Dupixent

Qatar · access guide

How to access Dupixent for atopic dermatitis, asthma, CRSwNP, EoE, prurigo nodularis, or COPD with eosinophilic phenotype from Qatar: 2026 pathway via HMC specialty services, Sidra Medicine paediatric services, and Qatar MOPH coordination | Reserve Meds

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

Qatar runs a compact but high-quality specialty network for the type 2 inflammation conditions where Dupixent is the prescriber's first-line biologic. Hamad Medical Corporation (HMC) anchors the adult specialty layer with dermatology, pulmonology, allergy, ENT, and gastroenterology services at Hamad General Hospital and across the HMC specialty hospital network. Sidra Medicine Doha is the paediatric-only academic medical centre and is the prescribing home for paediatric atopic dermatitis, paediatric asthma, paediatric EoE, and paediatric allergy in Qatar. Private dermatology and ENT capacity has expanded across the past five years and the prescribing landscape for adult Dupixent indications now also includes private specialty practices. Dupixent (dupilumab, Regeneron and Sanofi) is the fully human IgG4 monoclonal antibody that blocks IL-4Ra and thereby suppresses both IL-4 and IL-13 type 2 cytokine signalling. Qatar MOPH registration status for Dupixent is verified at intake; the European-import named-patient supply route covers Qatar dispensing where in-country registration has not yet caught up with the latest FDA or EMA label for newer indications and age subsets.

This page explains how the pathway works in 2026 for a Qatar-resident patient. Atopic dermatitis is the most common entry point into Dupixent therapy across the GCC, so the page leads with the atopic dermatitis pathway. A dedicated section covers the other five approved indications (asthma, CRSwNP, EoE, prurigo nodularis, COPD) with eligibility per indication. It is concierge documentation written for a family already in conversation with a treating specialist who wants the operational reality laid out plainly.

Why Dupixent, and why now

Dupixent is dupilumab, a fully human IgG4 monoclonal antibody developed jointly by Regeneron and Sanofi. The molecule binds IL-4Ra, the shared subunit of the type I and type II IL-4 receptors, and blocks the downstream signalling of both IL-4 and IL-13. Type 2 inflammation is the unifying mechanism across atopic dermatitis, eosinophilic asthma, CRSwNP, EoE, prurigo nodularis, and the eosinophilic phenotype of COPD. Suppressing the IL-4 and IL-13 signal reduces eosinophil recruitment, dampens IgE production, restores epithelial barrier function in skin and esophagus, and reduces airway mucus production.

FDA approval timeline: adult atopic dermatitis March 2017; adult and adolescent asthma October 2018; adolescent AD March 2019; CRSwNP June 2019; paediatric AD 6 to 11 years May 2020; paediatric asthma 6 to 11 years October 2021; AD 6 months to 5 years June 2022; EoE adult and adolescent May 2022; prurigo nodularis September 2022; EoE paediatric 1 to 11 years January 2024; COPD with eosinophilic phenotype September 2024; paediatric asthma 6 months to 5 years April 2025. The indication and age breadth is the reason Dupixent often shows up as the first specialist-prescribed biologic for a Qatar patient with overlapping atopic conditions.

Reserve Meds does not promote one biologic over another. The competing type 2 inflammation biologic landscape in 2026 includes omalizumab (Xolair), mepolizumab (Nucala), reslizumab (Cinqair), benralizumab (Fasenra), tezepelumab (Tezspire), tralokinumab (Adbry), lebrikizumab (Ebglyss), and nemolizumab (Nemluvio for prurigo). JAK inhibitor alternatives for adult AD: abrocitinib (Cibinqo), upadacitinib (Rinvoq).

What Dupixent is, in plain language

Dupixent is a subcutaneous injection given every 2 weeks for most adult indications, every 4 weeks for the lighter-weight paediatric AD subsets, and weekly for EoE. After an initial training session at the prescribing physician's clinic or with a Sanofi nurse educator, most adult patients self-administer at home using the pre-filled pen or syringe. Caregivers administer for paediatric patients. Cold-chain storage at 2 to 8 degrees Celsius is required.

Adult atopic dermatitis dose: 600 mg load then 300 mg every 2 weeks. Adult asthma dose: 400 mg load then 200 mg every 2 weeks, or 600 mg load and 300 mg q2w for OCS-dependent or comorbid AD asthma. CRSwNP: 300 mg every 2 weeks. EoE: 300 mg once weekly (distinct cadence). Prurigo nodularis: 600 mg load then 300 mg every 2 weeks. COPD with eosinophilic phenotype: 300 mg every 2 weeks. Paediatric AD dosing is weight-tiered (200 mg q4w for 5 to less than 15 kg; 300 mg q4w for 15 to less than 30 kg; 400 mg load then 200 mg q2w for 30 to less than 60 kg; adult regimen for 60 kg and above).

This is a chronic therapy taken for as long as it controls the disease.

Eligibility at a Qatar specialist clinic

For Qatar-resident patients, the prescribing specialties apply FDA and EMA criteria with local insurance and MOPH adaptation. Eligibility is indication-specific:

1. **Atopic dermatitis (adult)**: dermatologist confirms moderate-to-severe disease by IGA, EASI, BSA, DLQI. Inadequate response to topical therapies. Age 18 and older for the adult-pathway page; paediatric AD routes through Sidra Medicine. 2. **Atopic dermatitis (paediatric 6 months and older)**: paediatric dermatologist or paediatric allergy / immunology at Sidra Medicine confirms moderate-to-severe disease. Inadequate response to topical therapies. Weight-tiered dosing. 3. **Asthma (adult)**: HMC pulmonology or allergy confirms moderate-to-severe asthma per GINA Step 4 or 5. Eosinophilic phenotype or OCS dependence. 4. **Asthma (paediatric 6 months and older)**: Sidra Medicine paediatric pulmonology confirms moderate-to-severe asthma with eosinophilic phenotype or OCS dependence. Weight-tiered dosing. 5. **CRSwNP (adult)**: HMC ENT confirms bilateral nasal polyposis with inadequate response to INCS plus systemic corticosteroid courses or sino-nasal surgery. 6. **EoE (adult)**: HMC gastroenterology confirms by endoscopy with biopsy at least 15 eos per HPF after PPI trial. 7. **EoE (paediatric 1 year and older, at least 15 kg)**: Sidra Medicine paediatric gastroenterology confirms by endoscopy with biopsy at least 15 eos per HPF after PPI trial. 8. **Prurigo nodularis (adult)**: dermatologist confirms multiple intensely pruritic nodules, chronic course at least 6 weeks. Adult only. 9. **COPD with eosinophilic phenotype (adult)**: HMC pulmonology confirms COPD by post-bronchodilator spirometry, blood eosinophils at least 300, inadequate control on optimised triple inhaled therapy.

Shared baseline elements:

10. **Treatment history**. Failure of (or contraindication to) appropriate prior therapy. 11. **Baseline laboratory panel**. CBC with eosinophil count, comprehensive metabolic panel, total IgE (informative), pregnancy test for women of reproductive potential. 12. **Helminth infection screen** for patients with epidemiologic risk. 13. **Active serious infection**: defer initiation. 14. **Vaccination status review**. Live vaccines not recommended during therapy. 15. **Conjunctivitis history review** for AD patients. 16. **Pregnancy and lactation discussion**.

A Qatar patient should arrive at the biologic conversation with the most recent specialist documentation for the indication, complete treatment history, prior biologic trial documentation if any, baseline screening labs, vaccination record, and the insurance pre-authorisation paperwork.

The Qatar prescribing and supply picture, plainly

Qatar MOPH (Ministry of Public Health) governs the regulatory pathway. Dupixent registration status for adult AD and adult asthma is in place; newer indications and age subsets are at various registration stages. Where registration is complete for an indication, in-country pharmacy dispensing applies. Where registration has not caught up with the FDA or EMA label, a named-patient European or US import pathway covers the case. The pathway:

1. **Prescribing physician**: - Adult dermatology, pulmonology, allergy, ENT, and gastroenterology: Hamad General Hospital and the HMC specialty hospital network are the primary adult prescribing centres; private dermatology and ENT practices also prescribe for the adult AD, asthma, CRSwNP, and prurigo indications. - Paediatric dermatology, pulmonology, allergy, and gastroenterology: Sidra Medicine Doha is the paediatric-only academic medical centre and is the prescribing home for paediatric AD, paediatric asthma, paediatric EoE, and paediatric allergy. 2. **Pharmacy dispensing**: HMC outpatient pharmacy or licensed community pharmacy with cold-chain handling. Dupixent requires 2 to 8 degree Celsius transport and storage. 3. **Insurance pre-authorisation**: Hamad Health Card holders access HMC services with MOPH-coordinated pre-authorisation. Private commercial insurance (Daman, Allianz, AXA, Bupa Global, Cigna, others) processes Dupixent pre-authorisation routinely for adult AD and adult asthma; CRSwNP, EoE, prurigo, paediatric subsets, and COPD pre-authorisation patterns vary. 4. **Self-injection training**: at the prescribing physician's clinic or via Sanofi nurse educator visit. Most adult patients comfortable after 1 to 2 sessions. Caregivers train for paediatric patients. 5. **Ongoing monitoring**: specialty-specific follow-up at week 4, 12, and 16, then quarterly through year one. Conjunctivitis surveillance at every visit for AD patients. Eosinophil count at baseline and periodically.

The 2026 pathway, step by step

Week 0 to 1: documentation pack assembled with the treating specialist's office. Current severity scores, photographs of involved skin if applicable, endoscopy and biopsy reports if applicable, spirometry and eosinophil data if applicable, complete treatment history, baseline screening labs, vaccination record, insurance card details.

Week 1 to 4: insurance pre-authorisation review.

Week 4 to 6: first dispensing. Indication-specific loading dose and self-injection training.

Week 4 onwards: patient (or caregiver) self-injects at home per the schedule. Reserve Meds coordinates cold-chain delivery.

Week 4 to 16: loading-phase completion and early-response assessment.

Week 16 onwards: response assessment. Maintenance dosing for responders. Inadequate responders may extend response assessment or switch therapy.

Cost band and insurance positioning

US WAC list price for Dupixent 300 mg is approximately USD 3,800 to 4,300 per device. The every-2-week adult regimen at list is approximately USD 91,000 to 103,000 per year. The weekly EoE regimen lands materially higher; the paediatric q4w regimens land lower.

At 2026 indicative cross rates, the QAR-equivalent annual cost band for the every-2-week adult 300 mg regimen is approximately QAR 330,000 to 380,000 at list price. Paediatric q4w regimens land lower. The weekly EoE regimen lands materially higher. Pre-authorisation reduces out-of-pocket exposure substantially.

What to expect on Dupixent, by indication

Atopic dermatitis: EASI-75 in approximately 50 percent and IGA 0 or 1 in approximately 38 percent at week 16 in adult monotherapy pivotal trials; higher in combination with TCS. Itch reduction often within 2 to 4 weeks.

Asthma: approximately 46 to 47 percent reduction in annualised severe exacerbation rate in QUEST. OCS-dependent patients: median 70 percent OCS dose reduction in VENTURE; 48 percent achieve complete OCS discontinuation.

CRSwNP: nasal polyp score reduction by approximately 2 points at week 24. Time to first sino-nasal surgery extended.

EoE: histologic remission at week 24 in approximately 60 percent on weekly dupilumab.

Prurigo nodularis: at least 4-point Worst Itch NRS reduction at week 24 in approximately 60 percent.

COPD with eosinophilic phenotype: approximately 30 to 34 percent annualised reduction in moderate or severe exacerbations.

Other approved indications, eligibility summary

- **Asthma**: moderate-to-severe with eosinophilic phenotype or OCS dependence. Adult: HMC pulmonology or allergy. Paediatric (6 months and older): Sidra Medicine paediatric pulmonology. - **CRSwNP (adult)**: bilateral polyposis, inadequate response to INCS and OCS courses or surgery. HMC ENT. - **EoE (1 year and older, at least 15 kg)**: endoscopy and biopsy at least 15 eos per HPF after PPI trial. Weekly dosing. Adult: HMC gastroenterology. Paediatric: Sidra Medicine paediatric gastroenterology. - **Prurigo nodularis (adult)**: multiple intensely pruritic nodules, chronic course at least 6 weeks. Dermatology. - **COPD with eosinophilic phenotype (adult)**: COPD by post-bronchodilator spirometry, blood eosinophils at least 300, inadequate control on optimised triple inhaled therapy. HMC pulmonology.

For patients with multiple comorbid type 2 inflammation conditions (the atopic march), Dupixent may treat multiple comorbid conditions simultaneously.

What to monitor

The most clinically distinctive Dupixent monitoring item is **conjunctivitis**, especially for AD patients (approximately 10 to 20 percent incidence). Ophthalmology referral at first sign that does not resolve in 48 hours.

Eosinophil count at baseline and periodically. Transient eosinophilia is common and usually benign.

Injection-site reactions, **oral herpes**, and other common AEs usually managed without therapy interruption.

Helminth surveillance for patients with epidemiologic exposure.

Hypersensitivity including rare anaphylaxis: stop therapy if it occurs.

Live vaccines avoided during therapy.

Long-term safety: 7-plus years post-marketing, reassuring profile.

Religious, ethical, and family-logistics framing

Dupixent is a fully human IgG4 monoclonal antibody produced in CHO cell culture. No donor element, no human or animal source material in the active ingredient, no foreign genetic content. The classical analogy to vaccines and other recombinant biologics holds in Qatar Islamic medical ethics.

Self-injection is the standard. Clinic-administered dispensing is available at HMC and Sidra for families who prefer that pathway.

Cold-chain storage in the Qatar summer climate: home refrigerator placement (not in the door), insulated cold-chain bag for travel, 14-day room-temperature allowance in the original unopened carton.

Severe AD in a child, severe asthma in a child, EoE in a child, and CRSwNP in an adult carry meaningful family-burden and quality-of-life dimensions including sleep disturbance, school absenteeism, work absenteeism, feeding difficulty, body-image concerns, and depression burden in patients and parents. The clinical conversation addresses these dimensions; Sidra Medicine offers paediatric psychology and family support services that integrate with the paediatric specialty pathway. Dupilumab itself has no CNS or mood signal.

Ramadan considerations: q2w and q4w schedules unaffected by fasting. Weekly EoE patients plan injection timing around the meal schedule.

Hajj and Umrah travel: meningococcal conjugate vaccination (inactivated) permitted and recommended.

Live vaccines (varicella, MMR, yellow fever, oral polio, BCG) not recommended during therapy. Inactivated vaccines permitted.

When Dupixent is the wrong drug

- Acute asthma exacerbation: standard rescue therapy. - Asthma without eosinophilic phenotype and without OCS dependence: tezepelumab covers patients across asthma phenotypes who do not fit the eosinophilic profile. - CRSwNP responding adequately to INCS alone: Dupixent is for inadequate response. - EoE responding adequately to PPI or dietary elimination: Dupixent is for inadequate response. - COPD without eosinophilic phenotype: does not benefit. - Active helminth infection: treat before initiation. - Hypersensitivity to dupilumab or excipients: contraindicated. - Active serious infection: defer. - Need for live vaccination in the near term: complete the vaccination then initiate. - Severe conjunctivitis history with poor ophthalmology support: ophthalmology co-management plan first. - Pregnancy: limited data; individualised decision.

Alternatives: omalizumab, mepolizumab, reslizumab, benralizumab, tezepelumab, tralokinumab, lebrikizumab, nemolizumab; JAK inhibitor alternatives for adult AD: abrocitinib, upadacitinib.

Reserve Meds does not promote one biologic 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 Dupixent case we build the documentation pack with the treating specialist office at HMC, Sidra Medicine, or private specialty practice as appropriate to the patient's age and indication, confirm Qatar MOPH registration status per indication and per age subset and the appropriate dispensing pathway, run the insurance pre-authorisation conversation alongside the clinical conversation, coordinate the cold-chain supply logistics for ongoing maintenance dispensing, organise self-injection training and the baseline screening the prescribing office requires, set up the ophthalmology co-management plan for AD patients where indicated, and stay with the case through the first year of dosing with handoff to the local prescriber for ongoing surveillance. Clinical decisions remain with your treating specialist.

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.

reservemeds.com · hello@reservemeds.com