Tezepelumab-Ekko

Saudi Arabia · access guide

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

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

An Saudi Arabian 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 Saudi Arabia, availability of this class is still maturing; families whose pulmonologists want a predictable, documented start frequently use the SFDA 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 Saudi Arabia?

Yes, through the Saudi Food and Drug Authority (SFDA) 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

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-4Rα) 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 Saudi Arabia.** 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

- Clinical rationale letter confirming severe-asthma diagnosis, exacerbation history, prior controller regimen, and tezepelumab as the indicated add-on
- Verification of Medical Council of Saudi Arabia / 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 SFDA and customs expect to see for severe-asthma biologic personal imports, including the phenotype-selection rationale annex.

Typical costs and indicative timing

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, SFDA 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

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, SFDA 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

Is this legal in Saudi Arabia? Yes, when executed through the SFDA 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 Saudi Arabian 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.

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