

## Adbry

Qatar · access guide

# How to access Adbry for moderate-to-severe atopic dermatitis from Qatar: 2026 pathway via Qatar dermatology and pharmacy supply

By Reserve Meds clinical & regulatory team. Last reviewed 2026-05-20.

Qatar has a strong dermatology service footprint for a country of its size. Hamad Medical Corporation dermatology, Sidra Medicine paediatric dermatology (for adolescents 12-17), Aspetar dermatology, the Doha Clinic and Al-Ahli Hospital private dermatology services, and the regional private network providers all run programmes that treat moderate-to-severe atopic dermatitis from topical regimens through systemic immunosuppressants and into the biologic era. Dupixent (dupilumab) has been the most-prescribed biologic for atopic dermatitis in Qatar. Adbry (tralokinumab-ldrm) is the IL-13-selective alternative, registered with the Qatar MOPH and increasingly part of the dermatologist's biologic shortlist. For a Qatar-resident adult or adolescent (12+) with moderate-to-severe AD that has plateaued on topical prescription therapy, the operational question is which biologic fits the case, how the prescription is dispensed in-country, and how insurance and out-of-pocket exposure work for the multi-year treatment course.

This page explains how the pathway works in 2026 for a Qatar-resident patient: who qualifies, where the prescribing dermatologist conversation happens, how Adbry is dispensed and stored, what the loading-to-maintenance dosing schedule looks like, what the realistic out-of-pocket exposure band is in QAR, what to monitor, and how the longer-term treatment course fits into a Qatari family's life.

## Why Adbry, and why now

Adbry is tralokinumab-ldrm, a fully human IgG4 monoclonal antibody that selectively binds to and neutralises the IL-13 cytokine itself. Developed by LEO Pharma. The mechanism distinguishes Adbry from Dupixent: Dupixent blocks the IL-4R $\alpha$  receptor and inhibits both IL-4 and IL-13 signalling; Adbry binds IL-13 directly and produces selective IL-13 blockade.

FDA approved Adbry for adults December 2021, expanded to adolescents 12-17 December 2023. EMA approved Adtralza (EU brand) June 2021. Pivotal trials (ECZTRA 1, 2, 3, 6) showed EASI-75 response rates 25 to 56 percent at week 16. Long-term extension data shows maintained response through week 52 with every-2-week or every-4-week dosing.

For a Qatar patient who has cycled through topical corticosteroids, topical calcineurin inhibitors, perhaps short courses of oral cyclosporine, and possibly a dupilumab trial that did not achieve adequate response, Adbry is the IL-13-selective alternative.

## What Adbry is, in plain language

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Subcutaneous injection. No infusion centre, no inpatient stay. After initial training, the patient self-injects at home. Prefilled syringe 150 mg per millilitre.

Adult dosing: 600 mg loading at week 0, then 300 mg every 2 weeks. Patients under 100 kg achieving IGA 0 or 1 at week 16 may step down to 300 mg every 4 weeks. Adolescent (12-17): 300 mg loading, then 150 mg every 2 weeks.

Taken for as long as it controls the disease, typically years for responders.

## Eligibility at a Qatar dermatologist's clinic

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1. Confirmed moderate-to-severe AD (EASI 16+, IGA 3+, BSA 10%+, or DLQI elevation). 2. Documented prior topical prescription therapy failure or contraindication. 3. Age 12+, weight 40 kg+. 4. Screening for active infection, especially helminthic. 5. Tuberculosis screening per institutional standard. 6. Baseline ophthalmology assessment for patients with conjunctivitis history. 7. Vaccination status review; avoid live vaccines during treatment. 8. Pregnancy planning discussion for women of childbearing potential.

A Qatari patient should arrive with current EASI, IGA, BSA, and DLQI scores, photographs, complete topical-therapy history, prior systemic-therapy history, and insurance documentation.

## The Qatar prescribing and supply picture, plainly

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Adbry is subject to Qatar MOPH regulatory pathways. Commercial supply runs through LEO Pharma's regional distributor network. The pathway is:

1. **Prescribing dermatologist:** any board-certified Qatari dermatologist. Major Qatari dermatology services include Hamad Medical Corporation adult dermatology, Sidra Medicine paediatric dermatology for adolescents 12-17, Aspetar dermatology, Doha Clinic, Al-Ahli Hospital, the private MENA chain providers. 2. **Pharmacy dispensing:** hospital pharmacy for inpatient/specialty outpatient; community pharmacy with cold-chain refrigeration for ongoing maintenance. Storage 2-8 degrees Celsius; up to 14 days at room temperature. 3. **Insurance pre-authorisation:** for Qatari nationals, HMC and MOPH cover for MOPH-registered biologics has historically extended on a case-by-case basis. Expatriate cover varies by employer-sponsored insurance. Some require dupilumab trial-and-failure before approving tralokinumab. 4. **Self-injection training:** single supervised session at the prescribing dermatologist's clinic or a LEO nurse educator visit. 5. **Ongoing monitoring:** dermatology follow-up at weeks 4 and 16, then every 3-6 months. Ophthalmology if conjunctivitis develops.

## The 2026 pathway, step by step

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Week 0 to 1: Documentation pack with the treating dermatologist's office.

Week 1 to 4: Insurance pre-authorisation review.

Week 4 to 6: First dispensing. Loading dose 600 mg in clinic with self-injection training.

Ongoing: Self-injection every 2 weeks at home. Dermatology follow-up at weeks 4 and 16.

Week 16 onwards: Response assessment. Step-down to every-4-week dosing for responders under 100 kg with IGA 0 or 1. Switch consideration for non-responders.

Ongoing: Maintenance for as long as Adbry controls the disease.

## Cost expectation in QAR

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US list price approximately USD 1,810.87 for a 2-syringe pack, USD 3,621.73 for a 4-syringe pack. Annual cost at list price approximately USD 25,700 to 35,000. At 2026 indicative cross rates, the QAR-equivalent annual cost band is approximately QAR 94,000 to 127,000 at list price.

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## What to monitor

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Conjunctivitis is the most common adverse event, generally mild to moderate. Less common: keratitis. Baseline ophthalmology assessment for patients with prior conjunctivitis history.

Injection-site reactions are common and typically resolve.

Live vaccines should be avoided during treatment.

Long-term safety data from open-label extension is reassuring through years 3 to 4 of continuous use.

## Religious, ethical, and family-logistics framing

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Adbry is a recombinant IgG4 monoclonal antibody produced in CHO cell lines. No donor element, no human or animal source material, no foreign genetic content. The classical analogy to vaccines holds in Qatari Islamic medical ethics, where biologics are generally treated as permissive.

The self-injection element is the practical pressure point for some Qatari families. Patients uncomfortable with home injection can request clinic-administered dispensing.

For adolescent patients, parental involvement in the injection routine is typical and culturally expected.

The chronic-treatment nature means a years-long routine. Plan for cold-chain pharmacy access, travel-friendly storage (14-day room-temperature window), and dermatology follow-up cadence.

## When Adbry is not the right call

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For a Qatari patient where biologic eligibility thresholds are not met, where helminthic screening is positive, or where insurance pre-authorisation requires dupilumab trial first:

- **Dupixent (dupilumab)**: most established MENA experience. - **Ebglyss (lebrikizumab)**: another IL-13 antagonist. - **Cibinqo (abrocitinib) and Rinvoq (upadacitinib)**: oral JAK1 inhibitors. - **Continued topical therapy with adjuncts.**

Reserve Meds does not push a default. The page describes the Adbry pathway because Adbry is the biologic the patient has asked about.

## What Reserve Meds does on this case

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We are a US-based concierge coordinator. We are not the prescriber and not the dispensing pharmacy. On a Qatari Adbry case we build the documentation pack with the treating dermatologist's office, run the insurance pre-authorisation conversation alongside the clinical pre-authorisation conversation, coordinate the cold-chain supply logistics, organise self-injection training and ophthalmology baseline if needed, and stay with the case through the first year of dosing. Clinical decisions remain with your treating dermatologist.

### *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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### **Reserve Meds**

*reserved for you.*

Composite case examples. This document is for general information only and does not constitute medical advice. Please consult your treating physician.

Reserve Meds is in pre-launch. Published timelines and cost ranges are indicative, not guarantees.

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