Siliq

Saudi Arabia · access guide

How to access Siliq from Saudi Arabia, the named-patient import pathway, 2026

By Reserve Meds · Clinical & regulatory team · Last reviewed 2026-04-23

A Saudi Arabiaian patient with moderate-to-severe plaque psoriasis who has failed or lost response to other systemic therapies may receive a prescription for Siliq (brodalumab) from their treating dermatologist. Siliq is FDA-approved in the United States and distributed by Ortho Dermatologics (Bausch). It is a human IgG2 monoclonal antibody that binds the IL-17 receptor A, differentiating it from other IL-17-class agents that target the IL-17A cytokine directly. In Saudi Arabia, Siliq is not routinely stocked through hospital pharmacies, so named-patient import via the Saudi Food and Drug Authority (SFDA) is the legitimate route for patients whose dermatologists have prescribed it.

This guide explains the pathway, what documentation your physician needs, typical costs and timing, and where Reserve Meds fits in.

The clinical situation

Siliq is administered subcutaneously at weeks 0, 1, and 2 (induction), then every 2 weeks as maintenance. The US FDA label carries a boxed warning about suicidal ideation and behaviour, and enrolment in the SILIQ REMS (Risk Evaluation and Mitigation Strategy) program is a US-specific requirement. Outside the US, equivalent manufacturer-sponsored risk-minimisation measures apply. Your dermatologist confirms severity (PASI/BSA), prior therapy history, psychiatric screening, and ongoing monitoring per FDA labeling.

Is Siliq legally importable into Saudi Arabia?

Yes, through the Saudi Food and Drug Authority (SFDA) named-patient / special-import framework. The pathway allows a Saudi Arabia-licensed physician to import a medicine not locally registered when: (a) the medicine is approved by a recognised reference authority (FDA qualifies), (b) no clinically equivalent registered alternative fits, (c) the physician takes clinical responsibility, and (d) chain of custody is documented.

For Siliq specifically, the named-patient pathway should be paired with awareness of the manufacturer's risk-minimisation program. International access respects that program and requires physician attestation on screening and monitoring per the product labeling.

How the pathway works, step by step

1. **Consultation with your treating dermatologist.** Severity documentation, prior therapy history, and psychiatric screening.
2. **Pre-treatment screening.** TB, infection screening, and labeling-aligned psychiatric baseline assessment.
3. **SFDA named-patient application.** The physician or hospital pharmacy files the application.
4. **US-side sourcing.** Reserve Meds coordinates with our US-licensed specialty wholesale partner. Brodalumab's controlled distribution requires alignment with manufacturer program requirements.
5. **Cold-chain shipment.** Siliq ships at 2-8°C with continuous temperature monitoring.
6. **Arrival and first dose.** The dispensing facility releases product for in-clinic administration initially; home use after training per physician judgment.

What documentation your physician needs

Your physician will typically need to provide:

- Clinical rationale letter confirming plaque psoriasis severity, prior therapies, and Siliq as the indicated treatment
- Verification of their Saudi Arabia medical licence
- Patient identifier
- Pre-treatment psychiatric baseline and infection screening
- Planned induction and maintenance regimen, with monitoring cadence

Reserve Meds provides a physician documentation kit that bundles the templates SFDA reviewers expect to see for IL-17-receptor biologics, including the psychiatric baseline note reflecting the labeling.

Costs and timing

Siliq's US cash-pay drug-only reference price for a single 210 mg pre-filled syringe sits in a broad indicative range of roughly USD 3,500-4,500. International cold-chain logistics, SFDA documentation handling, and concierge coordination add incremental cost. Reserve Meds issues a full transparent quote at the start of intake. Indicative range.

Indicative timing for first dose after cohort intake opens is 7-14 days from the moment a complete application is submitted. Maintenance doses ship on a rolling basis.

Fulfillment availability is limited to our first cohort, and all timelines published on this site are indicative. If your clinical situation is time-sensitive, tell us at intake. We triage accordingly.

Reserve Meds's role

Reserve Meds is a US-based concierge coordinator for cross-border specialty medicine. For Siliq specifically, we provide:

- **Sourcing.** Through our US-licensed specialty wholesale partner, operating under DSCSA chain-of-custody, aligned with the manufacturer's controlled distribution program.
- **Documentation.** Regulatory package for your physician and for SFDA review.
- **Logistics.** Cold-chain, temperature-monitored shipment.
- **Concierge case lead.** A named point of contact.

What we do not do: we are not the prescriber, we do not practise medicine, and we are not the dispensing pharmacy. All clinical decisions remain with your treating dermatologist.

Frequently asked

Is this legal in Saudi Arabia? Yes, when executed through the SFDA named-patient framework with appropriate documentation.

What about the suicidality boxed warning? The FDA boxed warning on brodalumab is load-bearing for patient selection. Your dermatologist screens and monitors per labeling. Patients with relevant psychiatric history are typically not candidates.

Can Siliq be self-injected at home? After clinical training and on the dermatologist's judgment, patient or caregiver self-injection is possible for maintenance doses.

Will private insurance cover this? Cash-pay is the default. Some Saudi Arabiaian insurers reimburse named-patient imports case by case; we supply documentation for your submission but do not process insurance claims directly.

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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