Aimovig access in the UAE: the EDE named-patient pathway

How patients in the United Arab Emirates obtain US-sourced Aimovig (erenumab-aooe), the CGRP-receptor monoclonal antibody, for migraine prevention when local stocking and payer denials get in the way.

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. Of the four CGRP-pathway monoclonal antibodies on the market, Aimovig is the only one that targets the receptor itself rather than the CGRP ligand. It is FDA-approved for the preventive treatment of migraine in adults, covering both episodic migraine (fewer than 15 headache days per month) and chronic migraine (15 or more headache days per month). In the UAE, Aimovig is registered through the local Novartis affiliate, yet specialty stocking, dose presentation continuity, and payer denials drive named-patient demand. Reserved for you. The 2024 FDA label updates added warnings for hypertension and Raynaud's phenomenon; baseline blood pressure monitoring is a Reserve Meds case protocol prerequisite.

Why patients in the UAE need Aimovig via NPP

Aimovig sits in the second of three structural access gaps from the UAE country module: registered but not stocked, or not stocked in the specific strength and presentation a titrated patient needs. UAE registration through local Novartis agents covers Aimovig at both 70 mg/mL and 140 mg/mL autoinjector strengths, but pharmacy-level stocking is uneven across emirates, particularly for the 140 mg presentation that titrated patients require. There is also a competitive-class dynamic: the locally stocked CGRP-pathway product is often a ligand antibody (Ajovy, Emgality) rather than the CGRP-receptor antibody (Aimovig), and a neurologist who has stabilised a patient on Aimovig prefers not to rotate class members across the receptor versus ligand divide.

Three named-patient demand patterns recur. First, episodic local stock-outs at the Novartis affiliate or local distributor, especially in the months following a label or supply change, where a patient cannot wait a quarter for their monthly preventive to come back in stock. Second, payer or formulary denial: UAE insurers often deny CGRP monoclonal antibodies on cost grounds, requiring failure of multiple older oral preventives (topiramate, propranolol, amitriptyline, candesartan) before approval; patients who have already failed those preventives and have the capacity to pay cash route around the appeal cycle. Third, dose-presentation continuity at 140 mg monthly where only 70 mg is locally stocked. Fourth, physician preference for continuing the specific CGRP class member that produced a response in the patient's earlier treatment history. None of these is an off-label situation; the patient is using Aimovig for an FDA-, EMA-, MHRA-, Health Canada-, TGA-, and PMDA-approved indication via the EDE corridor.

The EDE named-patient pathway for Aimovig

The federal pathway for a UAE-licensed physician to import a medicine not stocked locally is the unregistered-medicine import permit, administered through the EDE portal at ede.gov.ae since 29 December 2025. Aimovig qualifies cleanly on the recognised-reference-authority test: FDA approval (17 May 2018), EMA approval (26 July 2018), MHRA UK, Health Canada (1 August 2018), TGA Australia (2 July 2018), PMDA Japan (2021). The framework permits hospitals and licensed pharmaceutical establishments to import a specific medicine for a specific patient when a clinically equivalent locally registered alternative is not suitable or, in the stocking-continuity case, is not consistently available at the prescribed dose presentation.

The Aimovig clinical-justification angle in the EDE application typically anchors on prior preventive failures plus class-specific response history. The letter documents migraine diagnosis with classification (episodic versus chronic), baseline monthly migraine days, the prior-preventive history (topiramate, propranolol, amitriptyline, candesartan, with documented intolerability or insufficient efficacy at adequate trial duration), the rationale for CGRP-pathway prevention citing the STRIVE phase 3 trial (NEJM 2017) for episodic migraine and the corresponding chronic migraine evidence, the rationale for the CGRP-receptor antibody specifically rather than a ligand antibody (typically prior response history with Aimovig in a US or EU course, or specialist preference based on safety profile considerations), the proposed dosing plan (70 mg once monthly starting dose, with titration to 140 mg once monthly per neurologist judgment), and the monitoring plan covering blood pressure, constipation, and Raynaud's signs. The 2024 FDA label updates adding warnings for hypertension and Raynaud's phenomenon are flagged in the clinical letter where applicable, particularly for patients with preexisting hypertension where close monitoring after the first dose is documented.

A complete application includes the clinical justification letter signed by a UAE-licensed neurologist or headache-specialist physician (MOHAP, DHA, DOH, or Sharjah Health Authority) practicing in the emirate of the dispensing facility, patient identifier, full product details (brand name Aimovig, generic erenumab-aooe, manufacturer Amgen, strength 70 mg/mL or 140 mg/mL, single-dose prefilled SureClick autoinjector or prefilled syringe presentation, pack size, intended treatment duration covering typically a 3-month supply window), destination dispensing facility license, and chain-of-custody plan for the 2 to 8 degree Celsius cold-chain biologic with the 7-day room-temperature excursion budget documented. Approval timelines for routine Aimovig cases are typically 5 to 15 business days.

Where Aimovig gets dispensed in the UAE

Aimovig is a refrigerated subcutaneous biologic that the patient self-administers at home after a brief device-handling demonstration. The dispensing facility list covers the full UAE specialty hospital network with neurology service lines: Cleveland Clinic Abu Dhabi (M42 group, neurology and headache service), Sheikh Khalifa Medical City (SEHA network, neurology), American Hospital Dubai (Mayo Clinic Care Network member, neurology), King's College Hospital London Dubai (UK-affiliated, neurology), Mediclinic City Hospital, and the neurology service lines at flagship NMC Healthcare sites. The patient receives the autoinjector through the dispensing facility's outpatient pharmacy with cold-chain handover and a device-use orientation.

For patients outside the major centers, a Dubai- or Abu Dhabi-based specialty importer holding a pharmaceutical establishment license files the EDE permit, performs customs clearance for the refrigerated biologic, and delivers under chain-of-custody documentation. The 7-day room-temperature excursion budget on the Aimovig label provides operational headroom across the

customs handoff and last-mile delivery in the UAE summer climate, which is genuinely useful for cross-border logistics.

Real cost picture for Aimovig in the UAE

US WAC for Aimovig is approximately USD 767 per single-dose autoinjector at both the 70 mg/mL and 140 mg/mL strengths per Amgen's 2025 published list pricing. Patient list pricing is published as approximately USD 575 per monthly injection on the manufacturer's patient-facing pricing page, with the annual list price stated as approximately USD 6,900 for monthly dosing. The AED is pegged to the US dollar at approximately 3.67 AED to 1 USD, so an annual Aimovig course at US list translates to approximately AED 25,300 before logistics, customs, and coordination overhead.

The all-in delivered-to-UAE cost typically includes US drug acquisition at procurement pricing, validated cold-chain international logistics in the USD 400 to 1,500 (approximately AED 1,500 to 5,500) range per shipment (lower than the strict 2 to 8 degree Celsius biologics in this matrix that lack an excursion budget, because the Aimovig 7-day room-temperature window simplifies packout requirements), nominal EDE permit and UAE customs fees, regulatory documentation handling, and the Reserve Meds coordination fee. Three- and six-month supply windows reduce per-month logistics overhead and align well with the neurology follow-up cadence (typically 3-month reassessment for episodic migraine, 3 to 6 month reassessment for chronic migraine).

On the insurance side, Daman, Thiqa, GIG Gulf, Sukoon, ADNIC, and Orient each assess CGRP-pathway monoclonal antibody imports case by case. Many UAE plans require step-therapy documentation (failure of older oral preventives) before approving CGRP-class coverage, which is one of the patterns driving cash-pay named-patient demand in the first place. Cash-pay is the default posture at the order point.

Typical timeline for Aimovig in the UAE

A cold-chain biologic with a room-temperature excursion budget and a monthly self-administered dosing schedule is at the faster end of the EDE timeline distribution. Reserve Meds confirms eligibility within 24 to 48 hours and sends a documentation kit to the treating neurologist. EDE permit review typically runs 5 to 15 business days for routine Aimovig cases. US-side procurement and validated cold-chain shipping add 5 to 8 business days once the permit is issued, including the 2 to 3 day customs and last-mile handoff to the hospital pharmacy. The full cycle for an initial 90-day supply (three autoinjectors) is typically 2 to 4 weeks. Re-supply on a 3-month cadence aligns naturally with the patient's neurology reassessment visits.

What your physician needs to provide

The clinical justification letter, on the prescribing institution's letterhead and signed by a UAE-licensed neurologist or headache-specialist physician practicing in the emirate of the dispensing facility, typically includes: migraine diagnosis with classification (episodic versus chronic), baseline monthly migraine days and monthly headache days, the full prior-preventive history (topiramate, propranolol, amitriptyline, candesartan with adequate trial duration, dose, and reason for discontinuation), the rationale for CGRP-pathway prevention citing class-level evidence and STRIVE phase 3 results, the rationale for the CGRP-receptor antibody specifically rather than a ligand antibody (prior response history, safety profile considerations), the proposed dosing plan (70 mg once monthly starting dose with titration to 140 mg once monthly per neurologist judgment), and the monitoring plan covering blood pressure (baseline and during

therapy, particularly after the first dose), constipation (with awareness of preexisting GI history), Raynaud's phenomenon signs, and hypersensitivity symptoms.

The letter explicitly addresses any preexisting hypertension and the planned monitoring cadence given the 2024 FDA label hypertension warning. Pediatric use is not approved and is not part of UAE Aimovig coordination. The physician confirms their UAE license is in active standing at filing. Patient training on the SureClick autoinjector is arranged either at the dispensing facility's outpatient pharmacy or through a neurology clinic visit. The chain-of-custody plan with the 7-day room-temperature excursion budget documentation is supplied by Reserve Meds for inclusion in the application.

Common questions about Aimovig in the UAE

Will Daman, Thiqa, GIG Gulf, Sukoon, ADNIC, or Orient cover Aimovig?

UAE insurer coverage of CGRP-pathway monoclonal antibodies typically requires step-therapy documentation (failure of older oral preventives at adequate trial). Some plans cover the class after step therapy is documented; many deny on cost grounds and require appeal cycles. We supply the documentation set that allows your insurer to assess the case; the claim itself sits with you or your hospital.

Will my DHA-licensed or DOH-licensed neurologist's letter be sufficient?

Yes. Any UAE-licensed neurologist or headache-specialist physician practicing in good standing in the emirate of the dispensing facility has signing authority on the clinical justification letter. Joint-privilege neurologists who hold licenses across multiple emirates can file in any emirate where they are credentialed.

Can I self-administer Aimovig at home in the UAE?

Yes. Aimovig is supplied as a single-dose prefilled SureClick autoinjector or prefilled syringe designed for patient self-administration after a brief device-handling demonstration. The autoinjector is collected from the dispensing facility's outpatient pharmacy with cold-chain handover, and the patient self-administers at home on the monthly schedule.

Why is baseline blood pressure monitoring mandatory?

The August 2024 FDA label update added a warning for hypertension (new-onset or worsening of pre-existing hypertension, most commonly reported within 7 days of the first dose). Reserve Meds case protocols flag baseline blood pressure assessment before the first dose and continued monitoring during therapy, particularly in patients with pre-existing hypertension. Raynaud's phenomenon and hypersensitivity reactions are additional monitoring items.

Why Aimovig rather than Ajovy, Emgality, or Vyepti?

Selection within the CGRP class is typically driven by prior treatment response, route preference (subcutaneous monthly versus IV quarterly), constipation risk profile, and local availability. Aimovig is the only CGRP-receptor antibody; Ajovy (fremanezumab), Emgality (galcanezumab), and Vyepti (eptinezumab) bind the CGRP ligand. There is no head-to-head trial that establishes one CGRP monoclonal antibody as clinically superior to the others. Patients who responded to Aimovig in a prior course typically prefer to continue on Aimovig rather than switch.

How long is Aimovig taken?

Therapy is open-ended. Most clinicians reassess at 3 months and again at 6 months; patients who are responding (typically defined as a 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.

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 the EDE or any emirate-level authority, and do not replace the UAE dispensing pharmacy. What we do is orchestrate the US-side procurement through Amgen-authorised specialty distribution, validated cold-chain international logistics with documentation of the 7-day room-temperature excursion budget for the customs handoff, the regulatory documentation kit the treating neurologist needs (with the 2024 hypertension and Raynaud's label updates surfaced in the patient-facing case summary), and a single named coordinator through the case. Aimovig integrates with the same 2 to 8 degree Celsius fulfillment partners used for other refrigerated biologics in the Reserve Meds matrix. No prior Reserve Meds case experience with Aimovig under the Reserve Meds brand at the time of this page; standard NPP coordination plus the migraine-specific safety-monitoring overlay applies.

Next step

If the neurologist has recommended Aimovig for migraine prevention and UAE stocking or payer denials are the open question, the waitlist is the first step. We confirm eligibility within 24 to 48 hours and send the neurologist's documentation kit including the monitoring checklist.

Reserved for you.

This guide is informational, not medical or legal advice. The EDE named-patient framework requires a licensed UAE physician's clinical judgment; Reserve Meds is the coordinator, not the prescriber.