Cyltezo

Saudi Arabia · access guide

How to access Cyltezo (Humira biosimilar) from Saudi Arabia: 2026 pathway via KFSHRC, KAMC, and private rheumatology, dermatology, gastroenterology, ophthalmology | Reserve Meds

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

Saudi Arabia treats hundreds of thousands of patients on TNF-inhibitor therapy across rheumatoid arthritis, juvenile idiopathic arthritis, ankylosing spondylitis, psoriatic arthritis, plaque psoriasis, Crohn's disease, ulcerative colitis, hidradenitis suppurativa, and uveitis. Adalimumab (the reference biologic, Humira) and its biosimilars are widely available. The 2026 question for patients on Humira is whether to switch to Cyltezo, the FDA interchangeable biosimilar (October 2021), under SFDA pathway.

Why Cyltezo, why now

Cyltezo (adalimumab-adbm) was FDA-designated interchangeable with Humira in October 2021, meaning the pharmacy can substitute without prescriber call-back per the FDA framework. Same indications as the reference biologic Humira: RA, JIA in patients aged 4 and older, AS, PsA, plaque psoriasis adults and paediatric aged 6+, CD adults and paediatric aged 6+, UC adults and paediatric aged 5+, HS adults and paediatric aged 12+, and several forms of uveitis. Same SC self-administered every-other-week dosing.

Reserve Meds does not promote one TNF biosimilar over another or over the reference biologic. Other Humira biosimilars include Amjevita, Hyrimoz, Hadlima, Yusimry, and others; the choice rests with the treating specialist.

What Cyltezo is, in plain language

Cyltezo is an SC adalimumab biosimilar pen or pre-filled syringe, typically self-administered every other week after training. Onset is gradual (4-12 weeks for most indications). Cyltezo is interchangeable with Humira per FDA designation and is biosimilar (not identical, but no clinically meaningful difference in safety or efficacy demonstrated).

Eligibility at a Saudi specialty clinic

Treating rheumatologist (KFSHRC, KAMC, KFMC), dermatologist, gastroenterologist, or ophthalmologist confirms the indication, screens for hepatitis B, latent TB (QuantiFERON or PPD), and active infection. Pregnancy plan documented. Live vaccines updated before initiation.

The Saudi prescribing and supply picture

Cyltezo SFDA registration status is variable; reference Humira and several adalimumab biosimilars are SFDA-registered. Where Cyltezo is not yet registered, access is via SFDA named-patient personal-import. Reserve Meds coordinates the import file, the prescription chain, and the cold-chain shipping from US or EU source.

Cost band

USD 40K-60K annual per patient (SAR 150K-225K), lower than reference Humira. Council of Health Insurance and MoH increasingly favour biosimilars for cost containment; private insurance pre-authorisation required.

What to expect, week-by-week

Weeks 0 to 2: confirm indication, screen for TB and hepatitis B, get prescription, file import. Weeks 2 to 4: shipment arrives, in-clinic supervised injection 1-2 sessions and self-administration training. Weeks 4 to 12: every-other-week SC; expect partial response by week 4, fuller response by week 12. Month 6 and 12: full reassessment per indication-specific outcome measures.

When Cyltezo is the wrong drug

Active untreated TB or hepatitis B reactivation risk: treat infection first. Heart failure NYHA III-IV: TNF inhibition contraindicated. Demyelinating disease: caution. Active malignancy: contraindicated. Lack of response or anti-drug antibody development on prior adalimumab products: consider alternative class. Reserve Meds does not promote one TNF biosimilar over another or over the reference biologic.

Closing

Reserve Meds runs the Cyltezo supply file from the KFSHRC, KAMC, or private specialist referral through SFDA registration or named-patient pathway and delivered cold-chain supply. Clinical decisions remain with your treating rheumatologist, dermatologist, gastroenterologist, or ophthalmologist.

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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