

## Bimzelx

Qatar · access guide

# How to access Bimzelx for moderate-to-severe plaque psoriasis, hidradenitis suppurativa, psoriatic arthritis, and axial spondyloarthritis from Qatar: 2026 pathway via Qatar dermatology, rheumatology, and pharmacy supply

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

Qatar has a strong dermatology and rheumatology service footprint for a country of its size. Hamad Medical Corporation (HMC) adult dermatology and rheumatology in Doha, Sidra Medicine paediatric dermatology for adolescent psoriasis (12+ subset; Sidra is paediatric-only and only relevant for the adolescent slice of HS or psoriasis cases), Aspetar rheumatology and sports-medicine overlap, Al-Ahli Hospital, Doha Clinic, and the regional private network providers all run programmes that treat moderate-to-severe plaque psoriasis, hidradenitis suppurativa, psoriatic arthritis, and axial spondyloarthritis through the full therapeutic ladder. Bimzelx (bimekizumab-bkzx, UCB Pharma) is the IL-17A and IL-17F dual cytokine blocker. For a Qatar-resident adult with moderate-to-severe plaque psoriasis, HS, PsA, AS, or nr-axSpA that has plateaued on prior systemic therapy or a different biologic class, the operational question is which biologic fits the case, how the prescription is dispensed in-country, and how insurance and HMC funding work for the multi-year treatment course.

Bimzelx is FDA approved October 2023 (psoriasis), July 2024 (HS), September 2024 (PsA, AS, nr-axSpA), and EMA approved since August 2021 (psoriasis) with HS / PsA / axSpA added in 2023. Adult only. No paediatric label. Sidra Medicine paediatric dermatology is only relevant for the adolescent age subset where the drug is being considered off-label or under future paediatric expansion.

Reserve Meds does not promote one IL-17 blocker over another.

## Why Bimzelx

Bimekizumab is the only IL-17A and IL-17F dual cytokine blocker. The mechanism distinguishes it from Cosentyx and Taltz (IL-17A only) and Siliq (IL-17 receptor). The translation in BE RADIANT head-to-head was PASI-100 at week 48 of 67.0% for bimekizumab versus 46.2% for secukinumab.

## What Bimzelx is, in plain language

Subcutaneous injection. No infusion centre. After initial training, self-injection at home. Prefilled pen (UnoReady) or syringe at 160 mg per injection; 320 mg dose requires two injections at separate sites.

Plaque psoriasis adult dosing: 320 mg loading at week 0, 4, 8, 12, 16, then 320 mg every 8 weeks. HS: heavier loading (week 0 through 16), then every 2 or 4 weeks maintenance. PsA: 160 mg every 4 weeks. AS / nr-axSpA: 160 mg every 4 weeks.

## Eligibility at a Qatar dermatologist or rheumatologist clinic

---

1. Confirmed indication: plaque psoriasis (PASI 12+, BSA 10%+, DLQI elevation), HS (Hurley II or III), PsA (CASPAR), or AS / nr-axSpA (ASAS). 2. Treatment history; biologic-naïve or prior biologic inadequate response. 3. Adult (18+); paediatric off-label only at Sidra under specialist supervision. 4. TB screening; hepatitis B / C screening. 5. IBD screening (class-wide IL-17 precaution). 6. Oropharyngeal candidiasis history review. 7. Vaccination status; avoid live vaccines. 8. Pregnancy planning for women of childbearing potential.

## The Qatar prescribing and supply picture, plainly

---

Qatar MOPH registration status for Bimzelx is verified at intake; European-import named-patient supply covers cases where in-country registration has not caught up with the EMA label.

1. **Prescribing physician:** HMC adult dermatology or rheumatology, private dermatology and rheumatology at Al-Ahli, Doha Clinic, the regional MENA chain providers. Sidra Medicine paediatric dermatology only for adolescent psoriasis subset (Sidra is paediatric-only and excluded from adult-pathway dispensing). 2. **Pharmacy dispensing:** HMC pharmacy for inpatient or specialty outpatient; community pharmacy with cold-chain refrigeration. Storage 2 to 8 degrees Celsius; do not freeze. 3. **Insurance and HMC funding:** for Qatari nationals, HMC and MOPH cover for advanced therapies on a case-by-case basis. Expatriate cover varies by employer-sponsored insurance. Prior biologic trial-and-failure may be required. `[VERIFY: current Qatar MOPH registration status per indication at intake.]` 4. **Self-injection training:** single supervised session at the prescribing clinic or UCB nurse educator visit. 5. **Ongoing monitoring:** follow-up at weeks 4, 12, 16, then quarterly. Oropharyngeal exam and IBD symptom check at every visit.

## The 2026 pathway, step by step

---

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

Week 1 to 4: Insurance or HMC coverage pre-authorisation review.

Week 4 to 6: First dispensing. Loading dose per indication with self-injection training.

Ongoing: Self-injection per indication-specific schedule at home. Dermatology or rheumatology follow-up at weeks 4, 12, 16.

Week 16 onwards: Response assessment and transition to maintenance.

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

## Cost expectation in QAR

---

US list price approximately USD 7,000 to 9,000 per month. Annual at list price USD 84,000 to 108,000 for plaque psoriasis maintenance. At 2026 indicative cross rates, QAR-equivalent annual cost band approximately QAR 306,000 to 393,000 at list price.

For Qatari nationals, HMC and MOPH cover for MOPH-registered advanced therapies has historically extended on a case-by-case basis. Expatriate cover varies by employer-sponsored insurance.

## **What to monitor**

---

Oropharyngeal candidiasis (oral thrush) is the distinctive Bimzelx adverse event. IL-17F blockade affects mucosal antifungal defence. Patients should inspect the oral cavity weekly and contact the treating physician at first sign of white patches, oral soreness, or taste change. Nystatin or fluconazole resolves it.

IBD flare: class-wide IL-17 precaution. Report new or worsening abdominal pain, diarrhoea, blood in stool, weight loss promptly.

Other adverse events: upper respiratory tract infections, injection-site reactions, headache, tinea infections, conjunctivitis.

Live vaccines avoided. Long-term EMA post-marketing data reassuring.

## **Religious, ethical, and family-logistics framing**

---

Recombinant humanized IgG1; CHO-cell-derived; no donor element. Halal acceptable. Classical analogy to vaccines holds in Qatari Islamic medical ethics.

Self-injection is the practical pressure point; clinic-administered dispensing available for families uncomfortable with home injection. Oral thrush counselling: common, straightforward to identify and treat, not alarming. Chronic-treatment routine; cold-chain pharmacy access and follow-up cadence built into the plan.

## **When Bimzelx is not the right call**

---

Active or severe IBD, active untreated TB, recurrent oropharyngeal candidiasis history, pregnancy without effective contraception, recurrent serious infections:

- IL-23 antibodies (Skyrizi, Tremfya): better fit for IBD concerns or oral thrush history. - TNF inhibitors (Humira, Cimzia): broader MENA experience. - Cosentyx or Taltz: IL-17A only, less oral thrush risk. - Continued conventional systemic therapy.

Reserve Meds does not promote one IL-17 blocker over another.

## **What Reserve Meds does on this case**

---

We are a US-based concierge coordinator. We are not the prescriber and not the dispensing pharmacy. On a Qatar Bimzelx case we build the documentation pack with the treating dermatologist or rheumatologist office, confirm Qatar MOPH registration status per indication and the appropriate dispensing pathway, run the insurance or HMC coverage pre-authorisation conversation, coordinate the cold-chain supply logistics, organise self-injection training, and stay with the case through the first year of dosing. Clinical decisions remain with your treating dermatologist or rheumatologist.

## ***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.

---

### **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.

reservemeds.com · hello@reservemeds.com