Dupixent

United Kingdom · access guide

Dupixent access in the United Kingdom: the Specials Licence pathway

Last reviewed 2026-05-16 by Reserve Meds clinical and regulatory team.

Quick orientation

Dupixent (dupilumab) is Sanofi and Regeneron's interleukin-4 receptor alpha blocker, approved across six type 2 inflammatory indications: atopic dermatitis from 6 months and older, moderate-to-severe asthma with eosinophilic phenotype, chronic rhinosinusitis with nasal polyps, eosinophilic oesophagitis (EoE) in patients 1 year and older, prurigo nodularis, and COPD with type 2 inflammation. The MHRA holds a UK marketing authorisation; NICE has issued multiple technology appraisals across the indications (TA534 atopic dermatitis 12+, TA814 atopic dermatitis 6-11, TA864 atopic dermatitis 6 months to 5 years, TA751 EoE adults and adolescents, TA479 asthma with type 2 inflammation, TA600 chronic rhinosinusitis with nasal polyps); and the prurigo nodularis and COPD indications carry separate NICE positions where applicable.

Even with multiple positive NICE positions, UK patients regularly use the Specials route or private supply for atopic dermatitis cases where step therapy or formulary exclusion blocks access, for prurigo nodularis cases not covered by current NHS commissioning, for off-label paediatric weight-banded presentations not stocked locally, and for private patients seeking faster access than the NHS prescribing centre route.

Why UK patients need Dupixent outside the standard NHS route

Four patterns drive UK Dupixent cross-border cases. First, the NICE indication boundaries do not always match the patient's clinical situation. A patient with severe atopic dermatitis who has not yet completed the systemic immunosuppressant step-therapy that NICE specifies may sit outside the NHS-funded route but be clinically appropriate per their dermatologist's judgment. Second, the NHS dermatology, respiratory medicine, allergy, and gastroenterology biologics prescribing centre may have a multi-month wait between referral and first dose. Private patients pursue private prescription routes during the wait. Third, formulary and step-therapy variation across NHS trusts can mean different access experiences in adjacent regions. Fourth, paediatric weight-banded pen presentations and the 100 mg, 150 mg, 200 mg, and 300 mg pen formats may not all be stocked at the local pharmacy.

The Specials route is also relevant for prurigo nodularis cases (FDA-approved 2022 with separate NICE assessment timeline) and the more recent COPD type 2 inflammation indication (FDA-approved 2024) where local commissioning may lag the regulatory approval.

The Specials Licence pathway for Dupixent in the UK

Dupixent holds a UK marketing authorisation, so the medicine is not strictly an unlicensed Specials in the regulatory sense. UK private supply runs through licensed UK pharmacy distribution against a private prescription from a UK consultant dermatologist, respiratory physician, allergist, gastroenterologist, or general practitioner with appropriate competency. The Specials framework becomes relevant when the patient is using a specific presentation (paediatric weight-band, specific pen format) not stocked through the standard UK distribution and the import is required to meet the specific clinical need.

The standard UK private supply route is a UK private prescription dispensed through a UK-licensed specialty pharmacy or homecare provider. Sciensus, Lloyds Clinical Homecare, Healthnet Homecare, HAH, and BioScript are among the principal UK biologics homecare providers; many private dermatology and respiratory medicine clinics partner with one or more of these providers. For cases requiring the Specials route, a UK Specials Licence holder with import authorisation handles the import notification and chain-of-custody.

Where Dupixent is prescribed and dispensed in the UK

For NHS atopic dermatitis cases the prescribing centre is typically a specialist dermatology unit at a major NHS trust; the medicine is dispensed through the hospital pharmacy or through a contracted homecare provider with home delivery and nurse-supported self-injection training. For NHS asthma cases the prescribing centre is a specialist severe asthma clinic typically at a tertiary respiratory medicine unit (Royal Brompton, Heartlands in Birmingham, Wythenshawe in Manchester, Papworth, Royal Free, Guy's and St Thomas', and others). For NHS EoE cases the prescribing physician is a gastroenterologist with EoE expertise, often at a tertiary centre.

For private patients the principal UK private dermatology centres include the Cadogan Clinic, The Lister Hospital London, The Wellington Hospital, HCA Healthcare UK at The Harley Street Clinic, and a wide network of London-based and regional private dermatologists. The Royal Brompton & Harefield Hospitals private patient unit and Cromwell Hospital are among the leading private severe asthma centres. Private prescription dispensing then routes through the homecare provider chain.

Real cost picture for Dupixent in the UK

Dupixent's US list price (WAC) is approximately USD 3,993 per 300 mg pen carton (two-pack) as of early 2025. At 0.79 GBP to 1 USD this converts to approximately GBP 3,150 per 300 mg pen carton. The standard adult atopic dermatitis dose is 600 mg loading then 300 mg every 2 weeks, equivalent to 26 doses per year, which gives an annual US WAC equivalent of approximately USD 51,900 (approximately GBP 41,000) before UK supply and fees.

UK private pharmacy supply of Dupixent through a UK-licensed specialty pharmacy typically lands at approximately GBP 1,200 to GBP 1,500 per single 300 mg pen depending on the supplier, with quantity discounts and homecare service fees varying by provider. Annual private cost in the UK therefore lands in the GBP 30,000 to GBP 40,000 range for the standard adult atopic dermatitis dose. The Reserve Meds cross-border route is most cost-effective when paediatric weight-banded presentations or specific pen formats not available through UK supply are required.

UK private medical insurance (Bupa, AXA Health, Vitality, Aviva) covers Dupixent for licensed indications case by case, typically with pre-authorisation and step-therapy requirements that mirror the NICE position. Some policies cover the full annual cost; others have benefit caps that the annual cost exceeds. Sanofi's UK patient support arrangements do not extend to international patient assistance equivalent to the US DUPIXENT MyWay copay programme.

Typical timeline for Dupixent in the UK

For an NHS-routed case the timeline depends on the referral and the prescribing centre's queue. From general practice referral to NHS biologics initiation runs typically 8 to 24 weeks across the indications. For a private case dispensed through a UK private dermatology or respiratory clinic, the timeline from initial consultation to first dose runs typically 1 to 4 weeks. For a Reserve Meds cross-border Specials case (typically for a specific paediatric weight-banded presentation or where UK private supply does not match the clinical need), the timeline runs typically 2 to 4 weeks from documentation completion to dispensing pharmacy receipt.

What your UK consultant needs to provide

The UK consultant prescribing Dupixent is typically a dermatologist (atopic dermatitis, prurigo nodularis), respiratory physician (asthma, COPD with type 2 inflammation), allergist or ENT consultant (chronic rhinosinusitis with nasal polyps), or gastroenterologist (eosinophilic oesophagitis). The clinical packet typically includes the indication-specific diagnosis with severity score (EASI for atopic dermatitis, ACQ-5 or asthma control questionnaire for asthma, IGA-CRSwNP for nasal polyps, EoE biopsy with eosinophil count for EoE, prurigo nodularis with severity assessment, COPD with documented type 2 inflammation phenotype), prior therapy history, and the FDA-approved or MHRA-licensed dosing regimen specific to the indication and age band.

The MHRA Yellow Card scheme is the standard pharmacovigilance reporting route for any suspected adverse drug reaction.

Common questions about Dupixent in the UK

Will the NHS pay for Dupixent for my eczema? NICE has recommended Dupixent for moderate-to-severe atopic dermatitis across the age bands (6 months and older). Eligibility under the NICE position typically requires prior systemic therapy and severity threshold criteria. The prescribing centre is a specialist NHS dermatology clinic.

Will my private medical insurance cover Dupixent? Major UK private medical insurers cover Dupixent for licensed indications case by case, typically with pre-authorisation and step-therapy requirements. Check your specific policy benefit and any annual specialty drug benefit cap.

What about the under-6 atopic dermatitis indication? NICE TA864 recommended Dupixent for atopic dermatitis in children aged 6 months to 5 years (June 2024). The local NHS dermatology pathway should now cover paediatric AD across the full age range.

Can I administer Dupixent at home? Yes. Dupixent is a subcutaneous injection administered via a single-use pen or pre-filled syringe at home after the initial nurse-supported training. UK homecare providers deliver the medicine refrigerated and support the patient with sharps disposal and injection rotation guidance.

What about competitors? In atopic dermatitis, tralokinumab (Adbry in the US, Adtralza in the UK) and lebrikizumab (Ebglyss) are alternative biologics; JAK inhibitors upadacitinib (Rinvoq) and abrocitinib (Cibinqo) are oral alternatives. In severe asthma, omalizumab (Xolair), mepolizumab (Nucala), reslizumab (Cinqair), benralizumab (Fasenra), and tezepelumab (Tezspire) sit in the competitive set. The choice depends on phenotype, prior therapy, and consultant judgment.

What about pregnancy and breastfeeding? Dupixent is a monoclonal antibody and the UK SmPC and the FDA label provide guidance on use in pregnancy and breastfeeding. The clinical decision rests with the consultant in consultation with obstetric and dermatology colleagues as appropriate.

Where Reserve Meds fits in Dupixent cases

Reserve Meds is a US-based concierge coordinator. For Dupixent in the UK, the standard private route through UK private dermatology or respiratory clinics and UK homecare providers is well-established and typically efficient. Our role is most relevant for specific paediatric weight-banded presentations not available through UK supply, for cases where the local prescription has unusual presentation requirements, and for international patients moving between markets who want a single coordinator across borders. For most standard adult atopic dermatitis or asthma cases the UK private supply chain is the more straightforward route.

The Yellow Card pharmacovigilance pathway for Dupixent

The MHRA Yellow Card scheme is the UK's national pharmacovigilance reporting system. Healthcare professionals, patients, and carers can report suspected adverse drug reactions, medical device incidents, defective medicines, and counterfeit medicines through the scheme. For specialty medicines accessed through the Specials Licence pathway, Yellow Card reporting is the operational mechanism that connects the UK clinical experience back to the global pharmacovigilance dataset that the MHRA, FDA, EMA, and other regulators rely on.

For Dupixent specifically, Reserve Meds coordinates the pharmacovigilance reporting chain in three ways. First, the prescribing UK consultant or the dispensing pharmacy submits any suspected adverse reactions through the Yellow Card scheme as standard practice. Second, the manufacturer's UK pharmacovigilance contact receives the case report through the standard regulatory channel and connects the case to the global safety database. Third, where the patient's clinical follow-up continues across markets, Reserve Meds provides the documentation continuity that lets the patient's consultants and the manufacturer's safety team coordinate across borders.

The MHRA also operates the Black Triangle (inverted black triangle) safety monitoring scheme for medicines that are under additional monitoring (typically newer medicines or medicines for which additional safety data are being collected). The Yellow Card scheme works the same way for Black Triangle medicines but with heightened attention to reporting.

UK consumer protection and patient rights for Dupixent

UK patients accessing specialty medicines through private pharmacy supply have the same consumer protections that apply to any UK regulated medicine purchase. The Care Quality Commission regulates private healthcare providers in England; Healthcare Improvement Scotland, Healthcare Inspectorate Wales, and the Regulation and Quality Improvement Authority in Northern Ireland are the parallel regulators in the devolved nations. The General Pharmaceutical Council regulates pharmacy professionals and registered pharmacy premises. The General Medical Council regulates doctors. The Nursing and Midwifery Council regulates nurses, including specialist nurses involved in cell therapy and homecare administration.

For UK patients accessing Dupixent, the relevant protections include the prescribing consultant's professional duty under GMC Good Medical Practice, the dispensing pharmacist's professional standards under General Pharmaceutical Council standards, the homecare provider's regulatory framework (where applicable), and the manufacturer's UK pharmacovigilance obligations. Reserve Meds operates as a US-based coordinator and is subject to US regulatory frameworks for our US-side operations; we do not replace or substitute for UK consumer protections, which the UK clinical and pharmacy chain provides directly.

Special considerations for international UK residents and dual-citizen families

The UK is home to a substantial population of international residents, dual-citizen families, and patients who spend significant time across multiple markets. For Dupixent cross-border continuity of care across the UK, the United States, the Gulf, India, and other markets is a recurring operational pattern. Reserve Meds is structured to support this cross-market reality with a single coordinator who understands the regulatory frameworks across the relevant jurisdictions, the documentation portability across markets, and the operational connection back to the UK clinical team during periods of UK residence.

UK patients who spend time in the United States may also pursue treatment at a US authorised treatment centre when this is clinically or operationally preferable. Reserve Meds provides the US-side liaison, the documentation packet for the US treatment centre, and the operational support across the UK-US clinical handover both at the start and on return to the UK for long-term follow-up.

Where to read more about Dupixent and the UK Specials pathway

Reserve Meds publishes detailed reference material across the regulatory pathways, country specifics, and condition-specific access guides. For the regulatory framework underlying the UK route to Dupixent, the named-patient pathway overview covers the international framework and the United Kingdom country deep-dive covers the MHRA Specials Licence, NICE technology appraisal, NHS England Specialised Commissioning, and the dispensing infrastructure in detail. The MHRA's own guidance on the supply of unlicensed medicinal products (often called the MHRA Guidance Note 14) provides the formal regulatory framing for prescribers and pharmacists. The General Pharmaceutical Council's standards on the dispensing of unlicensed medicines provide the pharmacy practice framework.

For UK patient information on the NHS-funded pathway, the National Institute for Health and Care Excellence (NICE) publishes the relevant technology appraisal guidance, and NHS England Specialised Commissioning publishes the corresponding clinical commissioning policy. Patients can search the NICE website for the specific technology appraisal that applies to their medicine and indication.

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.

Reserve Meds

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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