Uplizna

Saudi Arabia · access guide

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

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

A Saudi Arabia patient recently diagnosed with neuromyelitis optica spectrum disorder (NMOSD) may receive a prescription for Uplizna (inebilizumab-cdon) from their treating neurologist or neuroimmunology specialist. Uplizna is FDA-approved for the treatment of NMOSD in adult patients who are anti-aquaporin-4 (AQP4) antibody positive, and it is manufactured by Amgen (Horizon Therapeutics). NMOSD is a rare, relapsing autoimmune disorder of the central nervous system that attacks the optic nerves and spinal cord; left untreated, relapses produce cumulative disability, and disease-modifying therapy after an index attack is now the standard of care. In Saudi Arabia, Uplizna may not yet be broadly registered, which is why your neurologist may be navigating a named-patient import pathway with you.

This guide explains the legal pathway, what your physician needs to provide, typical timelines, and where Reserve Meds fits in.

The clinical situation

Uplizna is an anti-CD19 B-cell-depleting monoclonal antibody, administered as an IV infusion on Day 1 and Day 15, then every six months thereafter. Eligibility typically requires confirmed AQP4-IgG seropositivity, documented clinical NMOSD criteria, and a pre-treatment screening bundle (hepatitis B, tuberculosis, immunoglobulin levels, and up-to-date vaccinations, since B-cell depletion reduces vaccine response). Your treating neurologist confirms diagnosis, screening status, and the infusion plan per FDA labeling.

Is Uplizna legally importable into Saudi Arabia?

Yes, through the Saudi Food and Drug Authority (SFDA) named-patient framework, with parallel authority through DoH Abu Dhabi and DHA Dubai depending on the prescribing facility. The pathway allows a Saudi Arabia-licensed physician to import a medicine not locally registered when: (a) the medicine is approved by a recognised reference authority (FDA qualifies), (b) no locally available alternative is clinically equivalent for the patient, (c) the physician takes clinical responsibility, and (d) chain of custody is documented.

For Uplizna specifically, the application integrates the infusion-facility plan because administration must occur at a licensed infusion centre with capacity to manage infusion reactions.

How the pathway works, step by step

1. **Consultation with your treating neurologist.** AQP4-IgG confirmation, NMOSD clinical diagnosis, and the pre-treatment screening bundle (hepatitis B, TB, Ig levels, vaccinations).
2. **Infusion facility identification.** The administering facility must be licensed to administer monoclonal-antibody infusions and manage infusion reactions.
3. **SFDA / DoH / DHA named-patient application.** Your physician files the application including clinical letter, patient identifier, and product details.
4. **US-side sourcing.** Reserve Meds coordinates with our US-licensed specialty wholesale partner to secure the product from the manufacturer's authorised distribution chain.
5. **Cold-chain shipment.** Uplizna ships at 2-8°C with continuous temperature monitoring.
6. **Arrival and infusion.** The licensed infusion centre administers the Day 1 and Day 15 loading doses, then every six months.

What documentation your physician needs

Your physician will typically need to provide:

- Clinical rationale letter confirming NMOSD diagnosis and AQP4-IgG seropositivity with supporting MRI and clinical evidence
- Verification of Saudi Arabia medical licence
- Identification of the administering infusion facility
- Patient identifier
- Pre-treatment screening results (hepatitis B, TB, immunoglobulin levels, vaccination record)
- Planned induction and six-monthly maintenance schedule

Reserve Meds provides a physician documentation kit that bundles the templates SFDA reviewers expect to see for NMOSD monoclonal-antibody therapy.

Costs and timing

Uplizna's US cash-pay drug-only reference price sits in a broad indicative range, the annualised treatment cost sits in the USD 400,000-500,000 range in US list pricing, driven by the vial dose and the two-infusion loading schedule followed by biannual maintenance. International cold-chain logistics, SFDA documentation, and concierge coordination add incremental cost; Reserve Meds issues a full transparent quote at the start of intake. Indicative range.

Indicative timing for the first infusion after cohort intake opens is 7-14 days from the moment a complete application is submitted. Screening lead time may extend this.

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.

Reserve Meds's role

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

- **Sourcing.** Through our US-licensed specialty wholesale partner, operating under DSCSA chain-of-custody.
- **Documentation.** Regulatory package for your physician and for SFDA/DoH/DHA review.
- **Logistics.** Cold-chain, temperature-monitored shipment.
- **Concierge case lead.** A named point of contact.

What we do not do: We are not the prescriber. We do not practise medicine. We are not the dispensing pharmacy. All clinical decisions remain with your treating neurologist and the infusion centre.

Frequently asked

Is this legal in Saudi Arabia? Yes, when executed through the SFDA named-patient framework with appropriate documentation.

How does Uplizna compare with Enspryng or Soliris for NMOSD? All three are FDA-approved for AQP4-IgG-positive NMOSD but work differently: Uplizna depletes CD19 B cells (IV, q6-months), Enspryng blocks IL-6 receptor (subcutaneous, q4-weeks after loading), Soliris inhibits terminal complement (IV, q2-weeks). Your neurologist chooses based on disease severity, infusion logistics, and comorbidities.

What about vaccines and infection risk? B-cell depletion reduces response to new vaccines. Live vaccines should be completed before starting Uplizna, and inactivated vaccines should ideally be up-to-date as well. Your neurologist coordinates the timing.

Will private insurance cover this? Cash-pay is the default. Some Saudi Arabia private insurers reimburse NMOSD therapy on escalated review; we supply documentation but do not process insurance 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.

reservemeds.com · hello@reservemeds.com