

## Cosentyx

Qatar · access guide

# How to access Cosentyx for moderate-to-severe plaque psoriasis, psoriatic arthritis, ankylosing spondylitis, hidradenitis suppurativa, or paediatric subset from Qatar: 2026 pathway via Qatar dermatology, rheumatology, and pharmacy supply | Reserve Meds

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

The State of Qatar operates a focused dermatology and rheumatology service network. Hamad Medical Corporation (HMC) at Hamad General Hospital and Rumailah Hospital adult dermatology and adult rheumatology in Doha, Aspetar (the orthopaedic and sports medicine specialty hospital with allied rheumatology), Al-Ahli Hospital, and Doha Clinic Hospital all run adult programmes covering moderate-to-severe plaque psoriasis through topical, phototherapy, conventional systemic agents (methotrexate, ciclosporin, acitretin), and the biologic era; psoriatic arthritis (PsA) under joint dermatology-rheumatology co-management; ankylosing spondylitis (AS) and non-radiographic axial spondyloarthritis (nr-axSpA) under rheumatology with HLA-B27 and MRI-SI joint workup; and hidradenitis suppurativa (HS) under dermatology with surgical co-planning. For the paediatric subset, Sidra Medicine in Doha is appropriate: Sidra is paediatric-only and is the right centre for paediatric Cosentyx indications which include plaque psoriasis  $\geq 6$ , juvenile psoriatic arthritis  $\geq 2$ , and enthesitis-related arthritis  $\geq 4$  (the FDA labels exist for all three). Sidra paediatric dermatology and paediatric rheumatology run these programmes. Cosentyx (secukinumab, Novartis) is the first-in-class fully human anti-interleukin-17A monoclonal antibody with a decade of clinical experience, MOPH-registered in Qatar. For a Qatar-resident adult or paediatric patient whose disease has plateaued on conventional therapy or who has failed a prior biologic, the operational question is whether Cosentyx is the right fit, how the prescription is dispensed in 2026, what insurance will cover, what the pre-treatment screening looks like, and how the family handles the q4wk subcutaneous maintenance routine and the IBD-precaution vigilance.

This page explains how the pathway works in 2026 for a Qatar-resident patient: who qualifies, where the prescribing conversation happens, how Cosentyx is dispensed, what the 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. Concierge documentation written for a family already in conversation with a treating dermatologist or rheumatologist.

## Why Cosentyx, and why now

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Cosentyx is secukinumab, a fully human IgG1 kappa monoclonal antibody that binds to and neutralises interleukin-17A. IL-17A is the master cytokine of the Th17 inflammatory axis. By selectively neutralising IL-17A, Cosentyx breaks the inflammatory loop at the cytokine level. Developed by Novartis and approved in 2015, Cosentyx was the first anti-IL-17A biologic.

FDA timeline: adult plaque psoriasis January 2015; PsA and AS January 2016; nr-axSpA June 2020; paediatric plaque psoriasis ( $\geq 6$ ) November 2020; ERA ( $\geq 4$ ) and JPsA ( $\geq 2$ ) July 2021; HS October 2023; paediatric PsA expansion to  $\geq 2$  April 2024.

Head-to-head trials: CLEAR (vs Stelara) - superior PASI-90 at week 16. CLARITY confirmed. FIXTURE (vs Enbrel) - superior PASI-75 and PASI-90. EXCEED (vs Humira in PsA) - comparable ACR-20 with superior PASI-90 on the skin component.

Reserve Meds does not promote one biologic over another. IL-17 class includes Taltz, Bimzelx, and Siliq. IL-23 class includes Skyrizi and Tremfya, with Stelara. TNF inhibitors remain in the ladder. The IBD precaution is the defining safety-axis differentiator for the IL-17 class.

## What Cosentyx is, in plain language

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Cosentyx is a subcutaneous injection every four weeks once loading is complete. Not an infusion. After in-clinic loading and a training session, most adults self-administer at home using SensoReady pen or prefilled syringe. Cold-chain 2 to 8 degrees Celsius.

Adult dosing varies by indication. Plaque psoriasis: 300 mg SC weeks 0 to 4, then 300 mg every four weeks. PsA, AS, nr-axSpA: 150 mg SC weekly loading, then 150 mg every four weeks, with escalation to 300 mg permitted. HS: 300 mg every four weeks after loading. Paediatric dosing weight-based (Sidra paediatric rheumatology and paediatric dermatology handle paediatric initiation and supervision).

This is not a one-shot therapy. Year-five retention is among the highest in the biologic class.

## Eligibility at a Qatar dermatologist or rheumatologist clinic

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For Qatar-resident patients, dermatology and rheumatology services apply FDA and EMA criteria:

1. Confirmed indication and severity. Psoriasis: PASI 12 or greater, BSA  $\geq 10$  percent, DLQI  $\geq 10$ . PsA: CASPAR. AS / nr-axSpA: ASAS with HLA-B27 and MRI-SI. HS: Hurley II or III with documented recurrence.
2. Paediatric severity criteria where applicable. Psoriasis  $\geq 6$ , JPsA  $\geq 2$ , ERA  $\geq 4$ . Sidra Medicine paediatric dermatology and paediatric rheumatology serve the paediatric subset.
3. Treatment history. Typically biologic-naïve after conventional systemic failure, or biologic-experienced. Insurers commonly require documented prior conventional failure.
4. Age. Adult or paediatric subset.
5. TB screening. IGRA plus chest imaging, repeated annually.
6. Hepatitis B and C screening.
7. Vaccination status review. Live vaccines contraindicated.
8. IBD screening. Active or historically recurrent IBD is the defining contraindication or relative contraindication for the IL-17 class. Quiescent IBD requires gastroenterology co-management.
9. Baseline laboratory panel: CBC, comprehensive metabolic panel with LFTs, renal function.
10. Pregnancy planning reviewed.

Qatari patients should arrive with most recent dermatology or rheumatology documentation: PASI / BSA / DLQI, joint count and CASPAR, BASDAI and MRI-SI, Hurley staging, photographs, treatment history, prior biologic-trial documentation, TB / hepatitis screening, IBD history, vaccination record, and the insurance preauthorisation paperwork.

## **The Qatar prescribing and supply picture, plainly**

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Ministry of Public Health (MOPH) registration status for Cosentyx is verified at intake. Cosentyx is MOPH-registered for the long-established indications. Where registration has not yet caught up with the most recent FDA label, a named-patient European or US import pathway covers the case. The pathway:

1. Prescribing physician: a board-certified Qatari dermatologist or rheumatologist at HMC (Hamad General Hospital, Rumailah Hospital), Aspetar (allied rheumatology), Al-Ahli, or Doha Clinic for adult cases. For paediatric cases (plaque psoriasis  $\geq 6$ , JPsA  $\geq 2$ , ERA  $\geq 4$ ): Sidra Medicine paediatric dermatology and paediatric rheumatology. 2. Pharmacy dispensing: hospital outpatient pharmacy or community pharmacy with cold-chain handling. Cosentyx requires 2 to 8 degree Celsius transport. Hospital pharmacies hand off with validated cold-chain container. 3. Insurance pre-authorization: National Health Insurance for nationals via MOPH, AXA, Bupa Global, MetLife, and the other major commercial insurers. Cosentyx is one of the more commonly approved biologics. Step requirements are the common friction point. 4. Patient training: SensoReady pen or prefilled syringe injection, cold-chain handling, sick-day rules, live-vaccine restriction, IBD-symptom vigilance. 5. Monitoring: dermatology or rheumatology follow-up at weeks 12 and 24, then quarterly through year one, then every six months. Annual TB rescreen. IBD symptom check at every visit.

## **Cost band and insurance positioning**

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US list price 4,800 to 6,000 USD per month at WAC. Annual cost at list 56,000 to 72,000 USD.

At 2026 indicative cross rates, QAR-equivalent annual cost band approximately QAR 205,000 to 265,000 at list price. Insurance preauthorisation reduces out-of-pocket exposure substantially. Qatari commercial covers commonly include Cosentyx for label indications.

## **What to expect on Cosentyx, week-by-week**

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Plaque psoriasis: PASI-50 by week 4. PASI-75 by week 12 in the majority. PASI-90 by week 16 in roughly 70 percent. Year-five real-world retention 60 to 70 percent.

PsA: ACR-20 by week 16 in 50 to 60 percent. Skin component faster than joint.

AS / nr-axSpA: BASDAI improvement by week 16. ASAS-20 in roughly 60 percent.

HS: HiSCR-50 by week 16 in 45 to 50 percent. HS is the slowest indication.

The first three months are the highest-vigilance window for infection and IBD signals.

## **When Cosentyx is the wrong drug**

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For a Qatari patient with active or severe IBD, active serious infection, active malignancy, active TB or untreated viral hepatitis, planned pregnancy without counselling, or near-term live-vaccine need, the pathway shifts:

- For active or severe IBD: IL-23 class (Skyrizi, Tremfya) or Stelara carry no IBD precaution. TNF inhibitors are indicated for both IBD and skin / joint disease. - For active serious infection: defer until cleared. - For pregnancy planning: review with rheumatology and high-risk obstetrics. - For near-term live-vaccine need: complete vaccination then initiate with delay.

Reserve Meds does not promote one biologic over another.

## What Reserve Meds does on this case

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US-based concierge coordinator. Not the prescriber and not the dispensing pharmacy. On a Qatari Cosentyx case we build the documentation pack with the treating dermatologist or rheumatologist office (HMC, Aspetar, or private for adult; Sidra paediatric dermatology or paediatric rheumatology for paediatric), confirm MOPH registration status and the appropriate dispensing pathway, run the insurance pre-authorisation conversation, coordinate the supply logistics for maintenance dispensing including cold-chain handling, organise the IL-17-class baseline screening (TB, hepatitis, IBD), and stay with the case through the first year of dosing with handoff to the local prescriber. 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.

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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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