Siliq access in Jordan: the JFDA named-patient pathway

How Jordanian patients pursue brodalumab, an IL-17 receptor A antagonist, for severe plaque psoriasis when conventional and locally registered systemic options have not worked.

Last reviewed 2026-05-12 by Reserve Meds clinical and regulatory team. This page combines the Jordan country research module with the Siliq drug module to describe the path families actually walk.

Quick orientation

Siliq (brodalumab) is a fully human IgG2 monoclonal antibody that targets the interleukin-17 receptor A subunit, approved by the US Food and Drug Administration in February 2017 for the treatment of moderate-to-severe plaque psoriasis in adult patients who are candidates for systemic therapy or phototherapy and have failed to respond, or have lost response, to other systemic therapies. The drug is manufactured and commercialised in the US by Bausch Health, approximately through its Ortho Dermatologics business unit. Siliq is administered as a 210 mg subcutaneous injection at weeks 0, 1, and 2, then every two weeks thereafter, in patients who are appropriate candidates after consideration of the boxed warning. Reserved for you.

Why this drug is hard to source in Jordan

Severe plaque psoriasis is well represented in Jordanian dermatology clinics, and the country has several biologic options registered for the indication, including TNF-alpha inhibitors and several IL-17 and IL-23 directed agents. Siliq, however, occupies a narrow position in the global biologic landscape. The drug carries a boxed warning for suicidal ideation and behavior, observed in the brodalumab clinical development programme, and is distributed in the US under a Risk Evaluation and Mitigation Strategy (REMS) programme that requires prescriber and pharmacy enrolment, patient counselling, and ongoing monitoring. The combination of the REMS programme and a comparatively narrow eligible patient population has limited the manufacturer's interest in pursuing local marketing authorisations in many MENA markets, including Jordan.

The practical consequence is that Jordanian dermatologists treating a patient who has failed multiple prior biologics, or who has a clinical profile pointing to IL-17 receptor blockade

specifically, may identify Siliq as the right next step and find no local stocking pathway. The JFDA named-patient permit closes that gap. The dermatologist documents the clinical justification, the JFDA Drug Directorate reviews, and the medicine is imported in the patient's name for treatment at a JFDA-licensed dispensing facility in Jordan.

The JFDA named-patient pathway

The Jordan Food and Drug Administration, headquartered in Amman, administers the personal-use and named-patient import permit under the Drug Directorate. The pathway allows hospitals, licensed pharmaceutical importers, and retail pharmacies operating under physician prescription to import a specific medicine for a specific patient when the medicine is approved by a recognised reference authority (US FDA, EMA, MHRA, Health Canada, TGA, PMDA) and a clinically equivalent locally registered alternative is not suitable.

For a Siliq case, the standard application set applies, with two additions specific to brodalumab. First, the clinical justification letter typically documents the patient's prior systemic therapy history (methotrexate, cyclosporine, acitretin where applicable) and biologic history (TNF-alpha inhibitor failure, prior IL-17A or IL-23 directed agent failure or intolerance), and the case for IL-17 receptor A blockade as the next step. Second, the treating dermatologist's letter typically references the suicidal ideation and behavior warning, confirms the absence of active suicidal ideation at baseline, and documents the patient counselling and the plan for ongoing monitoring through the treatment course. The JFDA does not operate a parallel REMS programme, but the boxed warning's clinical management is part of the responsible prescribing record.

A complete JFDA application for a Siliq case typically includes the clinical justification letter from the treating dermatologist, the dermatologist's JPA membership and MOH registration verification, the patient identifier (national civil status registry number for Jordanian nationals, passport copy for non-nationals), full product details (brand name Siliq, generic name brodalumab, manufacturer Bausch Health/Ortho Dermatologics, 210 mg/1.5 mL pre-filled syringe, pack size, quantity, intended duration), the destination dispensing facility name and JFDA pharmaceutical establishment license number, and a chain-of-custody plan covering cold-chain transport at 2 to 8 degrees Celsius. Approval timelines for routine cases run 7 to 21 calendar days from a complete submission.

Real costs in JOD and USD

The US wholesale acquisition cost for Siliq is approximately USD 4,000 to 5,500 per month at the standard maintenance dose of 210 mg every two weeks, which translates to a per-injection cost in the USD 2,000 to 2,750 range. In JOD at the 0.71 peg, this is approximately JOD 2,840 to 3,905 per month, or approximately JOD 1,420 to 1,952 per injection. The

induction phase (weeks 0, 1, and 2) adds two additional doses in the first month, increasing the first-month outlay accordingly.

Annual drug cost at maintenance is approximately USD 48,000 to 66,000 (approximately JOD 34,000 to 47,000). International logistics for a cold-chain shipment of biologic into Jordan typically runs USD 600 to 1,200 (approximately JOD 425 to 850), depending on shipment size and urgency. JFDA permit fees and Jordan Customs handling are nominal relative to the drug cost. Regulatory documentation handling and the Reserve Meds concierge fee are itemised separately on every firm quote.

On the insurance side, RMS and MOH schemes cover biologics for severe psoriasis case by case where the patient is a beneficiary and the dispensing occurs at an RMS or MOH facility. Private insurers (MetLife, Generali, Arab Orient, Jordan Insurance, Mediterranean and Gulf) assess named-patient imports individually and most require pre-authorisation. Cash-pay is a workable default. Reserve Meds supplies the documentation set that lets your insurer assess the case. We do not promise coverage from any insurer.

Timing, what to expect

The JFDA permit itself processes in approximately 7 to 21 calendar days from a complete submission. The full timeline from the first physician contact to the patient receiving the first dose is typically 4 to 8 weeks for a Siliq case, broken down approximately as follows. Initial documentation kit delivery to the physician runs 24 to 48 hours from waitlist confirmation. The treating dermatologist's clinical justification letter and supporting documentation assembly typically takes 1 to 2 weeks depending on the prior-therapy record availability. The JFDA application filing and approval window runs 7 to 21 calendar days. US-side sourcing and cold-chain shipment scheduling, run in parallel with the JFDA review, takes 5 to 10 business days. Customs clearance at Queen Alia International Airport and delivery to the dispensing pharmacy typically takes 1 to 3 business days post-shipment.

The dose schedule is then 210 mg subcutaneously at week 0, week 1, and week 2 (induction), followed by 210 mg every two weeks thereafter (maintenance). Most patients see partial response by week 4 and clinical response by week 12, with continued improvement through week 16. The treatment course is open-ended; if the patient does not achieve adequate response after 12 to 16 weeks of therapy, the manufacturer's label suggests considering discontinuation.

What your physician needs

The clinical justification letter for a Siliq JFDA submission is the cornerstone of the application. The treating dermatologist's letter typically addresses the patient's psoriasis severity assessment (PASI score, body surface area involvement, Dermatology Life Quality

Index where used), the prior systemic therapy history with outcomes (methotrexate response and tolerability, cyclosporine where used, acitretin where used), the prior biologic history with response and reason for discontinuation, and the rationale for IL-17 receptor A blockade as the next step. The letter typically also confirms baseline suicidal ideation screening, documents the patient counselling regarding the boxed warning, and outlines the plan for monitoring suicidal ideation and behavior through treatment.

The treating dermatologist's JPA membership and MOH registration must be in active standing. The destination dispensing facility (the hospital pharmacy or specialty pharmacy named in the application) must hold a JFDA pharmaceutical establishment license. The patient identifier (national civil status registry number for Jordanian nationals, passport copy for non-nationals) is included on the application. The chain-of-custody plan describes cold-chain handling at 2 to 8 degrees Celsius from US release through dispensing.

King Hussein Cancer Center and the Jordan specialty-dispensing network

Siliq for severe plaque psoriasis is not a King Hussein Cancer Center case; KHCC's mandate is oncology and hematology. For dermatology biologic imports, the standard Jordanian dispensing pathway is the academic teaching hospital or private specialty hospital with an in-house import pharmacy.

Jordan University Hospital in Amman and King Abdullah University Hospital in Irbid are the two academic centers with consistent dermatology biologic import workflow. Both hold JFDA pharmaceutical establishment licenses, both have in-house pharmacy teams familiar with the named-patient permit process, and both can serve as the dispensing facility. On the private side, Istishari Hospital, Specialty Hospital, and Arab Medical Center each have dermatology service lines and either operate an in-house import pharmacy or route through an Amman-based specialty pharmaceutical importer. For patients in northern Jordan, KAUH in Irbid is the natural choice; for patients in Amman and the central region, JUH or one of the private specialty hospitals is the standard pattern.

For dermatologists at smaller hospitals or private clinics without internal import infrastructure, the standard pattern is to route through an Amman-based specialty pharmaceutical importer that holds the JFDA establishment license, files the permit on the prescribing physician's behalf, performs customs clearance at Queen Alia International Airport, and delivers the medicine to the prescribing physician's pharmacy under chain-of-custody documentation.

Pharmacovigilance and cold-chain

Siliq is a cold-chain biologic. The pre-filled syringe must be stored at 2 to 8 degrees Celsius (refrigerated, not frozen) and protected from light. Excursions to room temperature for short periods are tolerated within the manufacturer's specified limits, but the chain-of-custody documentation captures the temperature trace from US release through Jordanian dispensing. Reserve Meds supplies the chain-of-custody packet (release documentation, shipping temperature trace, US customs filings) to the Jordanian importer and to the hospital pharmacy on receipt.

Jordan operates a national pharmacovigilance system administered by the JFDA Drug Directorate, and is a member of the WHO Programme for International Drug Monitoring through the Uppsala Monitoring Centre. The treating dermatologist and the dispensing facility share the duty to report adverse drug reactions through the JFDA portal at jfda.jo. Given the boxed warning for suicidal ideation and behavior, the treating physician's monitoring plan is part of the prescribing record from day one. Serious adverse reactions are reported within 15 calendar days; other significant adverse events fall within 30-day or 90-day windows depending on severity. Reserve Meds does not file adverse-event reports on the physician's behalf.

How Siliq compares to other biologics for severe psoriasis

Siliq sits in the IL-17 axis class alongside secukinumab (Cosentyx, Novartis), ixekizumab (Taltz, Eli Lilly), and bimekizumab (Bimzelx, UCB). The mechanistic difference is that Siliq blocks the IL-17 receptor A subunit rather than IL-17A or IL-17A/F cytokine ligands directly, which gives broader downstream blockade of IL-17A, IL-17F, IL-17C, IL-17E, and IL-17A/F heterodimer signalling through the receptor. Some patients who have lost response to IL-17A directed therapy are appropriate candidates for IL-17 receptor blockade. The clinical decision rests with the treating dermatologist. Reserve Meds does not steer the clinical choice; we coordinate the imported supply once the choice has been made.

The drug class profile in Jordan is established. Several IL-17 and IL-23 directed biologics carry JFDA marketing authorisations, and Jordanian dermatologists are familiar with the class. The named-patient permit pathway exists to fill the gap where a specific molecule, in this case brodalumab, is not on the local register.

Patient eligibility, the dermatologists framework

The FDA-approved indication is moderate-to-severe plaque psoriasis in adults who are candidates for systemic therapy or phototherapy and who have failed to respond, or have

lost response, to other systemic therapies. The treating dermatologist eligibility framework typically considers psoriasis severity (PASI score, body surface area, special-site involvement), prior systemic therapy history, prior biologic history, baseline mental-health screen including suicidal ideation screening, and the patient capacity to engage with the monitoring plan through treatment. Patients with active Crohn disease are not candidates because IL-17 blockade can worsen inflammatory bowel disease. Patients with active suicidal ideation or recent suicide attempt are not candidates per the boxed warning.

Where Reserve Meds fits in Siliq cases

Reserve Meds is a US-based concierge coordinator. We do not replace your treating dermatologist, the JFDA, the dispensing pharmacy, or the receiving institution. For a Siliq case, our work is treating-physician coordination on the documentation kit, US-side sourcing of the manufacturer or authorised distributor product, cold-chain shipment to the Jordanian importer or hospital pharmacy of record, and a single named coordinator through the case. The clinical decisions, the JFDA filing, and the dispensing all sit with your Jordanian dermatologist and the dispensing facility. Reserved for you.

Next step

If a treating dermatologist in Jordan is weighing Siliq for a patient with severe plaque psoriasis after multiple prior biologic failures, the waitlist is the first step. We respond within 24 to 48 hours with an eligibility confirmation and a documentation kit for the physician.

Reserved for you.

Related

- Siliq clinical resource
- Siliq in Saudi Arabia
- Siliq in the UAE
- Jordan country page
- Plaque psoriasis condition page

Sources

1. FDA approval, Siliq (brodalumab), Bausch Health/Ortho Dermatologics, BLA approval February 2017 for moderate-to-severe plaque psoriasis in adults; boxed warning for suicidal ideation and behavior; REMS programme.

2. Jordan Food and Drug Administration, jfda.jo, Drug Directorate framework for personal-use and named-patient import permits; Law No. 41 of 2008.
3. Central Bank of Jordan, fixed exchange rate framework, JOD-USD peg at approximately 0.71 JOD per USD since 1995.

Review and oversight. Content on this page is reviewed by the Reserve Meds 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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