Ebglyss

Qatar · access guide

How to access Ebglyss for moderate-to-severe atopic dermatitis in adults and adolescents 12 and older from Qatar: 2026 pathway via HMC dermatology, Sidra Medicine adolescent dermatology, and Qatar MOPH coordination | Reserve Meds

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

Qatar runs a compact but high-quality dermatology specialty network for moderate-to-severe atopic dermatitis. Hamad Medical Corporation (HMC) anchors the adult dermatology layer at Hamad General Hospital and across the HMC specialty hospital network; private dermatology practices add adult capacity in Doha. Sidra Medicine Doha is the paediatric-only academic medical centre and is the prescribing home for paediatric AD; Sidra paediatric dermatology covers adolescents in the Ebglyss-eligible 12-and-older-and-at-least-40-kg age range as well as younger paediatric patients (younger patients route toward Dupixent, which is FDA-approved down to 6 months for AD). Ebglyss (lebrikizumab-lbkz, Eli Lilly and Company) is the humanized IgG4 monoclonal antibody that binds soluble IL-13 with high affinity and blocks IL-13 receptor signalling. FDA approval landed in September 2024 for moderate-to-severe atopic dermatitis in adults and adolescents 12 years and older weighing at least 40 kg. Qatar MOPH registration for Ebglyss is in early rollout in 2026; most Qatar patients access Ebglyss via the named-patient European or US import pathway while in-country registration catches up.

This page leads with the Ebglyss pathway for adult AD (HMC and private dermatology) and the adolescent AD pathway (Sidra Medicine paediatric dermatology plus HMC and private adult dermatology bridging the adolescent-to-adult transition). It includes an explicit vs-Dupixent positioning section. It is concierge documentation written for a family already in conversation with a treating dermatologist who wants the operational reality laid out plainly.

Why Ebglyss, and why now

Ebglyss is lebrikizumab, a humanized IgG4 monoclonal antibody held by Eli Lilly and Company. The molecule binds soluble IL-13 with high affinity. By sequestering IL-13, lebrikizumab blocks the formation of the IL-13Ra1 / IL-4Ra heterodimer signalling complex on target cells. Lebrikizumab does NOT bind IL-4 and does NOT block IL-4 signalling through the type I IL-4 receptor. This is the central mechanistic distinction versus Dupixent (dupilumab), which targets IL-4Ra directly and thereby blocks signalling of both IL-4 and IL-13.

IL-13 is the dominant cytokine driving epidermal barrier dysfunction and the Th2 inflammatory cascade in atopic dermatitis. By selectively blocking IL-13, lebrikizumab dampens the chronic itch and inflammation cycle. EASI-75 response in approximately 50 to 60 percent at week 16 monotherapy; approximately 70 percent with topical corticosteroids.

FDA approval September 2024. EMA approval November 2023. Qatar MOPH registration in early rollout. The September 2024 FDA approval places Ebglyss in the **less-than-24-month NPP-pathway-primary** framing window for Qatar in 2026: named-patient European or US import is the primary access mechanism.

Reserve Meds does not promote one biologic over another. The competing class includes Dupixent (anti-IL-4Ra), Adbry (tralokinumab anti-IL-13 adult only), Cibinqo (abrocitinib JAK1), Rinvoq (upadacitinib JAK1), and Nemluvio (nemolizumab anti-IL-31Ra). JAK inhibitor class carries class black-box warning.

What Ebglyss is, in plain language

Ebglyss is a subcutaneous injection. Pre-filled pen or pre-filled syringe at 250 mg per device. Most patients self-administer at home after training; caregivers can administer for adolescents. Cold-chain storage at 2 to 8 degrees Celsius; room-temperature stability up to 7 days unopened (shorter than Dupixent at 14 days).

Dosing: - **Week 0**: 500 mg loading (two 250 mg injections at separate sites). - **Week 2**: 500 mg. - **Week 4 to week 14**: 250 mg every 2 weeks. - **Week 16 response assessment**: responders move to **250 mg every 4 weeks** maintenance. Partial or non-responders continue q2w through week 24 and reassess.

This is chronic therapy. Patients who respond typically stay on therapy for years.

Eligibility at a Qatar dermatology clinic

For Qatar-resident patients, the prescribing dermatologist applies FDA and EMA criteria with local MOPH and insurance adaptation:

1. **Moderate-to-severe atopic dermatitis (adult)**: HMC dermatologist or private dermatologist confirms moderate-to-severe disease by IGA, EASI, BSA, DLQI. Inadequate response to topical therapies. Age 18 and older for the adult-pathway. 2. **Moderate-to-severe atopic dermatitis (adolescent 12 to 17 years, at least 40 kg)**: Sidra Medicine paediatric dermatology confirms moderate-to-severe disease and weight eligibility. Adult dermatology at HMC or private practice may co-manage older adolescents in the transition window. Adolescents under 40 kg are not eligible for Ebglyss; route toward Dupixent (FDA-approved down to 6 months). 3. **Treatment history**. Documented prior failure of (or contraindication to) appropriate topical prescription therapy. Many insurers require documented prior systemic therapy or prior biologic / JAK inhibitor trial. 4. **Baseline laboratory panel**. CBC with eosinophil count, comprehensive metabolic panel, total IgE (informative), pregnancy test for women of reproductive potential. 5. **Helminth infection screen** for patients with epidemiologic risk. 6. **Active serious infection**: defer initiation. 7. **Vaccination status review**. Live vaccines not recommended during therapy; inactivated permitted and recommended. 8. **Conjunctivitis history review**. Approximately 7 percent develop conjunctivitis on Ebglyss in pivotal trials (lower than Dupixent at approximately 10 to 20 percent). 9. **Pregnancy and lactation discussion** for women of reproductive potential.

A Qatar patient should arrive with the most recent dermatology documentation, complete treatment history including any prior biologic or JAK inhibitor trial, 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. Ebglyss registration in early rollout. Where registration has progressed, in-country pharmacy dispensing applies. Where registration has not progressed (the majority case in 2026), the named-patient European or US import pathway covers the case. The pathway:

1. **Prescribing physician**: - **Adult dermatology**: Hamad General Hospital and the HMC specialty hospital network; private dermatology practices in Doha. - **Adolescent dermatology (12 to 17, at least 40 kg)**: Sidra Medicine Doha paediatric dermatology, with HMC and private adult dermatology bridging older adolescents in transition. 2. **Pharmacy dispensing**: HMC outpatient pharmacy or licensed community pharmacy with cold-chain handling. Ebglyss requires 2 to 8 degree Celsius transport and storage. Named-patient import supply lands at the prescribing hospital outpatient pharmacy under cold-chain handling where applicable. 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 Ebglyss pre-authorisation case-by-case in 2026; the recency of FDA approval means pre-authorisation patterns are still establishing. 4. **Self-injection training**: at the prescribing dermatologist's clinic or via Lilly-coordinated nurse educator visit. Most adult patients comfortable after 1 to 2 sessions. Adolescents self-administer after training, or caregivers administer. 5. **Ongoing monitoring**: dermatology follow-up at week 4, 12, 16 (response-assessment visit), then quarterly through year one. Conjunctivitis surveillance at every visit. Eosinophil count at baseline and periodically.

The 2026 pathway, step by step

Week 0 to 1: documentation pack assembled with the treating dermatologist's office. EASI, IGA, BSA, DLQI scores; photographs of involved skin; complete treatment history; baseline screening labs; vaccination record; insurance card details. Named-patient import paperwork initiated where applicable.

Week 1 to 6: pre-authorisation review and import processing.

Week 6 to 8: first dispensing. 500 mg loading dose and self-injection training.

Week 2 of therapy: second 500 mg loading dose.

Week 4 to week 14: 250 mg q2w.

Week 16: response assessment. Responders to 250 mg q4w maintenance; partial or non-responders continue q2w through week 24.

Week 24 and beyond: q4w maintenance for responders. Inadequate response at week 24 prompts switch consideration.

Cost band and insurance positioning

US WAC list price for Ebglyss in 2026 is approximately USD 3,400 per 250 mg device. The induction-and-loading phase (week 0 through week 14, 10 injections) is approximately USD 34,000 at list. The q4w maintenance phase for responders is approximately USD 44,000 per year at list.

At 2026 indicative cross rates, the QAR-equivalent annual cost band for the q4w maintenance responder regimen is approximately **QAR 145,000 to 200,000** at list price. The induction-and-loading phase adds approximately QAR 125,000 to 150,000 in the first year. Pre-authorisation reduces out-of-pocket exposure substantially.

The annual q4w maintenance cost band is roughly one-half of the Dupixent every-2-week adult regimen on an annual basis.

What to expect on Ebglyss

Itch reduction often noticeable within 2 weeks. EASI-75 in approximately 50 to 60 percent at week 16 monotherapy; approximately 70 percent with topical corticosteroids. IGA 0 or 1 with at least 2-point reduction in approximately 33 to 43 percent at week 16. Responders on q4w maintenance maintained EASI-75 in approximately 80 percent through week 52.

The first 4 to 16 weeks are the highest-vigilance window for response assessment and conjunctivitis surveillance. Patients not responding by week 16 continue q2w through week 24 with reassessment.

What to monitor

Conjunctivitis at approximately 7 percent (lower than Dupixent at 10 to 20 percent). Bilateral red eye, itch, tearing. Most cases mild to moderate. Ophthalmology referral at first sign that does not resolve within 48 hours.

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

Injection-site reactions, hypersensitivity (rare anaphylaxis), helminth surveillance for epidemiologic exposure, live vaccines avoided during therapy.

Long-term safety approximately 2 years post-FDA-approval; profile reassuring.

Ebglyss versus Dupixent

Both appropriate first-line biologics for moderate-to-severe AD in adults and adolescents 12 and older. Reserve Meds does not promote one over the other.

- **Mechanism**: Ebglyss IL-13 selective; Dupixent IL-4Ra blocks both IL-4 and IL-13. - **Indication breadth**: Dupixent six FDA-approved indications; Ebglyss AD-only. - **Age range**: Dupixent down to 6 months for AD; Ebglyss 12 and older at 40 kg. - **Conjunctivitis rate**: approximately 7 percent on Ebglyss vs 10 to 20 percent on Dupixent. - **Maintenance dosing**: Ebglyss q4w from week 16; Dupixent adult AD q2w throughout. - **Cost band**: Ebglyss q4w roughly half annual list of Dupixent q2w. - **Long-term safety dataset**: Dupixent 7-plus years; Ebglyss approximately 2 years post-FDA. Both reassuring. - **Qatar access pathway**: Dupixent broadly registered for adult AD; Ebglyss in early Qatar MOPH registration rollout, most 2026 patients access via named-patient European or US import.

The clinical decision sits with the treating dermatologist based on response history, conjunctivitis tolerance, dosing-frequency preference, and access.

Religious, ethical, and family-logistics framing

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

Self-injection at home is the standard; clinic-administered dispensing available. Adolescents 12 and older self-administer after training; caregivers can administer if preferred.

Cold-chain storage in the Qatar summer climate: home refrigerator placement, insulated cold-chain bag for travel, 7-day room-temperature allowance (shorter than Dupixent 14-day window).

Moderate-to-severe AD in an adolescent and adult carries psychosocial-burden dimensions (sleep disturbance from chronic itch, school or work absenteeism, body-image concerns, anxiety, depression in patients and parents). Clinical conversation addresses these dimensions; behavioural health referral where indicated. Lebrikizumab has no CNS or mood signal.

Ramadan: q2w and q4w regimens unaffected by fasting.

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

When Ebglyss is the wrong drug

- Age under 12 or weight under 40 kg: not eligible. Younger patients route to Dupixent. - Mild AD: Ebglyss for moderate-to-severe with topical-therapy failure. - Active conjunctivitis with poor ophthalmology support: ophthalmology co-management plan first. - Active helminth infection: treat before initiation. - Hypersensitivity to lebrikizumab or excipients: contraindicated. - Active serious infection: defer. - Need for live vaccination in near term: complete then initiate. - Pregnancy: limited data; individualised decision. - Comorbid type 2 inflammation conditions: may favour Dupixent.

Alternative biologics for AD: dupilumab, tralokinumab (adult), nemolizumab. JAK inhibitor alternatives: abrocitinib, upadacitinib (class black-box warning).

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 Ebglyss case we build the documentation pack with the treating dermatologist's office (HMC, private dermatology, or Sidra Medicine paediatric dermatology for adolescents 12 to 17 at 40 kg and above), confirm Qatar MOPH registration status (and the appropriate dispensing pathway, including named-patient European or US import where required), 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, set up the ophthalmology co-management plan where indicated, and stay with the case through the first year of dosing with handoff to the local prescriber. 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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reserved for you.

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