Skyrizi access in the UAE: the EDE named-patient pathway

How UAE patients legally obtain Skyrizi (risankizumab-rzaa) when the locally registered indication, available presentation, or payer coverage does not match what the prescribing specialist has written.

Last reviewed 2026-05-12 by Reserve Meds clinical and regulatory team.

Quick orientation

Skyrizi (risankizumab-rzaa) is AbbVie's IL-23p19 selective monoclonal antibody approved by the US FDA across four immune-mediated indications: moderate to severe plaque psoriasis (April 2019), active psoriatic arthritis (January 2022), moderately to severely active Crohn's disease (June 2022), and moderately to severely active ulcerative colitis (June 2024). It is registered in the UAE through MOHAP and DHA channels and accessible through the local AbbVie agent for the plaque psoriasis indication. UAE families nonetheless use the federal named-patient pathway routinely for Skyrizi: a gastroenterologist with a Crohn's or ulcerative colitis case before the local IBD label catches up, a rheumatologist with a psoriatic arthritis claim denied by the patient's insurer, or a dermatologist asking for the on-body injector maintenance presentation that the local agent does not consistently stock. Reserve Meds coordinates the US-side cold-chain sourcing, the documentation, and the logistics.

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Why UAE patients need Skyrizi through the named-patient pathway

The UAE operates one of the most developed pharmaceutical regulatory environments in the Gulf Cooperation Council. As of 29 December 2025, under Federal Decree-Law No. 38 of 2024, the newly established Emirates Drug Establishment (EDE) assumed 44 core services from MOHAP, including marketing authorisations and personal-use import permits. Skyrizi is registered locally for plaque psoriasis through the AbbVie regional channel, yet sustained cross-border demand persists because the gap between AbbVie's full FDA label and the local registration breadth is real.

The driver for these cases is rarely "unavailable anywhere." It is the gap between which Skyrizi indication is locally registered, which indication the patient actually has, and what local payers will fund. Specific UAE patterns surface in three recurring shapes. First, the Dubai- or Abu Dhabi-resident gastroenterology patient with moderate-to-severe Crohn's disease whose local market has Skyrizi registered for plaque psoriasis but where the IBD label and reimbursement pathway have not yet caught up. The patient's gastroenterologist documents that IL-23p19 selective blockade is the next-line option after anti-TNF or vedolizumab failure, and the EDE permit is the legal route. Second, the rheumatology patient with psoriatic arthritis whose Daman, GIG Gulf (formerly AXA Gulf), Sukoon (formerly Oman Insurance Company), ADNIC, or Orient plan covers Skyrizi for plaque psoriasis but not for the patient's PsA indication; the patient elects cash-pay rather than appeal. Third, the patient with the 2024 ulcerative colitis indication seeking

access before the local agent completes UC-specific filings and stocking. In each pattern, the patient is not seeking off-label use; the patient is seeking access to an FDA-approved indication that the local market either has not caught up to or does not fund.

The EDE named-patient pathway for Skyrizi

The federal pathway for a UAE-licensed physician to obtain a medicine that is not registered or not stocked locally for the specific indication is the unregistered-medicine import permit, historically administered by MOHAP and, from 29 December 2025, administered through the EDE portal at ede.gov.ae. The framework allows hospitals and licensed pharmaceutical establishments to import a specific medicine for a specific patient when the medicine is approved by a recognised reference authority (typically the US FDA, EMA, MHRA, PMDA Japan, or Health Canada) and a clinically equivalent locally registered option is not suitable for this case.

A complete application includes the prescribing physician's clinical justification letter, the physician's UAE medical license verification (MOHAP, DHA, DOH, or Sharjah Health Authority depending on practice location), an anonymised patient identifier, full product details (brand, generic name, manufacturer, strength, presentation, pack size, quantity, treatment duration), the destination dispensing facility name and license, and a chain-of-custody plan that specifies cold-chain handling end to end.

For Skyrizi, the clinical justification angle rests on documented prior-line history and indication match. For a Crohn's or ulcerative colitis case, the physician documents inadequate response or intolerance to conventional therapy (corticosteroids, immunomodulators), anti-TNF exposure where applicable, and the clinical rationale for IL-23p19 selective blockade as the next-line choice. For psoriatic arthritis, the physician documents the joint and skin involvement, prior DMARD or biologic exposure, and the choice of risankizumab over alternative IL-23, IL-17, anti-TNF, or JAK options. The letter also specifies the precise FDA-approved regimen: 150 mg SC at week 0, week 4, then every 12 weeks for plaque psoriasis and psoriatic arthritis; 600 mg IV induction at weeks 0, 4, and 8 followed by 360 mg SC maintenance every 8 weeks for Crohn's; 1200 mg IV induction at weeks 0, 4, and 8 followed by 180 mg or 360 mg SC maintenance every 8 weeks for ulcerative colitis. The label specifies that the 1200 mg UC induction is not interchangeable with the Crohn's induction dose, so the prescriber's precise indication and regimen statement matters at the EDE level.

Approval timelines for routine cases are typically 5 to 15 business days. Complex cases (first import of the IBD-specific IV induction vial, larger quantities, novel indication for the local pathway) can extend to 4 to 6 weeks.

Where Skyrizi gets dispensed in the UAE

Skyrizi requires a dispensing facility with 2 to 8 degrees Celsius cold-chain storage and, for Crohn's or ulcerative colitis induction, a clinical infusion setting capable of administering the IV induction doses. Tertiary and major private hospitals that handle named-patient cold-chain imports as established workflow include Cleveland Clinic Abu Dhabi on Al Maryah Island (with ASHP-accredited pharmacy services and active gastroenterology and rheumatology programs), Sheikh Khalifa Medical City in Abu Dhabi (a SEHA-network 586-bed JCI-accredited hospital), Tawam Hospital in Al Ain (a SEHA-network referral center), American Hospital Dubai (a Mayo Clinic Care Network member with gastroenterology and dermatology services), King's College Hospital London Dubai (with gastroenterology strength), Mediclinic City Hospital in Dubai Healthcare City, and the larger NMC Healthcare sites. For SC maintenance dispensing, the

broader UAE specialty-importer network handles the bring-in and the prescribing hospital outpatient pharmacy releases to the patient.

For the IV induction phase of Crohn's or UC cases, the dispensing facility must have the infusion-center capacity, the IV admixture pharmacy, and the clinical monitoring infrastructure. Smaller private hospitals without these capabilities typically route induction to one of the tertiary centers and then transition the patient to home or outpatient SC maintenance.

Real cost picture for Skyrizi in the UAE

Wholesale acquisition cost for Skyrizi in the United States is approximately USD 23,838 per single dose as of early 2026 per AbbVie's disclosed list pricing. For the plaque psoriasis or psoriatic arthritis regimen (150 mg every 12 weeks after induction), annual gross cost at WAC runs in the USD 90,000 to USD 100,000-plus range per patient-year. For Crohn's disease, the IV induction phase plus SC maintenance produces a materially higher first-year gross cost driven by the 600 mg IV doses. For ulcerative colitis, the 1200 mg IV induction makes the first-year cost the highest of the four indications. The UAE dirham is pegged to the US dollar at approximately 3.67 AED to 1 USD, so the plaque psoriasis annual range converts to roughly AED 330,000 to AED 367,000 at US WAC equivalents, with IBD induction costs materially higher.

International logistics for a cold-chain biologic shipment to the UAE typically runs USD 400 to USD 1,500 (approximately AED 1,500 to AED 5,500) depending on destination emirate and presentation. UAE customs and EDE permit fees are nominal relative to drug cost. Reserve Meds' concierge fee is itemised separately. Each UAE insurer assesses named-patient imports case by case; Thiqa has the broadest specialty coverage in Abu Dhabi for UAE nationals. The Skyrizi Complete Savings Card and myAbbVie Assist programs do not extend internationally.

Typical timeline for Skyrizi in the UAE

EDE routine processing is typically 5 to 15 business days from a complete filing. Cold-chain shipment adds 2 to 3 days versus an ambient small molecule. For plaque psoriasis or psoriatic arthritis cases on the standard SC regimen, end-to-end timing typically runs 3 to 5 weeks from a complete documentation set. For Crohn's or ulcerative colitis cases requiring the IV induction phase, the destination infusion-center scheduling adds a coordination step that pushes the first-dose window to 4 to 8 weeks depending on the chosen facility's infusion calendar. The 4-dose induction window for IBD (weeks 0, 4, 8) means the second and third induction shipments are scheduled to align with the patient's confirmed appointments.

What your physician needs to provide

For a UAE-licensed dermatologist, rheumatologist, or gastroenterologist prescribing Skyrizi through the EDE pathway, the clinical justification letter is the cornerstone of the application. The letter typically documents the patient's specific indication with severity scoring where relevant (PASI for plaque psoriasis, ACR criteria and joint counts for psoriatic arthritis, Mayo or CDAI scoring for IBD), prior therapy history including topical, conventional systemic, anti-TNF, and other biologic exposure, and the clinical rationale for choosing IL-23p19 selective blockade.

The letter specifies the FDA-approved regimen by indication: 150 mg SC at week 0, week 4, then every 12 weeks for plaque psoriasis and psoriatic arthritis; the 600 mg IV induction series followed by 360 mg SC every 8 weeks for Crohn's disease; the 1200 mg IV induction series followed by 180 mg or 360 mg SC every 8 weeks for ulcerative colitis. The label notes that the

1200 mg UC induction is not interchangeable with the 600 mg Crohn's induction, so indication-specific precision matters.

Monitoring plan should reference baseline TB screening (interferon-gamma release assay or tuberculin skin test) before initiation, with treatment of latent TB before starting Skyrizi. TB monitoring continues through treatment. Hepatitis B screening and baseline labs are standard. Live vaccines should be avoided during treatment. The treating physician's UAE license number, the dispensing facility license number, the pharmacy in charge, and the infusion center where applicable complete the package.

Common questions about Skyrizi in the UAE

Will Daman, Thiqa, GIG Gulf, Sukoon, ADNIC, or Orient cover this? Each insurer assesses Skyrizi case by case. Plaque psoriasis is on the broadest formularies; psoriatic arthritis and IBD coverage varies. Thiqa has the strongest specialty coverage for UAE nationals in Abu Dhabi. We supply documentation; the claim sits with you or your hospital.

My gastroenterologist wants Skyrizi for Crohn's but the local label is psoriasis. Is that legal? Yes. The EDE pathway exists precisely for this. Your gastroenterologist files for the FDA-approved Crohn's indication; the EDE permit covers a specific patient for a specific FDA-approved use that is not yet on the local registration.

What is the TB screening requirement? Skyrizi requires screening for latent and active tuberculosis before initiation, with treatment of latent TB before starting therapy. TB monitoring continues through treatment. Your physician will order an interferon-gamma release assay (or tuberculin skin test) and chest imaging as part of standard pre-biologic workup. This is the standard pattern for IL-23 inhibitors and aligns with general UAE practice for any patient starting an immunomodulator biologic.

What about Stelara (ustekinumab) and biosimilars as comparators? Stelara (the IL-12/23 inhibitor) is widely used in the UAE for plaque psoriasis and IBD, and multiple ustekinumab biosimilars are available globally. Skyrizi is IL-23 selective rather than IL-12/23, which is sometimes the clinical differentiator your specialist will document. Choice depends on the patient's full history and the prescriber's judgment.

Can the SC maintenance dose be self-administered at home? Yes. The on-body injector and prefilled pen are designed for self-administration after training. IV induction doses for Crohn's and UC are administered in a clinical infusion setting.

What if the IV induction is for ulcerative colitis specifically? The UC induction dose is 1200 mg, distinct from the 600 mg Crohn's induction. The label is explicit that they are not interchangeable. Your gastroenterologist's letter specifies the UC indication and the 1200 mg regimen; the EDE permit and the destination infusion center are scheduled accordingly.

Where Reserve Meds fits in Skyrizi cases

Reserve Meds is a US-based concierge coordinator. We do not replace your dermatologist, rheumatologist, or gastroenterologist, we do not replace the EDE, and we do not replace your dispensing pharmacy or infusion center. For Skyrizi specifically, we orchestrate the US-side sourcing through a DSCSA-compliant specialty channel, build the documentation packet your physician submits, coordinate validated cold-chain logistics with continuous temperature logging into the UAE, and assign a single named coordinator through the case. No prior Reserve Meds

case experience for Skyrizi is logged yet; standard NPP coordination under our cold-chain biologic playbook applies. IV induction scheduling, presentation selection (prefilled pen, syringe, on-body injector, or IV vial), and prior-line documentation are the recurring operational fundamentals we expect.

Next step

If your UAE specialist has prescribed Skyrizi and you are weighing the cross-border route, the next step is a short waitlist request. We confirm eligibility within 24 to 48 hours and send a documentation kit to your physician.

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