Skyrizi

Abu Dhabi · access guide

How to access Skyrizi from Abu Dhabi, the named-patient import pathway, 2026

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

A Abu Dhabi patient with moderate-to-severe plaque psoriasis, active psoriatic arthritis, moderately-to-severely active Crohn's disease, or moderately-to-severely active ulcerative colitis may receive a prescription for Skyrizi (risankizumab) from their treating dermatologist, rheumatologist, or gastroenterologist. Skyrizi is FDA-approved in the United States and manufactured by AbbVie. It is a humanised IgG1 monoclonal antibody that selectively targets the p19 subunit of interleukin-23, with a maintenance cadence measured in weeks rather than days. Access through Abu Dhabi hospital pharmacies varies by indication and by strength; a named-patient import route remains legitimate when the specific presentation needed is not locally stocked or when the indication is outside the local label. This guide is for patients whose physician has already prescribed the drug.

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

The clinical situation

Skyrizi is an injectable anti-IL-23p19 monoclonal antibody. Dosing is indication-specific. For plaque psoriasis and psoriatic arthritis, the typical regimen is 150 mg subcutaneously at week 0, week 4, and every 12 weeks thereafter. For Crohn's disease and ulcerative colitis, induction is given intravenously (commonly 600 mg at weeks 0, 4, and 8) followed by subcutaneous maintenance (often 360 mg every 8 weeks). The IL-23 class carries a cleaner safety profile than the JAK class and does not carry an FDA boxed warning. Pre-treatment screening per FDA labeling includes tuberculosis evaluation, hepatitis B and C serology, and review of vaccination status (live vaccines are not recommended during therapy). Your physician will document severity, prior therapy history, and the planned induction and maintenance schedule.

Is Skyrizi legally importable into the Abu Dhabi?

Yes, through the UAE Ministry of Health and Prevention (MoHAP) named-patient / personal-use import framework, coordinated with the dispensing hospital pharmacy. The Abu Dhabi has a mature named-patient mechanism that has supported specialty immunology, oncology, and rare-disease access for many years.

The MoHAP named-patient route allows a the Abu Dhabi-licensed (under DoH) physician to request import of a medicine when: (a) the medicine has been approved by a recognised reference authority (FDA qualifies), (b) no clinically equivalent locally available alternative is suitable for the patient, (c) the treating physician takes clinical responsibility for use, and (d) chain of custody is documented from the US source to the administering pharmacy. Applications are reviewed by the MoHAP Drug Sector.

How the pathway works, step by step

1. **Consultation with your treating physician.** The prescribing decision is clinical. Your physician documents the indication, severity scoring, prior therapy history, and rationale for Skyrizi.
2. **Baseline screening.** TB, viral hepatitis, and vaccination review are completed and documented per FDA labeling.
3. **MoHAP named-patient application.** Your physician or hospital pharmacy files the application with clinical rationale, patient reference, product presentation (subcutaneous or IV induction), quantity, and chain-of-custody plan.
4. **US-side sourcing.** Reserve Meds coordinates with our US-licensed specialty wholesale partner to secure product from AbbVie's authorised distribution under DSCSA chain-of-custody.
5. **Cold-chain shipment.** Skyrizi is a biologic requiring refrigerated transport (2 to 8 degrees Celsius) with temperature-excursion monitoring end to end.
6. **Arrival and first administration.** The dispensing facility releases product against the physician's prescription and administration proceeds on the planned induction and maintenance schedule.

What documentation your physician needs

Your physician will typically need to provide:

- A clinical rationale letter confirming the indication, severity scoring, prior therapy history (including any biologic exposure), and Skyrizi as the indicated treatment
- Verification of their the DoH medical licence (Abu Dhabi emirate) (SCFHS / MOH)
- A patient identifier (anonymised reference preferred)
- Documented pre-treatment screening (TB, hepatitis) and vaccination review
- The planned induction and maintenance schedule and the presentation required (150 mg SC pen or syringe; 600 mg IV induction; 360 mg SC maintenance)
- Identification of the administering facility for IV induction where applicable

Reserve Meds provides a physician documentation kit that bundles the templates MoHAP reviewers expect for IL-23 biologic imports, with attention to cold-chain documentation requirements.

Typical costs and indicative timing

Reserve Meds gives you a drug-only reference range plus a transparent delivered quote at intake. As an illustrative composite case, the US cash-pay reference range for a Skyrizi 150 mg psoriasis maintenance dose sits in an indicative 2026 band of roughly USD 18,000 to 21,000 per dose, with IV induction for Crohn's or UC running higher per session. International cold-chain logistics, MoHAP documentation handling, and concierge coordination add incremental cost. The delivered quote we issue at intake itemises each line so nothing is hidden.

Indicative timing, not a guarantee, for first dose after cohort intake opens is 7 to 14 days from the moment a complete application is submitted to MoHAP, assuming the documentation package is clean on first pass. Subsequent maintenance doses are scheduled against the physician's cadence.

; service availability is limited to our first cohort. All timelines are indicative, not guarantees. A brief culturally-aware note: Ramadan and Hajj seasons affect scheduling across Abu Dhabi tertiary centres, and our concierge team coordinates against your family's calendar.

Where Reserve Meds fits in

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

- **Sourcing.** Through our US-licensed specialty wholesale partner, operating under DSCSA chain-of-custody from manufacturer to export.
- **Documentation.** Regulatory package tailored for your physician and for MoHAP review.
- **Cold-chain logistics.** Temperature-controlled, internationally tracked shipment with excursion monitoring.
- **Concierge case lead.** A named point of contact for your family and your physician across the full case arc.

We are a coordinator, not the prescriber, not the dispensing pharmacy. All clinical decisions remain with your treating physician, and dispensing sits with the licensed Abu Dhabi pharmacy of record.

FAQ

Is this legal in Abu Dhabi?

Yes, when executed through the MoHAP named-patient / personal-use framework with appropriate documentation, clinical rationale, and a licensed dispensing facility.

How does Skyrizi compare to other IL-23 inhibitors?

Skyrizi, Tremfya, Ilumya, and Omvoh all target IL-23p19 but differ in dosing cadence, indication set, and clinical trial evidence. Your physician will choose based on indication, prior therapy, and response expectations.

What about the cold-chain?

Skyrizi requires refrigerated transport at 2 to 8 degrees Celsius. Our shipments carry temperature-excursion monitoring end to end, and we rework any shipment that falls outside specification.

Can the SC presentation be self-administered at home?

The 150 mg SC pen and syringe are designed for administration after training; your physician decides whether in-clinic or at-home administration is appropriate for your case.

Will private insurance cover this?

Cash-pay is the default posture. Some Abu Dhabi private insurers reimburse named-patient imports on a case-by-case basis; we supply documentation 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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