

Cosentyx

Dubai · access guide

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

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

The Emirate of Dubai operates an unusually deep dermatology and rheumatology service market for its population size. Mediclinic City Hospital and Mediclinic Parkview Hospital, American Hospital Dubai dermatology, NMC Specialty, the Aster Hospitals network, Saudi German Hospital Dubai, Dr Sulaiman Al Habib Dubai, King's College Hospital London Dubai, and Magrabi Dermatology all run programmes covering the full immune-mediated inflammatory disease ladder. Dubai Health Authority (DHA) licenses these facilities and the prescribing physicians. Across this network, Dubai patients access moderate-to-severe plaque psoriasis pathways through topical, phototherapy, conventional systemic agents (methotrexate, ciclosporin, acitretin), and the biologic era; psoriatic arthritis under joint dermatology-rheumatology co-management; ankylosing spondylitis and non-radiographic axial spondyloarthritis under rheumatology with HLA-B27 and MRI-SI joint workup; hidradenitis suppurativa 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 across these indications, registered with UAE EDE at the federal level. For a Dubai-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, 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 a Dubai-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 a Dubai family's life. It is concierge documentation written for a family already in conversation with a treating DHA-licensed dermatologist or rheumatologist who wants the operational reality laid out plainly.

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 and is the dominant pathogenic signal across plaque psoriasis, PsA, AS, nr-axSpA, HS, and the paediatric variants. 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 to reach the clinic.

FDA timeline: adult moderate-to-severe 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 trial portfolio: 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. The same IL-17 class includes Taltz, Bimzelx, and Siliq. The competing IL-23 class includes Skyrizi and Tremfya, with Stelara across IL-12 and IL-23. TNF inhibitors remain in the ladder. The IBD precaution is the defining safety-axis differentiator for the IL-17 class.

What Cosentyx is, in plain language

Cosentyx is a subcutaneous injection given every four weeks once the loading dose is complete. It is not an infusion. After in-clinic loading and a training session, most adults self-administer at home using a SensoReady pen autoinjector or a prefilled syringe. Cold-chain storage 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 (some patients on 150 mg). 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. Cosentyx is taken for as long as it controls the disease. Year-five retention is among the highest in the biologic class.

Eligibility at a Dubai dermatologist or rheumatologist clinic

For Dubai-resident patients, DHA-licensed clinics apply FDA and EMA criteria with local insurance adaptation:

1. Confirmed indication and severity. Psoriasis: PASI 12 or greater, BSA \geq 10 percent, DLQI \geq 10. PsA: CASPAR. AS / nr-axSpA: ASAS with HLA-B27 and MRI-SI joint. HS: Hurley II or III with documented recurrence. 2. Paediatric severity criteria where applicable. Psoriasis \geq 6, JPsA \geq 2, ERA \geq 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 per indication. 5. TB screening. IGRA plus chest imaging, repeated annually. 6. Hepatitis B and C screening. 7. Vaccination status review. Live vaccines contraindicated. 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.

Dubai 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 trials, TB / hepatitis screening, IBD history, vaccination record, insurance preauthorisation paperwork.

The Dubai prescribing and supply picture, plainly

UAE EDE (federal-level) registration status for Cosentyx is verified at intake, with DHA-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: DHA-licensed dermatologist or rheumatologist at Mediclinic City and Parkview, American Hospital Dubai, NMC Specialty, Aster Hospitals, Saudi German Hospital Dubai, Dr Sulaiman Al Habib Dubai, King's College Hospital London Dubai, or Magrabi Dermatology. 2. Pharmacy dispensing: DHA-licensed hospital outpatient or community pharmacy with cold-chain handling. Cosentyx requires 2 to 8 degree Celsius transport. Hospital pharmacies hand off with a validated cold-chain container. 3. Insurance pre-authorisation: Daman, AXA, Bupa Global, MetLife, Oman Insurance, and the other major UAE commercial insurers. Cosentyx is one of the more commonly approved biologics. Step requirements are the common friction point. 4. Patient training: SensoReady pen or prefilled syringe injection, cold-chain handling, sick-day rules, live-vaccine restriction, IBD-symptom vigilance. 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.

If the case is complex or requires multidisciplinary expertise unavailable in Dubai, cross-emirate referral to Cleveland Clinic Abu Dhabi or SKMC is the standard pattern. Many Dubai families maintain dermatology or rheumatology in Dubai with episodic specialist consultations in Abu Dhabi.

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.

At 2026 indicative cross rates, AED-equivalent annual cost band approximately AED 205,000 to 265,000 at list. Insurance preauthorisation reduces out-of-pocket substantially. Dubai commercial covers commonly include Cosentyx for label indications.

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 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.

When Cosentyx is the wrong drug

For a Dubai 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 are indicated for both IBD and skin / joint disease. - For active serious infection: defer until cleared. - For pregnancy planning: review with rheumatology and high-risk obstetrics. - 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 a Dubai Cosentyx case we build the documentation pack with the treating DHA-licensed dermatologist or rheumatologist office, confirm UAE EDE registration status and the appropriate dispensing pathway, coordinate cross-emirate referral if multidisciplinary expertise required, run the insurance pre-authorisation conversation, 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. 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.
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