Cyltezo

United Arab Emirates · access guide

How to access Cyltezo (Humira biosimilar) from the UAE: 2026 pathway via SSMC, CCAD, Tawam, and private specialty clinics | Reserve Meds

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

The UAE treats large adalimumab populations across rheumatology, dermatology, gastroenterology, and ophthalmology at SSMC, CCAD, Tawam, Burjeel Medical City, American Hospital Dubai, Mediclinic City, Saudi German, and others. The 2026 question for Humira patients is whether to switch to Cyltezo, the FDA interchangeable biosimilar.

Why Cyltezo, why now

Cyltezo (adalimumab-adbm) was FDA-designated interchangeable with Humira in October 2021. Same indications as reference Humira: RA, JIA (4+), AS, PsA, plaque psoriasis (adult and paediatric 6+), CD (adult and paediatric 6+), UC (adult and paediatric 5+), HS (adult and paediatric 12+), uveitis. SC self-administered every other week.

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.

What Cyltezo is, in plain language

SC adalimumab biosimilar pen or pre-filled syringe, every other week after training. Onset gradual (4-12 weeks). Interchangeable with Humira per FDA designation; biosimilar in mechanism, safety, efficacy.

Eligibility at a UAE specialty clinic

Treating specialist confirms indication, screens for hepatitis B, latent TB (QuantiFERON), active infection. Pregnancy plan documented. Live vaccines updated before initiation.

The UAE prescribing and supply picture

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

Cost band

USD 40K-60K annual per patient (AED 150K-220K), lower than reference Humira. Thiqa for Emirati nationals covers under chronic-disease formulary; Daman Enhanced and private payors require pre-authorisation and increasingly favour biosimilars.

What to expect, week-by-week

Weeks 0 to 2: confirm indication, screen TB and hepatitis B, prescription, EDE filing. Weeks 2 to 4: shipment, clinic-supervised injection 1-2 sessions, self-administration training. Weeks 4 to 12: every-other-week SC; partial response by week 4, fuller by week 12. Month 6 and 12: full reassessment per indication-specific outcomes.

When Cyltezo is the wrong drug

Active untreated TB or hepatitis B reactivation risk: treat first. Heart failure NYHA III-IV: TNF inhibition contraindicated. Demyelinating disease: caution. Active malignancy: contraindicated. Lack of response or anti-drug antibodies on prior adalimumab: 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 SSMC, CCAD, Tawam, or private specialist referral through EDE registration or named-patient pathway and delivered cold-chain supply. Clinical decisions remain with your treating specialist.

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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