the abdomen, thigh, or upper arm, allowing the autoinjector to sit at room temperature for 30 minutes before injection to reduce sting. The dispensing facility list narrows from the full Saudi specialty hospital network to those institutions with validated 2 to 8 degree Celsius pharmacy storage and a workflow for self-injection biologic training. In practice that includes King Faisal Specialist Hospital and Research Centre (KFSH&RC) in Riyadh, Jeddah, and Madinah, with established neurology service lines and headache clinics; King Abdulaziz Medical City and the Ministry of National Guard Health Affairs network in Riyadh and Jeddah; King Saud University Medical City; and the major private networks Dr. Sulaiman Al Habib Medical Group, Saudi German Hospital, Dr. Soliman Fakeeh Hospital, and Dallah Hospital, which run neurology and pain medicine service lines.

For a patient outside the major centers, the standard route is an SFDA-licensed specialty importer in Riyadh or Jeddah filing the PIP application and delivering under chain-of-custody documentation to the referring physician's hospital outpatient pharmacy. The patient collects the

autoinjector at that pharmacy and receives injection training there. The 7-day room-temperature excursion budget makes last-mile delivery to Eastern Province, Tabuk, Asir, and other regions operationally straightforward.

Real cost picture for Aimovig in Saudi Arabia

US wholesale acquisition cost for Aimovig is approximately USD 767 per single-dose autoinjector at the 70 mg/mL or 140 mg/mL strength, per Amgen's 2025 published list pricing, with the manufacturer's patient-facing pricing page citing approximately USD 575 per monthly injection and an annual list price of approximately USD 6,900 for monthly dosing. The Saudi riyal is pegged at approximately 3.75 SAR to 1 USD, so a year of Aimovig at US list translates to approximately SAR 25,900 before any logistics, customs, or coordination overhead.

The all-in delivered-to-Saudi cost typically includes US drug acquisition, cold-chain international logistics in the SAR 1,500 to 5,600 (USD 400 to 1,500) range per shipment, with three- or six-month supply windows reducing per-month logistics overhead, SFDA regulatory documentation handling, customs clearance, and the Reserve Meds coordination fee. Reserve Meds quotes an indicative range at intake and a firm itemised quote after documentation review.

On the insurer side, Bupa Arabia, Tawuniya, and MedGulf Arabia each handle CGRP-class named-patient imports case by case under CCHI plan-structure rules. The cost-versus-step-therapy denial pattern is the most common payer interaction for migraine prevention biologics in the Kingdom. Reserve Meds supplies the documentation that lets the insurer assess; the claim itself sits with you or your hospital. Cash-pay is the default operating posture; reimbursement is sought after delivery where the plan permits.

Typical timeline for Aimovig in Saudi Arabia

From waitlist submission to first autoinjector in hand, the typical Aimovig case in Saudi Arabia runs as follows. Reserve Meds confirms eligibility within 24 to 48 hours and sends a documentation kit to the treating neurologist. The physician or hospital import pharmacy or SFDA-licensed importer files the PIP application, which clears in 10 to 21 business days for routine cases. In parallel, Reserve Meds aligns US-side specialty pharmacy sourcing, validated cold-chain qualification with the 7-day room-temperature excursion budget noted in the chain-of-custody plan, and the shipment plan. Once SFDA approval is issued, US release and shipment add 5 to 10 business days for cold-chain transit plus customs clearance into the importer's bonded warehouse or directly to the hospital. The full cycle for an initial 90-day supply is typically 3 to 5 weeks. Re-supply on a chronic-prevention cadence aligns with the neurologist's 3-month and 6-month efficacy reassessments.

What your physician needs to provide

The clinical justification letter is the cornerstone of the SFDA PIP package for Aimovig. On institutional letterhead, signed by a SCFHS-licensed neurologist or pain medicine specialist, the letter typically includes diagnosis (episodic migraine ICD-10 G43.x or chronic migraine ICD-10 G43.7) with monthly migraine day count and headache day count, severity markers (MIDAS, HIT-6, headache calendar where available), the prior preventive therapy history with quantitative response (topiramate dose and duration, propranolol or other beta-blocker, amitriptyline or other tricyclic, candesartan, valproate or other class members tried), the rationale for CGRP receptor antagonism specifically rather than CGRP ligand antibody class members (Ajovy, Emgality, Vyepti) where the case has been on prior Aimovig, the proposed dosing plan (70 mg

subcutaneously once monthly with up-titration to 140 mg monthly if response is inadequate at 3 months), the monitoring plan with explicit reference to the 2024 FDA label update flagging hypertension (new-onset or worsening of pre-existing hypertension, most commonly reported within 7 days of the first dose) and Raynaud's phenomenon, baseline blood pressure documentation, and the patient-training plan for subcutaneous self-administration.

The 2024 label updates are surfaced explicitly so the patient's Saudi physician has current safety context. Blood pressure is documented at baseline and surveillance protocols are described, particularly for patients with pre-existing hypertension. The physician confirms their SCFHS license is active for the requested treatment window, and re-supply is typically quoted in 3-month windows aligned to the neurologist's efficacy reassessments.

Common questions about Aimovig in Saudi Arabia

Will Bupa Arabia, Tawuniya, or MedGulf cover Aimovig?

Each insurer assesses CGRP-class named-patient imports case by case. The most common interaction in the Kingdom is step-therapy: insurers may require prior failure of multiple oral preventives (topiramate, propranolol, amitriptyline, candesartan) before approving CGRP biologics, and patients who have already failed those preventives can document failure in the clinical justification letter. Reserve Meds supplies the documentation; the claim itself sits with you or your hospital. Cash-pay is the default operating posture.

Will my SCFHS-licensed neurologist's letter be sufficient?

Yes. SCFHS-licensed neurologists, headache specialists, and pain medicine physicians at KFSH&RC, KAMC, MNGHA, KSUMC, and the major private networks have full signing authority on PIP applications for Aimovig.

Why Aimovig rather than Ajovy, Emgality, or Vyepti?

Aimovig is the only CGRP-receptor antibody; the other three (fremanezumab, galcanezumab, eptinezumab) bind the CGRP ligand. There is no head-to-head trial that establishes one class member as clinically superior. Selection within the CGRP class is typically driven by prior treatment response, route preference (subcutaneous monthly versus IV quarterly for Vyepti), constipation risk profile, and local availability. Patients who responded to Aimovig in a prior course often prefer to continue on Aimovig rather than switch class members. Reserve Meds does not promote one over the others; the PIP corridor supports the prescription written.

What about the 2024 label update for hypertension and Raynaud's?

Post-marketing surveillance led to an August 2024 FDA label update adding warnings for hypertension (new-onset or worsening of pre-existing hypertension, most commonly within 7 days of the first dose) and Raynaud's phenomenon. Blood pressure should be monitored before initiation and during therapy, particularly after the first dose. Patients with pre-existing hypertension, especially uncontrolled, need close monitoring. Patients should report new or worsening constipation, signs of Raynaud's (cold-induced colour change in fingers or toes), or hypersensitivity symptoms to their treating physician. Reserve Meds surfaces these updates in every Aimovig case summary so the destination physician has current safety context.

What is the rest of the safety profile?

The most common adverse reactions in clinical trials were injection site reactions and constipation. Hypersensitivity reactions, including rash and angioedema, have been reported. Patients with constipation-prone gastrointestinal histories should discuss this risk with their physician before starting Aimovig. The product carries no boxed warning.

Can Aimovig 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; Reserve Meds does not direct that decision.

Where Reserve Meds fits in Aimovig cases

Reserve Meds is a US-based concierge coordinator. We do not replace the treating neurologist or headache specialist, do not replace SFDA, and do not replace the Saudi dispensing pharmacy. What we do is orchestrate US-side specialty pharmacy sourcing, prepare the regulatory documentation kit the treating physician needs (with the 2024 hypertension and Raynaud's label updates surfaced in the patient-facing case summary), coordinate cold-chain international logistics with continuous temperature monitoring and the 7-day room-temperature excursion budget noted, and assign a single named coordinator through the case and through 3-month re-supply windows. Aimovig sits inside a class request stream alongside Ajovy and Emgality for Saudi inbound interest, and CGRP cases are an increasingly common request category from the Kingdom and the broader MENA region. No prior Reserve Meds dispensed-case experience as of this page; standard NPP coordination applies, and the chronic-prevention cadence aligns naturally with the neurologist's quarterly review schedule.

Next step

If the neurologist or headache specialist has recommended Aimovig and the Saudi pharmacy supply or payer route is not aligned with the prescription, the waitlist is the first step. We confirm eligibility within 24 to 48 hours and send the physician documentation kit.

Reserved for you.
