Trikafta

Abu Dhabi · access guide

How to access Trikafta 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 cystic fibrosis (CF) whose CFTR genotype includes at least one F508del pathogenic variant, or another CFTR variant responsive to elexacaftor/tezacaftor/ivacaftor per FDA labelling, may receive a prescription for Trikafta (marketed as Kaftrio in some markets) from their treating CF pulmonologist. Trikafta is FDA-approved, developed by Vertex Pharmaceuticals, and is a triple-combination CFTR modulator that has meaningfully changed the disease trajectory for eligible CF patients. In Abu Dhabi, availability varies by institution; where your specific tertiary centre does not stock Trikafta or where supply is inconsistent, the named-patient pathway is a legitimate bridge.

This guide explains how Reserve Meds supports access in the formulary-gap scenario and where we fit in.

The clinical situation

Trikafta corrects and potentiates the defective CFTR chloride channel at the apical membrane of epithelial cells. Dosing is two morning tablets and one evening tablet daily, with fat-containing food for absorption. Eligibility anchors to a confirmed CF diagnosis (sweat chloride, CFTR genotyping, and clinical phenotype), an FDA-responsive CFTR variant, age per current labelling, and baseline hepatic and paediatric ophthalmological assessment. Your pulmonologist will confirm genotype, baseline FEV1, and sweat chloride, and plan the hepatic monitoring cadence.

Consanguinity-influenced genotype patterns mean that CFTR variant distribution in Abu Dhabi CF families differs from European populations; some Abu Dhabi families carry rarer variants that may or may not be Trikafta-responsive. The FDA-responsive variant list has expanded on in vitro and clinical grounds, so variants once considered non-responsive now qualify, check current labelling with your pulmonologist.

Is Trikafta legally importable into the Abu Dhabi?

Yes, via the UAE Ministry of Health and Prevention (MoHAP) named-patient import framework. The named-patient mechanism permits a MoHAP-licensed physician to import a medicine not locally registered, or not routinely stocked at a given institution, when (a) the medicine is approved by a recognised reference authority such as the US FDA, (b) no clinically equivalent alternative is available for the patient, (c) the physician accepts clinical responsibility, and (d) chain of custody through a licensed importer is documented.

How the pathway works, step by step

1. **Consultation with your treating CF pulmonologist.** Confirmed CF diagnosis, CFTR genotype, baseline FEV1, sweat chloride, and clinical rationale letter.
2. **Genotype verification.** CFTR genotyping report documenting an FDA-responsive variant (or updated variant with in vitro responsiveness evidence per current label).
3. **MoHAP named-patient application.** Your physician files the dossier including clinical rationale, patient reference, and dosing plan.
4. **US-side sourcing.** Reserve Meds coordinates with our US-licensed specialty wholesale partner to secure Trikafta from the manufacturer's authorised distribution chain under DSCSA.
5. **Controlled shipment.** Trikafta ships with standard temperature-controlled logistics to the prescribing hospital pharmacy.
6. **Initiation and ongoing refill cadence.** Your CF team initiates therapy with baseline liver-function and visual assessment, and monitors per FDA labelling.

What documentation your physician needs

- Clinical rationale letter confirming CF diagnosis, CFTR genotype with FDA-responsive variant, baseline lung-function status, and Trikafta as the indicated therapy
- Verification of SCFHS medical licence
- CFTR genotyping report and sweat chloride result
- Baseline liver-function panel and ophthalmological assessment (paediatric)
- Multi-month dosing plan with refill cadence

Reserve Meds provides a physician documentation kit bundling the MoHAP templates reviewers expect to see for CF named-patient files.

Costs and timing

Trikafta's US cash-pay drug-only reference cost sits in an indicative 2026 annual range of roughly USD 320,000-340,000. International logistics, MoHAP documentation handling, importer-of-record fees, and concierge coordination add incremental cost. Reserve Meds issues a transparent quote at the start of intake. Indicative range.

Indicative timing for first dispensation after cohort intake opens is 7-14 days from the moment a complete MoHAP application is submitted.

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.

A culturally-aware note: consanguinity-linked CF genotype patterns in Abu Dhabi families sometimes complicate eligibility determination. Genetic counselling is a valuable adjunct alongside pulmonology evaluation, and we work with the family's clinical team to navigate variant-level documentation carefully.

Reserve Meds's role

- **Sourcing.** Through our US-licensed specialty wholesale partner under DSCSA chain-of-custody.
- **Documentation.** Regulatory package for your physician and MoHAP review, keyed to the CFTR-genotype rationale.
- **Logistics.** Shipment to the nominated hospital pharmacy with importer-of-record handling.
- **Concierge case lead.** A named point of contact supporting ongoing refill cycles over the multi-year treatment horizon.

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

My child's genotype is a rare variant, are they eligible? The FDA-responsive variant list has expanded to include many non-F508del CFTR variants on both in vitro and clinical-trial grounds. Your pulmonologist will check your specific variants against the current label.

Can we use the same pathway for ongoing refills? Yes, the MoHAP personal-use framework supports ongoing refill cycles with renewed applications aligned to the prescription calendar.

What about age cut-offs? FDA labelling has expanded progressively to younger age groups. Your pulmonologist confirms eligibility.

Will insurance cover this? Cash-pay is the default for named-patient imports. Some Abu Dhabi private insurers and MoH rare-disease pathways consider case-by-case reimbursement; we supply documentation 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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