

Cosentyx

Abu Dhabi · access guide

How to access Cosentyx for moderate-to-severe plaque psoriasis, psoriatic arthritis, ankylosing spondylitis, hidradenitis suppurativa, or paediatric subset from Abu Dhabi: 2026 pathway via Abu Dhabi dermatology, rheumatology, and pharmacy supply | Reserve Meds

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

The Emirate of Abu Dhabi operates the most clinically deep dermatology and rheumatology service infrastructure in the UAE. Cleveland Clinic Abu Dhabi dermatology and rheumatology, Sheikh Shakhbout Medical City (SSMC), Sheikh Khalifa Medical City (SKMC), Tawam Hospital, Burjeel Medical City, NMC Royal Khalifa City, and Mediclinic Airport Road all run programmes covering the full immune-mediated inflammatory disease ladder. The Department of Health Abu Dhabi (DoH) licenses these facilities and the prescribing physicians. Across this network, Abu Dhabi patients access moderate-to-severe plaque psoriasis pathways through topical, phototherapy, conventional systemic agents (methotrexate, ciclosporin, acitretin), and the biologic era; psoriatic arthritis (PsA) under joint dermatology-rheumatology co-management; ankylosing spondylitis (AS) and non-radiographic axial spondyloarthritis (nr-axSpA) under rheumatology with HLA-B27 and MRI-SI joint workup; hidradenitis suppurativa (HS) under dermatology with surgical co-planning; and paediatric plaque psoriasis (≥ 6), enthesitis-related arthritis (≥ 4), and juvenile psoriatic arthritis (≥ 2) under paediatric dermatology and paediatric rheumatology. Cosentyx (secukinumab, Novartis) is the first-in-class fully human anti-interleukin-17A monoclonal antibody with a decade of clinical experience, registered with UAE EDE at the federal level. For an Abu Dhabi-resident adult or paediatric patient whose disease has plateaued on conventional therapy or who has failed a prior biologic, the operational question is whether Cosentyx is the right fit, how the prescription is dispensed in 2026, what insurance will cover (including Thiqa for Emirati nationals), what the pre-treatment screening looks like, and how the family handles the q4wk subcutaneous maintenance routine and the IBD-precaution vigilance.

This page explains how the pathway works in 2026 for an Abu Dhabi-resident patient: who qualifies, where the prescribing conversation happens, how Cosentyx is dispensed, what the 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 an Abu Dhabi family's life. Concierge documentation written for a family already in conversation with a treating DoH-licensed dermatologist or rheumatologist.

Why Cosentyx, and why now

Cosentyx is secukinumab, a fully human IgG1 kappa monoclonal antibody that binds to and neutralises interleukin-17A. IL-17A is the master cytokine of the Th17 inflammatory axis. By selectively neutralising IL-17A, Cosentyx breaks the inflammatory loop at the cytokine level. Developed by Novartis and approved in 2015, Cosentyx was the first anti-IL-17A biologic.

FDA timeline: adult plaque psoriasis January 2015; PsA and AS January 2016; nr-axSpA June 2020; paediatric plaque psoriasis (≥ 6) November 2020; ERA (≥ 4) and JPsA (≥ 2) July 2021; HS October 2023; paediatric PsA expansion to ≥ 2 April 2024. This indication breadth is unmatched in the IL-17 class.

Head-to-head trials: CLEAR (vs Stelara) - superior PASI-90 at week 16. CLARITY confirmed. FIXTURE (vs Enbrel) - superior PASI-75 and PASI-90. EXCEED (vs Humira in PsA) - comparable ACR-20 with superior PASI-90 on the skin component.

Reserve Meds does not promote one biologic over another. IL-17 class includes Taltz, Bimzelx, and Siliq. The competing IL-23 class includes Skyrizi and Tremfya, with Stelara. TNF inhibitors remain in the ladder. The IBD precaution is the defining safety-axis differentiator.

What Cosentyx is, in plain language

Cosentyx is a subcutaneous injection every four weeks once loading is complete. Not an infusion. After in-clinic loading and a training session, most adults self-administer at home using SensoReady pen or prefilled syringe. Cold-chain 2 to 8 degrees Celsius.

Adult dosing varies by indication. Plaque psoriasis: 300 mg SC weeks 0 to 4, then 300 mg every four weeks. PsA, AS, nr-axSpA: 150 mg SC weekly loading, then 150 mg every four weeks, with escalation to 300 mg permitted. HS: 300 mg every four weeks after loading. Paediatric dosing weight-based.

This is not a one-shot therapy. Year-five retention is among the highest in the biologic class.

Eligibility at an Abu Dhabi dermatologist or rheumatologist clinic

For Abu Dhabi-resident patients, DoH-licensed clinics apply FDA and EMA criteria:

1. Confirmed indication and severity. Psoriasis: PASI 12 or greater, BSA ≥ 10 percent, DLQI ≥ 10 . PsA: CASPAR. AS / nr-axSpA: ASAS with HLA-B27 and MRI-SI. HS: Hurley II or III with documented recurrence.
2. Paediatric severity criteria where applicable. Psoriasis ≥ 6 , JPsA ≥ 2 , ERA ≥ 4 .
3. Treatment history. Typically biologic-naive after conventional systemic failure, or biologic-experienced. Insurers commonly require documented prior conventional failure.
4. Age. Adult or paediatric subset.
5. TB screening. IGRA plus chest imaging, repeated annually.
6. Hepatitis B and C screening.
7. Vaccination status review. Live vaccines contraindicated during Cosentyx.
8. IBD screening. Active or historically recurrent IBD is the defining contraindication or relative contraindication for the IL-17 class. Quiescent IBD requires gastroenterology co-management.
9. Baseline laboratory panel: CBC, comprehensive metabolic panel with LFTs, renal function.
10. Pregnancy planning reviewed.

Abu Dhabi patients should arrive with most recent dermatology or rheumatology documentation: PASI / BSA / DLQI, joint count and CASPAR, BASDAI and MRI-SI, Hurley staging, photographs, treatment history, prior biologic-trial documentation, TB / hepatitis screening, IBD history, vaccination record, and the insurance preauthorisation paperwork.

The Abu Dhabi prescribing and supply picture, plainly

UAE EDE registration status for Cosentyx is verified at intake, with DoH-side licensing of the prescribing physician and the dispensing pharmacy. Cosentyx is among the more commonly registered biologics in the UAE. The pathway:

1. Prescribing physician: DoH-licensed dermatologist or rheumatologist at Cleveland Clinic Abu Dhabi, SSMC, SKMC, Tawam Hospital, Burjeel Medical City, NMC Royal Khalifa City, or Mediclinic Airport Road. 2. Pharmacy dispensing: DoH-licensed hospital outpatient pharmacy or community pharmacy with cold-chain handling. Cosentyx requires 2 to 8 degree Celsius transport. Hospital pharmacies hand off with validated cold-chain container. 3. Insurance pre-authorization: Thiqa for Emirati nationals, Daman, AXA, Bupa Global, MetLife, Oman Insurance, and the other major UAE commercial insurers. Cosentyx is one of the more commonly approved biologics by Abu Dhabi insurers. Thiqa coverage for Emirati nationals operates within the standard pre-authorization framework. Step requirements (prior conventional systemic, sometimes prior biologic) are the common friction point. 4. Patient training: SensoReady pen or prefilled syringe injection, cold-chain handling, sick-day rules (hold during serious infection), live-vaccine restriction, IBD-symptom vigilance (new persistent diarrhoea, abdominal pain, weight loss). 5. Monitoring: dermatology or rheumatology follow-up at weeks 12 and 24, then quarterly through year one, then every six months. Annual TB rescreen. IBD symptom check at every visit.

Cost band and insurance positioning

US list price 4,800 to 6,000 USD per month at WAC. Annual cost at list 56,000 to 72,000 USD for standard maintenance, with the upper end for HS and dose-escalated PsA / AS.

At 2026 indicative cross rates, AED-equivalent annual cost band approximately AED 205,000 to 265,000 at list. Thiqa for Emirati nationals covers Cosentyx within the standard preauthorization framework. Commercial covers vary; the prescribing dermatologist or rheumatologist office is the gating step.

What to expect on Cosentyx, week-by-week

Plaque psoriasis: PASI-50 by week 4. PASI-75 by week 12 in the majority. PASI-90 by week 16 in roughly 70 percent. Year-five real-world retention 60 to 70 percent.

PsA: ACR-20 by week 16 in 50 to 60 percent. Skin component faster than joint.

AS / nr-axSpA: BASDAI improvement by week 16. ASAS-20 in roughly 60 percent.

HS: HiSCR-50 by week 16 in 45 to 50 percent. HS is the slowest indication.

The first three months are the highest-vigilance window for infection and IBD signals. Patients not responding by week 16 are reassessed; the prescribing dermatologist or rheumatologist may escalate dose, switch within the IL-17 class, or switch to IL-23 or back to TNF.

When Cosentyx is the wrong drug

For an Abu Dhabi patient with active or severe IBD, active serious infection, active malignancy, active TB or untreated viral hepatitis, planned pregnancy without counselling, or near-term live-vaccine need, the pathway shifts:

- For active or severe IBD: IL-23 class (Skyrizi, Tremfya) or Stelara carry no IBD precaution. TNF inhibitors (Humira, Remicade) are indicated for both IBD and skin / joint disease. - For active serious infection: defer initiation until cleared. - For pregnancy planning: review with rheumatology and high-risk obstetrics; consider conventional therapy bridge. - For near-term live-vaccine need: complete vaccination then initiate with delay.

Reserve Meds does not promote one biologic over another.

What Reserve Meds does on this case

US-based concierge coordinator. Not the prescriber and not the dispensing pharmacy. On an Abu Dhabi Cosentyx case we build the documentation pack with the treating DoH-licensed dermatologist or rheumatologist office, confirm UAE EDE registration status and the appropriate dispensing pathway, run the insurance pre-authorisation conversation (Thiqa for Emirati nationals or commercial), coordinate the supply logistics for maintenance dispensing including cold-chain handling, organise the IL-17-class baseline screening (TB, hepatitis, IBD), and stay with the case through the first year of dosing with handoff to the local prescriber for ongoing surveillance. Clinical decisions remain with your treating dermatologist or rheumatologist.

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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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.

reservemeds.com · hello@reservemeds.com