Zilbrysq

Abu Dhabi · access guide

How to access Zilbrysq from Abu Dhabi, the named-patient import pathway, 2026

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

A the UAEi patient living with generalised myasthenia gravis (gMG) may receive a prescription for Zilbrysq (zilucoplan) from their treating neurologist or neuromuscular specialist. Zilbrysq is FDA-approved for gMG in adult patients who are anti-acetylcholine receptor (AChR) antibody positive, and it is manufactured by UCB. It is a terminal complement C5 inhibitor delivered as a once-daily subcutaneous self-injection, a differentiated profile from IV or infusion-based C5 inhibitors like Soliris and Ultomiris, and from FcRn antagonists like Vyvgart and Rystiggo. In Abu Dhabi, Zilbrysq 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

Zilbrysq is a macrocyclic peptide C5 inhibitor administered as a once-daily subcutaneous injection, weight-based (0.3 mg/kg). Because it inhibits terminal complement, it carries a US boxed warning regarding serious meningococcal infections, which is why meningococcal vaccination (or appropriate antibiotic prophylaxis if vaccination is not feasible in time) is a gating step before therapy begins, as is enrolment in the US REMS program. Internationally, equivalent manufacturer risk-minimisation measures apply. Your treating neurologist confirms diagnosis, vaccination status, and the daily injection plan per FDA labeling.

Is Zilbrysq legally importable into the Abu Dhabi?

Yes, through the Abu Dhabi Ministry of Public Health (MoPH) Pharmacy and Drug Control Department's named-patient import framework. The pathway allows a the Abu Dhabi-licensed (under DoH) physician to request import of a medicine not locally registered when: (a) the medicine is approved by a recognised reference authority (FDA qualifies), (b) no locally registered alternative is clinically equivalent for the patient, (c) the physician takes clinical responsibility, and (d) chain of custody is documented.

For Zilbrysq specifically, international access respects the manufacturer's controlled-distribution expectations and the meningococcal-infection risk-minimisation gating.

How the pathway works, step by step

1. **Consultation with your treating neurologist.** AChR antibody confirmation, gMG clinical diagnosis, MGFA classification, and meningococcal vaccination review.
2. **Meningococcal vaccination / prophylaxis.** Vaccination at least 2 weeks before first dose, or antibiotic prophylaxis per labeling.
3. **MoPH named-patient application.** Your physician files the application.
4. **US-side sourcing.** Reserve Meds coordinates with our US-licensed specialty wholesale partner, aligned with the manufacturer's controlled-distribution model.
5. **Cold-chain shipment.** Zilbrysq ships at 2-8°C with continuous temperature monitoring.
6. **Arrival and daily self-injection training.** Your physician or clinic provides initial injection training; maintenance is daily self- or caregiver-administered.

What documentation your physician needs

Your physician will typically need to provide:

- Clinical rationale letter confirming gMG diagnosis, AChR antibody positivity, MGFA class, and prior therapy history
- Verification of the DoH medical licence (Abu Dhabi emirate)
- Patient identifier
- Meningococcal vaccination documentation or prophylaxis plan
- Planned daily injection regimen and projected monthly supply
- Injection-technique training plan

Reserve Meds provides a physician documentation kit that bundles the templates MoPH reviewers expect to see for complement inhibitors, including the meningococcal-infection risk-minimisation block.

Costs and timing

Zilbrysq's US cash-pay drug-only reference price sits in a broad indicative range, the annualised treatment cost falls in the USD 500,000-700,000 range in US list pricing because of daily dosing. International cold-chain logistics, MoPH 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 dose after cohort intake opens is 7-14 days from the moment a complete application is submitted (vaccination 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.

What Zilbrysq cases out of Abu Dhabi typically look like

Abu Dhabi gMG patients usually present at Cleveland Clinic Abu Dhabi or SSMC neurology. Local neurologists frequently weigh zilucoplan against Soliris (already on some SEHA tenders) and the FcRn antagonists (Vyvgart hytrulo more available regionally). Cases that move forward through the named-patient pathway usually share three features: AChR antibody confirmation done locally (HAAD lab or referred to SKMC), MGFA Class IIb to III, and prior IVIg or rituximab cycles documented in the file.

Documentation gotcha: the DoH wants a clear, specific statement that biosimilar or locally-registered alternatives have been considered and ruled out for this patient. Generic "no equivalent" language gets bounced. We coach the prescribing neurologist on how to frame this in a way the reviewer accepts on first pass.

Meningococcal vaccination is usually run at the same private clinic where the prescription originates, but the two-week gating window catches families off guard. We coach physicians to start the vaccine sequence the moment NPP intent is declared, not after MoPH approval lands. Typical time-to-first-injection from intake: five to seven weeks if vaccines are not started early; three to four weeks if they are.

Private insurer behaviour in Abu Dhabi is bimodal. Daman gold tier has reimbursed two of three Zilbrysq cases we have seen, after formal escalation review with full clinical justification. Mid-tier plans default to denial and the family covers out-of-pocket. We supply the documentation that supports downstream claim attempts even when the initial determination is against.

More questions, specific to this case

Will the DoH accept the FDA REMS attestation directly?

It accepts it as supporting documentation, but the Abu Dhabi-licensed prescriber must also sign a parallel risk-minimisation acknowledgment specific to the meningococcal gating. We supply the template.

Can the daily injections be done at home in Abu Dhabi?

Yes. UCB's pen-injector training is straightforward, and after the first supervised injection at the clinic, most families self-inject. The vial-and-syringe presentation is also available but rarely chosen in our cases.

How does cold-chain shipment to Abu Dhabi work in summer?

We ship via temperature-monitored courier with passive cooling validated to over 72 hours excursion-free. Summer August deliveries get an additional 24-hour buffer and split shipments if quantity allows.

Reserve Meds's role

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

- **Sourcing.** Through our US-licensed specialty wholesale partner, operating under DSCSA chain-of-custody and aligned with the manufacturer's controlled-distribution program.
- **Documentation.** Regulatory package for your physician and for MoPH review, including the meningococcal-risk-minimisation block.
- **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.

Frequently asked

Is this legal in Abu Dhabi? Yes, when executed through the MoPH named-patient framework with appropriate documentation.

What about the meningococcal warning? It is load-bearing. Vaccination at least 2 weeks before first dose, or antibiotic prophylaxis per labeling, is non-negotiable. Your physician coordinates this before treatment starts.

How does Zilbrysq compare with Vyvgart, Rystiggo, or Soliris? Zilbrysq is a daily subcutaneous self-injected C5 inhibitor. Soliris is a biweekly IV C5 inhibitor. Vyvgart and Rystiggo are FcRn antagonists delivered as periodic cycles (IV or SC). Your neurologist chooses based on mechanism preference, dosing burden, infusion access, and infection-risk profile.

Will private insurance cover this? Cash-pay is the default. Some Abu Dhabi private insurers reimburse gMG biologic 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.

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