Ubrelvy access in Saudi Arabia

How patients in the Kingdom of Saudi Arabia access Ubrelvy (ubrogepant) for acute migraine via the SFDA Personal Importation Program.

A patient-first orientation

Ubrelvy is the brand name for ubrogepant, an oral small-molecule calcitonin gene-related peptide receptor antagonist in the gepant class, approved by the US Food and Drug Administration on December 23, 2019 for the acute treatment of migraine with or without aura in adults. It is taken at the onset of an attack, with no titration, no daily dosing, and no vasoconstrictive activity of the kind that limits triptan use in patients with cardiovascular risk. AbbVie markets it under the original Allergan trademark. Ubrogepant is not registered with the Saudi Food and Drug Authority, is not stocked at retail pharmacies in the Kingdom, and is not currently distributed through any local agent. For Saudi patients whose neurologist has identified Ubrelvy as the right next step, the lawful route into the country is the SFDA Personal Importation Program (PIP), a named-patient framework that has handled cross-border specialty drug access for over a decade. Reserved for you.

Why Saudi patients need Ubrelvy through the named-patient pathway

The Kingdom of Saudi Arabia operates one of the most mature pharmaceutical regulatory frameworks in the Gulf Cooperation Council. SFDA maintains the national drug registration list and runs a well-developed Personal Importation Program, supported in recent years by the Ghad digital regulatory platform. The Vision 2030 Health Sector Transformation Program has expanded specialty care across oncology, rare disease, and neurology centers of excellence, but the gap between FDA-approved availability in the United States and SFDA market presence remains real for several therapeutic classes, including next-generation migraine therapies.

Ubrelvy sits in the third pattern of access gap described in the SFDA framework: the drug is approved by the US FDA but AbbVie has not sought SFDA registration. There is no Saudi commercial agent, no local stocking, and no pending registration that would close the gap in the near term given AbbVie's portfolio priorities. The neurologists in Riyadh and Jeddah who would prescribe an oral gepant for triptan-refractory or triptan-contraindicated patients have no domestic supply chain to draw from, which is precisely the structural reason the PIP framework exists. The patient cohort reaching for Ubrelvy is well-defined: adults with episodic migraine who have failed sumatriptan, rizatriptan, or eletriptan, or who carry triptan contraindications such as coronary artery disease, uncontrolled hypertension, prior stroke, or peripheral vascular disease. For this cohort, the CGRP-receptor mechanism is both pharmacologically appropriate and the safer cardiovascular choice.

The SFDA Personal Importation Program for Ubrelvy

The SFDA Personal Importation Program allows a Saudi-licensed physician to request import of a specific medicine for a specific named patient when the medicine is approved by a recognized reference authority (typically the US FDA, EMA, MHRA, PMDA, or Health Canada) and a

clinically equivalent locally registered alternative is not suitable. Applications are filed through the dispensing institution's import pharmacy and reviewed by SFDA's Drug Sector.

The application package contains the clinical justification letter from the treating physician (diagnosis with ICD-10 coding, attack frequency and severity, prior therapies attempted with documented outcomes, why a locally registered alternative is unsuitable, and the specific drug, dose, and duration requested); treating physician licensing verification through an active Saudi Commission for Health Specialties (SCFHS) registration; the patient identifier in the format SFDA requires for the named-patient case file; product details including brand name, international nonproprietary name, manufacturer, country of origin, strength, dosage form, pack size, requested quantity, lot, and expiry; the destination dispensing facility license; and the chain-of-custody plan from the US point of release through international transit to the receiving Saudi pharmacy.

For Ubrelvy specifically, the clinical justification letter has a particular angle. SFDA reviewers expect documentation of triptan failure, triptan intolerance, or triptan contraindication, with named prior agents and dated trial periods. A neurologist letter that simply states "patient has migraine" will not carry the file; the letter that documents two or three failed triptan trials with response data, intolerance profiles, or a specific cardiovascular contraindication will. Reserve Meds provides a documentation kit that aligns the prescriber letter with SFDA expectations before filing, so the case does not return for clarification.

Approval timelines for routine cases (recognized reference-authority drug, well-documented indication, established institution) typically run 10 to 21 business days. Complex cases can extend to 6 to 10 weeks, though Ubrelvy is rarely a complex case: it is FDA-approved for a single labeled indication, it is not a controlled substance, it is shelf-stable at room temperature, and it has no REMS program. Most Ubrelvy PIP files land toward the shorter end of the SFDA range.

Where Ubrelvy gets dispensed in Saudi Arabia

Because Ubrelvy is an oral small-molecule tablet with no special handling requirements, it can be dispensed by any SFDA-licensed import pharmacy in the Kingdom. The institutions that handle named-patient imports as established workflow include King Faisal Specialist Hospital and Research Centre (KFSH&RC) in Riyadh, Jeddah, and Madinah; King Abdulaziz Medical City and the Ministry of National Guard Health Affairs network; King Saud University Medical City and KSAU-HS affiliated centers; Dr. Sulaiman Al Habib Medical Group (HMG), the largest private hospital network; Saudi German Health; Dr. Soliman Fakeeh Hospital in Jeddah; and Dallah Hospital in Riyadh.

For Ubrelvy specifically, the practical hubs are HMG and KFSH&RC neurology clinics, where headache-medicine specialists handle most of the inquiries that lead to a gepant prescription. Patients outside the major tertiary centers typically route through one of these institutions or through an SFDA-licensed specialty importer in Riyadh or Jeddah. The importer handles the SFDA filing and the customs clearance, then transfers the drug to the patient's local dispensing facility under the institutional license.

Real cost picture for Ubrelvy in Saudi Arabia

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 the US vary; GoodRx and SingleCare reference cash prices have ranged from approximately USD 1,086 to USD 1,464 per 10-tablet 100 mg pack in early 2026. At the

Saudi Riyal peg of approximately 3.75 SAR per USD, a 10-tablet pack at WAC is roughly SAR 4,275 before any of the cross-border layers are added.

The full delivered price for a Saudi PIP order combines three transparent line items. First, the drug at US WAC plus a standard procurement margin. Second, international logistics in the SAR 1,500 to SAR 5,600 range (USD 400 to USD 1,500) depending on whether the patient consolidates with other shipments and which 3PL lane is used; Ubrelvy ships ambient and does not require cold-chain validation, so it sits at the lower end of the logistics band. Third, the Reserve Meds concierge coordination fee. Bupa Arabia, Tawuniya, and MedGulf Arabia each handle named-patient imports case-by-case; cash-pay is the default operating posture, with reimbursement sought after delivery if the patient's plan permits. Reserve Meds quotes an indicative range based on the initial intake, then a transparent firm quote with each line item shown separately.

Typical timeline for Ubrelvy in Saudi Arabia

From a complete PIP application filing, routine cases run 10 to 21 business days at SFDA. Ubrelvy almost always falls in this routine band because it is an FDA-approved, room-temperature small molecule with no REMS and no shortage history. Parallel to the SFDA review, Reserve Meds aligns US-side sourcing through standard wholesaler channels (McKesson, Cardinal Health, AmerisourceBergen, where NDC 00023-6501-16 covers the 100 mg, 16-tablet unit-dose carton). Once SFDA approval comes through, the shipment moves under the chain-of-custody plan filed with the application. Standard pharmaceutical air-freight from US release to Saudi customs clearance and onward to the dispensing facility runs 3 to 7 business days. End-to-end, a typical Ubrelvy PIP case completes inside 4 to 6 weeks from documentation intake to first dose available to the patient.

What your physician needs to provide

The clinical justification letter is the cornerstone of the PIP application. For Ubrelvy, the letter from the SCFHS-licensed treating physician (typically a neurologist or headache-medicine specialist, occasionally a primary-care physician with documented migraine-management experience) addresses six elements: the migraine diagnosis with ICD-10 coding (G43.x); attack frequency, duration, and severity over the prior 6 to 12 months; the documented sequence of prior abortive therapies attempted, including specific triptans, doses, and outcomes (response, partial response, intolerance, or contraindication); the rationale for ubrogepant specifically over the gepant alternatives (Nurtec ODT, Zavzpret) or over a referral to anti-CGRP preventive therapy; the proposed dosing per the FDA-approved label (50 mg or 100 mg at attack onset, with optional second dose at least 2 hours later, capped at 200 mg in 24 hours and 8 doses per 30-day period); and the monitoring plan, which for episodic acute use is standard follow-up rather than lab monitoring. The letter should also acknowledge the CYP3A4 interaction profile (contraindicated with strong inhibitors, dose reduction for moderate and weak inhibitors) and confirm that the patient's concomitant medications have been reviewed.

Common questions about Ubrelvy in Saudi Arabia

Will Bupa Arabia, Tawuniya, or MedGulf cover this? Each plan handles named-patient imports case-by-case. Some plans reimburse fully when the medicine appears on the insurer's formulary, even when the local hospital pharmacy did not have it stocked. Others reimburse a percentage. Many require pre-authorization with the clinical justification letter attached. Cash-

pay is the default; reimbursement, where available, typically happens after delivery and through the patient's own claim.

Will my Ministry of Health-employed neurologist's letter be sufficient? Yes. KSA-licensed physicians at MoH hospitals, KFSH&RC, KAMC, MNGHA, and other public-sector institutions have full signing authority on PIP applications. Private-sector neurologists at HMG, Saudi German, Fakeeh, and Dallah also sign under their institutional license.

Is Ubrelvy a controlled substance? No. Ubrelvy is not a DEA-scheduled drug, does not produce dependence, and does not require the separate Ministry of Interior narcotics-section approval that controlled-substance imports trigger.

Can I receive Ubrelvy at home? The dispensing facility must be a locally licensed pharmacy. A hospital outpatient pharmacy or SFDA-licensed import pharmacy dispenses to the patient; direct-to-home delivery without a licensed dispensing facility in the chain is not the model.

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 in single-digit percentages of patients. There were no serious treatment-related adverse events in the pivotal trials. The defining cardiovascular safety advantage of the gepant class is the absence of triptan-type vasoconstriction.

How does Ubrelvy compare to Nurtec ODT? Both are oral CGRP-receptor antagonists. Ubrelvy is approved for acute treatment only and is dosed as a 50 mg or 100 mg tablet at attack onset. Nurtec ODT is approved for both acute and preventive treatment, and is dosed as a 75 mg orally disintegrating tablet. The choice is a prescriber decision driven by whether the patient also needs preventive therapy on the same molecule.

Where Reserve Meds fits in Ubrelvy cases

Reserve Meds is a US-based concierge coordinator. We do not replace your physician, SFDA, or your dispensing pharmacy. What we do is orchestrate the US-side sourcing through the open AbbVie wholesale channel, prepare the SFDA-aligned documentation kit your physician needs, coordinate international logistics through standard pharmaceutical air-freight, and assign a single named coordinator who stays with the case from intake through reorders. For an episodic-migraine patient establishing Ubrelvy as their primary abortive, expected first-order pack sizes are one to three 10-tablet packs, with quarterly refill cadence typical once the regimen is stable. No specialty pharmacy enrollment is required and no cold chain has to be managed. The case is one of the lower-complexity files in the Reserve Meds matrix, and the operational rails compress further after the first order is filed at a given institution.

Next step

Reserved for you.

About Ubrelvy

Acute migraine
Manufacturer: AbbVie
Class: Gepant (CGRP receptor antagonist)
Full drug page

About Saudi Arabia

Middle East
Authority: SFDA
Pathway: Personal Importation Program (PIP)
Full country deep dive

Related

Nurtec ODT in Saudi Arabia
Ubrelvy in UAE
Personal Importation pathway
Migraine deep dive