Ubrelvy access in Egypt: the EDA personal-import pathway

How adult patients in Egypt with triptan-refractory or triptan-contraindicated migraine access Ubrelvy, the first oral CGRP receptor antagonist approved for acute migraine in the United States, through the Egyptian Drug Authority personal-import framework.

Last reviewed 2026-05-12 by Reserve Meds clinical and regulatory team. This page describes the EDA personal-import pathway for Ubrelvy for adult patients in Egypt living with episodic migraine who need an oral acute therapy outside the triptan class.

Section 1. Quick orientation

Ubrelvy (ubrogepant) is an oral small-molecule calcitonin gene-related peptide (CGRP) receptor antagonist in the gepant class, manufactured for AbbVie Inc. of North Chicago, Illinois. The US Food and Drug Administration approved Ubrelvy on 23 December 2019 for the acute treatment of migraine with or without aura in adults. It is the first oral CGRP receptor antagonist approved for acute migraine and is dosed as needed at the onset of an attack rather than as a daily preventive. Ubrelvy is not registered with the Egyptian Drug Authority (EDA), is not stocked through Egyptian hospital pharmacies or licensed importers, and is not commercially available in Egyptian retail channels. For Egyptian adults whose neurologist has identified ubrogepant as the right next step, the lawful pathway is the EDA personal-import framework established under Law No. 151 of 2019, with the application filed by a licensed Egyptian dispensing facility. Reserve Meds coordinates the US-side sourcing, manufacturer documentation, and international air-freight logistics. **Reserved for you.**

Section 2. Why patients in Egypt need Ubrelvy through a named-patient pathway

Egypt operates one of the most active named-patient import workflows in the Arab world, precisely because the gap between what the FDA approves and what is registered with the EDA remains wide for advanced neurology and specialty therapies. Ubrelvy sits squarely inside that gap. AbbVie has not pursued EDA registration for ubrogepant; the molecule is approved in the United States but has limited registration outside it, with no European Medicines Agency authorisation, no UK MHRA approval, and no SFDA, MOHAP, EDA, CDSCO, or DRAP registration as of this review. The drug exists nowhere on Egyptian pharmacy shelves and no local importer holds stock.

The Egyptian patient cohort reaching for Ubrelvy through EDA personal-import is well defined. These are adults with episodic migraine who are triptan-refractory, meaning sumatriptan, rizatriptan, or eletriptan have failed at adequate doses across multiple attacks; triptan-contraindicated, meaning the neurologist has flagged coronary artery disease, uncontrolled hypertension, prior stroke or transient ischemic attack, or peripheral vascular disease; or triptan-

intolerant, with chest tightness, paresthesias, or dysphoria preventing continued use. For these patients the CGRP receptor antagonist mechanism of ubrogepant is both pharmacologically attractive and the safer cardiovascular choice, because gepants do not produce the vasoconstriction that defines the triptan class. A second pattern is Egyptian patients whose neurologist has prescribed a gepant after international consultation, after exposure to US migraine specialists, or after literature review, and who need a structured cash-pay import pathway to obtain it. The post-2022 depreciation of the Egyptian pound has made every imported specialty therapy more expensive in local-currency terms, which is one reason many Cairo and Alexandria families coordinate USD funds from relatives in the Gulf, Europe, or North America for the case.

Section 3. The EDA personal-import pathway for Ubrelvy

The Egyptian Drug Authority was created by Law No. 151 of 2019, issued 25 August 2019 in the Official Gazette No. 34 bis (A), with executive regulations issued by Prime Minister Decision No. 777 of 2020 on 29 March 2020. EDA is a public service authority affiliated to the Prime Minister and consolidates functions previously held by the National Organization for Drug Control and Research (NODCAR), the National Organization for Research and Control of Biopharmaceuticals (NORCB), and the Ministry of Health's Central Administration of Pharmaceutical Affairs (CAPA). The EDA Drug Registration Sector handles registration files, and the Egyptian Pharmacovigilance Center (EPVC) handles post-market safety.

EDA permits the importation of unregistered medicines for a specific patient under defined conditions, most importantly where no equivalent registered product is available locally, or where the available quantity of an equivalent registered product cannot meet the patient's clinical need. The pathway is commonly referred to as Personal Importation, sometimes described in EDA correspondence as Special Access or Compassionate Use for unregistered drugs. The application is filed through the dispensing institution's import pharmacy: a private specialty hospital, a university hospital import desk, or a licensed specialty importer acting on the patient's behalf. Reserve Meds does not file with EDA and does not act as an Egyptian importer of record.

The standard application package includes a clinical justification letter from the treating physician on hospital letterhead, a recent prescription specifying brand name, generic name (INN), strength, dosage form, and quantity required, a patient identifier (national ID card or passport copy), physician licensing verification (Egyptian Medical Syndicate membership number and Ministry of Health licence reference), product details including manufacturer name, country of origin, FDA approval reference, shelf life, and storage conditions, the destination dispensing facility licence, and a chain-of-custody plan including expected port of entry (typically Cairo International Airport).

The cell-specific clinical-justification framework for Ubrelvy is triptan-pathway documentation. The treating neurologist's letter sets out the migraine diagnosis (episodic migraine with or without aura, per the International Classification of Headache Disorders criteria), the prior triptan therapies tried and failed or the cardiovascular contraindications to triptans, the rationale for an oral CGRP receptor antagonist as the next step, the dosing plan (50 mg or 100 mg at attack onset, with a second dose at least two hours later if needed, capped at 200 mg in 24 hours and 8 doses per 30-day period per the FDA label), the CYP3A4 interaction review where the patient is on other medications, and the monitoring plan. Routine EDA personal-import authorisations for well-documented cases are typically processed in a 3 to 6 week window once a complete package is submitted, though this range varies by case complexity. EDA reserves discretion at every step. Reserve Meds does not promise EDA timelines.

Section 4. Where Ubrelvy gets dispensed in Egypt

Ubrelvy is a small-molecule oral tablet that does not require cold-chain handling, infusion infrastructure, or specialised dispensing. Practically any Egyptian dispensing facility with an in-house import pharmacy or a relationship with a licensed Cairo-based specialty importer can handle the dispense. The hospitals that routinely file EDA personal-import requests and that hold the most experience with imported specialty neurology drugs include Cairo University Hospitals (Kasr Al Ainy), the oldest and largest academic hospital network in Egypt and the Middle East, with a Drug Information Center and dedicated neurology units; Ain Shams University Hospitals, the second major academic hospital network in Cairo; Dar Al Fouad Hospital in 6th of October City, Giza, a private super-specialty hospital JCI-accredited since 2005 with active neurology infrastructure and part of the Alameda Healthcare Group; As-Salam International Hospital in Cairo; and the Cleopatra Hospitals Group, the largest private hospital group in Egypt with over 1.2 million patients treated annually across multiple Cairo facilities.

For patients whose treating neurologist is at a smaller hospital or an outpatient neurology clinic, the practical route is partnering with a Cairo-based licensed specialty importer that files the EDA application, handles customs clearance at Cairo International Airport, and dispenses through its licensed pharmacy. The clinical justification still comes from the treating neurologist; the importer holds the dispensing pharmacy licence. The handling profile makes Ubrelvy one of the lower-friction molecules in the Egyptian named-patient flow: standard ambient air-freight, no temperature loggers required for compliance, no dry-ice, no in-transit reconstitution risk.

Section 5. Real cost picture for Ubrelvy in Egypt

Reserve Meds quotes in US dollars and accepts USD wire transfers. The Egyptian pound has lost more than 70 percent of its value against the US dollar since early 2022, with the USD/EGP rate near 52 to 53 in May 2026 and a controlled-depreciation outlook through end of year per IMF Article IV consultation forecasts. Quoting in USD insulates the patient from intra-case currency drift between quote and shipment.

- **Drug cost reference.** US wholesale acquisition cost for Ubrelvy is approximately USD 1,140 per 10-tablet pack (50 mg or 100 mg) as of January 2026, equivalent to roughly USD 114 per tablet at the WAC level. Pharmacy retail prices in early 2026 have ranged from approximately USD 1,086 to USD 1,464 per 10-tablet 100 mg pack per GoodRx and SingleCare cash-price references. For a patient using Ubrelvy at the FDA-labeled cap of 8 doses per month, a typical monthly drug-only envelope at WAC is in the order of USD 900 to USD 1,200 depending on pack configuration and refill cadence.
- **International logistics.** Standard ambient air-freight from the US source to Cairo International Airport runs typically USD 400 to USD 800 for an oral specialty pack at this volume, well below the cold-chain ranges that apply to biologics. Customs documentation and the dispensing facility's regulatory handling fees on the Egyptian side vary by institution.
- **Reserve Meds concierge.** Itemised separately on every firm quote, never bundled. A firm quote follows document intake and supply confirmation; the indicative range above anchors patient conversation without committing to a final number.

Insurer behaviour for named-patient imports varies meaningfully by carrier in Egypt. Bupa Egypt (subsidiary of Bupa Global, strong international plan portfolio), AXA Egypt, MetLife Egypt, Allianz

Egypt, Misr Insurance (the largest insurer in Egypt by gross written premium), MedGulf Egypt, Orient Takaful, and Royal Insurance each assess named-patient claims case by case. Some plans reimburse a percentage when the drug treats a covered indication even if the specific product is not on a local formulary; many require pre-authorisation. The Universal Health Insurance Authority (UHIA) coverage is still rolling out by governorate phase and does not currently cover most specialty imports for most patients. Cash-pay remains the dominant posture; many Egyptian families reimburse themselves later if their private insurance covers a portion.

Section 6. Typical timeline for Ubrelvy in Egypt

End-to-end planning horizon for an Egyptian Ubrelvy case is typically 3 to 6 weeks from first contact to dispense at the licensed pharmacy. Reserve Meds confirms eligibility within 24 to 48 hours of the waitlist request. The treating neurologist prepares the clinical justification letter and prescription within the first week. The dispensing facility files the EDA personal-import application; routine EDA authorisations for well-documented oral specialty cases are typically processed in a 3 to 6 week window, though complex cases involving novel mechanisms can extend to 8 to 14 weeks. US-side sourcing through the open wholesaler chain (McKesson, Cardinal Health, AmerisourceBergen) runs in parallel; Ubrelvy is not on the FDA Drug Shortage list as of this review and AbbVie has maintained reliable US supply since the 2019 launch. Once EDA authorisation issues, ambient air-freight to Cairo International Airport is typically 5 to 7 business days, with the dispensing facility handling customs clearance. These ranges are typical, not promises.

Section 7. What your physician needs to provide

For Ubrelvy, the documentation packet is meaningfully simpler than for a biologic or gene therapy, because the molecule is an oral small-molecule abortive with no cold-chain or institutional-capability gates. The treating neurologist provides the patient identifier (national ID card or passport copy), the migraine diagnosis on hospital letterhead with the International Classification of Headache Disorders criteria documented, the prior triptan trial history (sumatriptan, rizatriptan, eletriptan, others) with documented failure or intolerance, or the cardiovascular contraindications to triptans (coronary artery disease, uncontrolled hypertension, prior stroke or TIA, peripheral vascular disease), the rationale for an oral CGRP receptor antagonist as the next step, and the dosing plan referencing the FDA label (50 mg or 100 mg at attack onset, second dose at least two hours after if needed, maximum 200 mg in 24 hours, maximum 8 doses per 30-day period).

The CYP3A4 interaction review is a specific Ubrelvy line item the neurologist should address in the letter. Co-administration with strong CYP3A4 inhibitors (clarithromycin, itraconazole, ketoconazole, ritonavir-boosted regimens) is contraindicated; dose reduction is required with moderate and weak CYP3A4 inhibitors; dose reduction is also indicated for severe renal impairment and severe hepatic impairment. The neurologist's Egyptian Medical Syndicate (EMS) membership number and Ministry of Health licence reference are on every page of the file. The dispensing facility's institutional licence anchors the import authorisation. Pharmacovigilance reporting through the Egyptian Pharmacovigilance Center (EPVC) using the Yellow Card or CIOMS forms runs through the course of therapy and stays with the treating clinician.

Section 8. Common questions about Ubrelvy in Egypt

Will Bupa Egypt, AXA Egypt, MetLife, or Allianz cover this? Each insurer assesses named-patient imports case by case. Some plans reimburse a percentage when the drug treats a covered

indication even if the specific product is not on a local formulary; many require pre-authorisation. Reserve Meds supplies the documentation an insurer needs to assess. The claim filing remains with the patient or the dispensing hospital. Cash-pay is the default posture, and many Egyptian families reimburse themselves later if coverage applies.

Does UHIA cover specialty imports? Not as a general rule and not consistently across governorates yet. The UHI rollout began in Port Said in 2019 and is phased through to 2032, with Cairo, Giza, and Qalyubia in the final phase. For most named-patient specialty imports in 2026, UHIA coverage is not the funding path; cash-pay or private insurance reimbursement is.

Does my neurologist's Egyptian Medical Syndicate licence cover the prescription? Yes. Both public-sector neurologists (Kasr Al Ainy, Ain Shams, MoH hospitals) and private-sector neurologists (Cleopatra, Dar Al Fouad, As-Salam, Alameda group) have signing authority on personal-import clinical justification letters, subject to the institutional licence of the dispensing hospital.

What is the safety profile? The most common adverse events in the ACHIEVE I and ACHIEVE II pivotal trials were nausea, somnolence, and dry mouth, each reported in single-digit percentages of patients. There were no serious treatment-related adverse events and no discontinuations for adverse events in the pivotal trials. Ubrogepant does not produce the vasoconstriction associated with triptans, which is the defining cardiovascular safety advantage of the gepant class.

What is the monitoring requirement? Routine laboratory monitoring is not required for episodic acute use. Your neurologist reviews concomitant medications at each refill for CYP3A4 interaction risk and assesses for adequate response and dose escalation between 50 mg and 100 mg as clinically indicated.

Is there an alternative I should consider with my neurologist? Within the gepant class, Nurtec ODT (rimegepant, 75 mg orally disintegrating tablet) carries both acute and preventive indications on a single label. Zavzpret (zavegepant) is the nasal-spray gepant for patients who cannot tolerate an oral dose during nausea. Qulipta (atogepant) is a daily oral gepant for prevention, not acute treatment. Triptans remain the historical class comparator. The choice is your neurologist's; Reserve Meds does not steer the decision.

Section 9. Where Reserve Meds fits in Ubrelvy cases

Reserve Meds is a US-based concierge coordinator. We do not replace your neurologist, we do not replace the EDA, we do not replace your dispensing pharmacy, and we do not act as an importer of record in Egypt. For Ubrelvy specifically, the orchestration we provide is US-side sourcing through the open-distribution wholesaler chain (no specialty pharmacy enrolment is required for this molecule), the regulatory documentation kit your neurologist needs for the EDA filing, international ambient air-freight from the US source to Cairo International Airport with the dispensing facility handling customs clearance, Arabic-language patient-facing materials where the family requests them, and a single named coordinator running the case end-to-end in both English and Arabic. We support cross-border family coordination where the patient is in Cairo or Alexandria and an adult child handles correspondence from Dubai, Riyadh, London, or New York. No prior Reserve Meds case experience exists for Ubrelvy at the date of this page; standard NPP coordination applies. Anticipated case patterns are episodic-migraine adults with triptan failure or cardiovascular contraindications, presenting through the patient portal with a prescriber letter from a local neurologist.

Section 10. Next step

If your neurologist has identified Ubrelvy as the right next step for your migraine and you are based in Egypt, the next step is the waitlist. We confirm eligibility within 24 to 48 hours, route a documentation kit to your neurologist, and align with your dispensing facility on the EDA filing. **Reserved for you.**

This guide is informational, not medical or legal advice. The EDA personal-import pathway requires licensed clinical judgment and a licensed Egyptian dispensing facility; Reserve Meds is the coordinator, not the prescriber or the dispenser.

Review & oversight. Content on this page is reviewed by Reserve Meds's clinical and regulatory team. A US-licensed pharmacist reviews every prescription before dispensing. Regulatory posture is informational, not legal advice; case-specific questions route to retained outside counsel. Review methodology ›

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