

## Tezepelumab-Ekko

Abu Dhabi · access guide

# How to access Tezepelumab-ekko from Abu Dhabi, the named-patient import pathway, 2026

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

An the UAEn patient with severe, uncontrolled asthma may receive a prescription for Tezepelumab-ekko, the non-proprietary designation for tezepelumab, marketed in the United States as Tezspire, from their treating pulmonologist or allergist. It is FDA-approved as add-on maintenance treatment for severe asthma in patients 12 years and older, co-developed by Amgen and AstraZeneca. It is the first and only severe-asthma biologic approved without a phenotype or biomarker restriction, making it an option for high-eosinophil, low-eosinophil, allergic, and non-allergic severe asthma phenotypes alike. In Abu Dhabi, availability of this class is still maturing; families whose pulmonologists want a predictable, documented start frequently use the MoHAP personal-use import pathway.

This guide explains the pathway, documentation your physician prepares, indicative timing and cost bands, and where Reserve Meds fits in.

## The clinical situation

Tezepelumab binds thymic stromal lymphopoietin (TSLP), an epithelial-cell-derived cytokine that sits upstream of multiple downstream type-2 and non-type-2 inflammatory cascades in asthma (IL-5, IL-4, IL-13, IgE, and beyond). Because TSLP is upstream, blockade reduces exacerbations across asthma phenotypes rather than only in a single-biomarker-selected group. Dosing is 210 mg subcutaneously every four weeks. Your pulmonologist will confirm severe-asthma diagnosis (recurrent exacerbations despite high-dose ICS/LABA, impaired lung function, uncontrolled symptoms), review phenotyping data (blood eosinophils, FeNO, IgE, allergen sensitisation), and decide whether tezepelumab's phenotype-agnostic mechanism fits better than a downstream-targeted biologic given the specific clinical picture.

## Is Tezepelumab-ekko legally importable into the Abu Dhabi?

Yes, through the UAE Ministry of Health and Prevention (MoHAP) personal-use / named-patient import framework under Rule 36 and related provisions of the Drugs and Cosmetics Rules. The mechanism permits import of up to three months' personal supply for a named patient under a registered medical practitioner's prescription, with customs clearance supported by the prescription, physician's letter, and product documentation. It is well-established for specialty biologics where local supply or registration timing does not match the clinical plan.

## How the pathway works, step by step

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1. **Consultation with your treating pulmonologist or allergist.** Severe-asthma confirmation, exacerbation history over the prior 12 months, FEV1 and asthma control test scores, and phenotype workup.
2. **Biologic selection.** Your physician weighs tezepelumab against phenotype-targeted alternatives (anti-IL-5, anti-IL-5R, anti-IgE, anti-IL-4R $\alpha$ ) given the specific clinical picture, TSLP blockade is particularly attractive for mixed or low-biomarker phenotypes, or after suboptimal response to a downstream biologic.
3. **Prescription and import letter.** Your physician issues the prescription and a clinical letter describing indication, dosing schedule, and personal-use rationale.
4. **US-side sourcing.** Reserve Meds coordinates with our US-licensed specialty wholesale partner to secure tezepelumab from authorised distribution under DSCSA.
5. **Cold-chain shipment to Abu Dhabi.** The product ships under validated 2-8 °C conditions with temperature logging; Reserve Meds handles customs documentation with the importing agent.
6. **Arrival and administration.** First dose administered under physician observation per labeling; subsequent monthly doses administered by clinician, trained caregiver, or patient.

## What documentation your physician needs

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- Clinical rationale letter confirming severe-asthma diagnosis, exacerbation history, prior controller regimen, and tezepelumab as the indicated add-on
- Verification of Medical Council of Abu Dhabi / NMC registration
- Spirometry results (FEV1, reversibility)
- Phenotyping workup (blood eosinophils, FeNO, IgE, allergen sensitisation)
- Planned dosing schedule and follow-up cadence
- Patient identifier and residential address for import clearance

Reserve Meds provides a physician documentation kit that bundles the templates MoHAP and customs expect to see for severe-asthma biologic personal imports, including the phenotype-selection rationale annex.

## Typical costs and indicative timing

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Tezepelumab's US cash-pay drug-only reference range in 2026 sits at roughly USD 3,500-4,500 per 210 mg SC dose (monthly supply). International cold-chain logistics, MoHAP documentation handling, customs clearance, and concierge coordination are quoted separately. Reserve Meds issues a full transparent delivered quote at intake so your family sees one landed number before committing. Indicative range.

Indicative timing for first dose after cohort intake opens is 7-14 days from the moment complete documentation is in hand. Maintenance doses ship monthly on a rolling calendar.

*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.*

## Where Reserve Meds fits in

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

- **Sourcing.** Through our US-licensed specialty wholesale partner, operating under DSCSA chain-of-custody from authorised channels.
- **Documentation.** Regulatory package for your physician, MoHAP import documentation, and customs-clearance support.
- **Logistics.** Validated 2-8 °C cold-chain shipment with temperature logging.
- **Concierge case lead.** A named point of contact coordinating monthly refills.

**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 pulmonologist.

## Frequently asked

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**Is this legal in Abu Dhabi?** Yes, when executed through the MoHAP personal-use / named-patient framework with a valid prescription and supporting physician letter. See our trust and compliance page for our methodology.

**Why choose tezepelumab rather than an anti-IL-5 or anti-IgE biologic?** Tezepelumab is the only severe-asthma biologic approved without a phenotype restriction. The TSLP mechanism sits upstream of multiple downstream pathways, so it is attractive for mixed phenotypes, low-biomarker severe asthma, or patients who have had suboptimal response to a downstream biologic. Your pulmonologist decides based on the specific clinical picture.

**What if I have already tried Fasenra or Nucala?** Tezepelumab's upstream mechanism is often the next option for patients with persistent severe asthma despite an anti-IL-5-class biologic. Your pulmonologist will document the switch rationale.

**Can my child receive it?** The FDA approval covers patients 12 years and older. Younger patients are outside current labeling; your physician decides.

**Will private insurance cover this?** Cash-pay is the default. Some the UAE private insurers and corporate plans consider named-patient imports case by case; we supply documentation for your submission but do not process 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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### 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.

Reserve Meds is in pre-launch. Published timelines and cost ranges are indicative, not guarantees.  
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