

Cosentyx

United Arab Emirates · access guide

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

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

The United Arab Emirates operates one of the most mature dermatology and rheumatology service networks in the Gulf. Cleveland Clinic Abu Dhabi dermatology and rheumatology, Sheikh Shakhbout Medical City (SSMC), Sheikh Khalifa Medical City (SKMC), Tawam Hospital, Burjeel Medical City, Mediclinic City Hospital and Parkview Hospital, American Hospital Dubai dermatology, NMC Specialty, the Aster Hospitals network, Saudi German Hospital Dubai, Dr Sulaiman Al Habib Dubai, and Magrabi Dermatology all run programmes covering the full immune-mediated inflammatory disease ladder: moderate-to-severe plaque psoriasis through topical, phototherapy, and conventional systemic agents (methotrexate, ciclosporin, acitretin) into 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 across these indications. UAE EDE (Emirates Drug Establishment) has registered Cosentyx for the long-established indications. For a UAE-resident adult or paediatric patient whose disease has plateaued on conventional therapy or who has failed a prior biologic, the operational question is no longer whether anti-IL-17A blockade is reachable in the country: it 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 UAE-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 (the IL-17 class IBD precaution being the defining clinical-vigilance posture), and how the longer-term treatment course fits into a UAE family's life. It is concierge documentation written for a family already in conversation with a treating 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). 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 of these diseases. By selectively neutralising IL-17A, Cosentyx breaks the inflammatory loop at the cytokine level rather than at the cell level (TNF inhibitors) or further upstream (IL-23 inhibitors). Developed by Novartis and approved in 2015, Cosentyx was the first anti-IL-17A biologic to reach the clinic, and the decade of subsequent real-world data is the defining commercial argument for the drug.

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; enthesitis-related arthritis (≥ 4) and juvenile PsA (≥ 2) July 2021; hidradenitis suppurativa October 2023; paediatric PsA expansion to ≥ 2 April 2024. This indication breadth is unmatched in the IL-17 class and is why Cosentyx is often the first biologic a UAE dermatologist or rheumatologist prescribes for a patient with overlapping skin and joint disease.

The head-to-head trial portfolio is large. CLEAR (vs Stelara) demonstrated superior PASI-90 at week 16. CLARITY confirmed superiority. FIXTURE (vs Enbrel) demonstrated superior PASI-75 and PASI-90. EXCEED (vs Humira in PsA) demonstrated comparable ACR-20 with superior PASI-90 on the skin component. This is the talking-point cluster UAE clinicians bring to the patient conversation.

Reserve Meds does not promote one biologic over another. The page describes the Cosentyx pathway because Cosentyx is the drug the patient has asked about. The same anti-IL-17 class includes Taltz (ixekizumab), Bimzelx (bimekizumab, dual IL-17A and IL-17F), and Siliq (brodalumab, IL-17 receptor A). The competing IL-23 class includes Skyrizi (risankizumab) and Tremfya (guselkumab), with Stelara spanning 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 roughly every four weeks once the loading dose phase is complete. It is not an infusion and does not require a hospital infusion suite for maintenance dosing. After the first few in-clinic injections and a training session, most adult patients self-administer at home using either a SensoReady pen autoinjector or a prefilled syringe. The drug requires cold-chain storage between 2 and 8 degrees Celsius.

Standard adult dosing varies by indication. For plaque psoriasis: 300 mg SC at weeks 0, 1, 2, 3, and 4, then 300 mg every four weeks as maintenance (some patients on 150 mg). For PsA, AS, and nr-axSpA: 150 mg SC weekly during loading, then 150 mg every four weeks as maintenance, with dose escalation to 300 mg permitted for inadequate response. For HS: 300 mg every four weeks after loading. Paediatric dosing is weight-based.

This is not a one-shot therapy. Cosentyx is taken for as long as it controls the disease. Patients who achieve a meaningful response typically stay on Cosentyx for years. Retention rates at year five in real-world psoriasis registries are among the highest in the biologic class.

Eligibility at a UAE dermatologist or rheumatologist clinic

For UAE-resident patients, dermatology and rheumatology services apply FDA and EMA criteria with local insurance adaptation:

1. Confirmed indication and severity. For psoriasis: PASI 12 or greater, BSA \geq 10 percent, DLQI \geq 10. For PsA: CASPAR. For AS / nr-axSpA: ASAS with HLA-B27 and MRI-SI joint or radiographic sacroiliitis. For HS: Hurley II or III with documented recurrence. 2. Paediatric severity criteria where applicable. Paediatric plaque psoriasis \geq 6, juvenile PsA \geq 2, enthesitis-related arthritis \geq 4. 3. Treatment history. Typically biologic-naïve after conventional systemic failure, or biologic-experienced with inadequate response or intolerance. Insurers commonly require documented prior failure of at least one conventional systemic agent. 4. Age. Adult or appropriate paediatric subset per indication. 5. Tuberculosis screening. IGRA plus chest imaging per institutional standard, repeated annually. 6. Hepatitis B and hepatitis C screening before initiation. 7. Vaccination status review. Live vaccines contraindicated during Cosentyx therapy. 8. Inflammatory bowel disease screening. Active or historically recurrent IBD (Crohn disease, ulcerative colitis) is the defining contraindication or relative contraindication for the IL-17 class. Patients with quiescent IBD require gastroenterology co-management. 9. Baseline laboratory panel: CBC with differential, complete metabolic panel including LFTs, renal function. 10. Pregnancy planning reviewed; contraception counselling standard.

A UAE patient should arrive at the biologic conversation with the most recent dermatology or rheumatology documentation: current PASI / BSA / DLQI scores, joint count and CASPAR for PsA, BASDAI and MRI-SI for AS / nr-axSpA, Hurley staging for HS, photographs of involved skin, complete treatment history, prior biologic-trial documentation, TB and viral hepatitis screening, IBD history, vaccination record, and the insurance preauthorisation paperwork.

The UAE prescribing and supply picture, plainly

UAE EDE (the federal-level drug regulator) registration status for Cosentyx is verified at intake. Cosentyx is among the more commonly registered biologics in the UAE given its decade of label and breadth of indication coverage. Where in-country registration is complete for an indication, in-country pharmacy dispensing applies. Where the registration has not yet caught up with the most recent FDA label, a named-patient European or US import pathway covers the case. The pathway:

1. Prescribing physician: a board-certified UAE dermatologist or rheumatologist at Cleveland Clinic Abu Dhabi, SSMC, SKMC, Tawam, Burjeel Medical City, Mediclinic City and Parkview, American Hospital Dubai, NMC Specialty, Aster, Saudi German Hospital Dubai, Dr Sulaiman Al Habib Dubai, or Magrabi Dermatology. DHA-licensed and DoH-licensed prescribers handle the Dubai and Abu Dhabi sides respectively. 2. Pharmacy dispensing: hospital outpatient pharmacy or licensed community pharmacy with cold-chain handling. Cosentyx prefilled syringes and SensoReady pens require 2 to 8 degree Celsius transport. Hospital pharmacies hand off with a validated cold-chain container. 3. Insurance pre-authorization: Daman, Thiqa for Emirati nationals, AXA, Bupa Global, MetLife, Oman Insurance, and the other major UAE commercial insurers require documented disease severity, prior-therapy failure, TB / hepatitis screen, and IBD screen. Cosentyx is one of the more commonly approved biologics by UAE insurers. Step requirements (prior conventional systemic, sometimes prior biologic) are the common friction point. 4. Patient training: injection technique with SensoReady pen or prefilled syringe, cold-chain handling, sick-day rules, live-vaccine restriction, IBD-symptom vigilance. 5. Ongoing 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 for Cosentyx is approximately USD 4,800 to 6,000 per month at WAC. Annual cost at list is approximately USD 56,000 to 72,000 for standard maintenance, with the upper end for HS and dose-escalated PsA / AS.

At 2026 indicative cross rates, the AED-equivalent annual cost band is approximately AED 205,000 to 265,000 at list price. Insurance preauthorization reduces out-of-pocket exposure substantially. UAE commercial covers commonly include Cosentyx for label indications. Thiqa for Emirati nationals covers Cosentyx in the standard preauthorization framework.

What to expect on Cosentyx, week-by-week

For plaque psoriasis: PASI-50 by week 4. PASI-75 by week 12 in the majority. PASI-90 by week 16 in roughly 70 percent of pivotal-trial patients. Year-five real-world retention 60 to 70 percent, the highest of the biologic class.

For PsA: ACR-20 by week 16 in roughly 50 to 60 percent. Joint-count reduction continues through year one. Skin component typically faster than joint component.

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

For HS: HiSCR-50 by week 16 in roughly 45 to 50 percent. HS response is the slowest of the indications.

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 a UAE patient with active or severe IBD, active serious infection, active malignancy other than treated non-melanoma skin cancer, active TB or untreated viral hepatitis, planned pregnancy without counselling, or near-term live-vaccine need, the operational 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 the inflammatory skin / joint disease and may be the dual-pathology answer. - For active serious infection: defer biologic initiation until cleared. - For pregnancy planning: review with rheumatology and high-risk obstetrics; consider conventional therapy bridge. - For near-term live-vaccine need: complete the vaccination then initiate Cosentyx with a delay window.

Reserve Meds does not promote one biologic over another.

What Reserve Meds does on this case

We are a US-based concierge coordinator. We are not the prescriber and not the dispensing pharmacy. On a UAE Cosentyx case we build the documentation pack with the treating dermatologist or rheumatologist office, confirm UAE EDE registration status and the appropriate dispensing pathway, run the insurance pre-authorisation conversation alongside the clinical 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 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.

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