

Skyrizi access in Qatar

How patients in Qatar pursue risankizumab, approximately manufactured by AbbVie, as an IL-23 inhibitor for plaque psoriasis, psoriatic arthritis, Crohn's disease, and ulcerative colitis, via the Ministry of Public Health's named-patient pathway.

Last reviewed 2026-05-12 by Reserve Meds clinical & regulatory team. This page combines the Qatar country research module with the Skyrizi drug module to describe the path patients actually walk.

Quick orientation

Skyrizi (risankizumab-rzaa) is a humanised IgG1 monoclonal antibody that selectively binds to the p19 subunit of interleukin-23 (IL-23) and inhibits its interaction with the IL-23 receptor. The US Food and Drug Administration approved Skyrizi in April 2019 for adults with moderate-to-severe plaque psoriasis who are candidates for systemic therapy or phototherapy. The FDA approved expanded indications subsequently for active psoriatic arthritis in adults (January 2022), for moderately to severely active Crohn's disease in adults (June 2022), and for moderately to severely active ulcerative colitis in adults (June 2024). Risankizumab is approximately manufactured and commercialised by AbbVie. Maintenance dosing in psoriasis is 150 mg subcutaneously every 12 weeks after induction; in Crohn's disease and ulcerative colitis the regimen includes an intravenous induction phase followed by subcutaneous maintenance. For a Qatar patient with one of these conditions, the practical question is rarely the science. It is the access path for a biologic that may not be on Qatar's local formulary. Reserved for you.

Why this drug is hard to source in Qatar

Plaque psoriasis, psoriatic arthritis, and inflammatory bowel disease are not rare in Qatar. The dermatology, rheumatology, and gastroenterology services within Hamad Medical Corporation see established caseloads each year. The clinical access gap with Skyrizi is at the biologic-treatment stage. First-line therapy for moderate-to-severe psoriasis typically includes topical therapy and phototherapy; second-line includes conventional systemic agents such as methotrexate, cyclosporine, and acitretin. The biologic step typically begins with a TNF inhibitor (adalimumab, etanercept, infliximab), with IL-17 inhibitors (secukinumab, ixekizumab) and IL-23 inhibitors (risankizumab, guselkumab, tildrakizumab) as later or alternative options. In Crohn's disease and ulcerative colitis, anti-TNF therapy historically dominates with vedolizumab and ustekinumab as next options; risankizumab

adds a more selective IL-23 mechanism that some patients respond to where anti-TNF therapy has failed.

Whether Skyrizi holds a current Qatar Ministry of Public Health (MOPH) registration is the variable, and even where it does, hospital pharmacies do not always maintain it on the shelf because the eligible patient population for each indication is bounded. Manufacturer commercial strategy in the Gulf has typically prioritised the higher-volume biosimilar-eligible TNF agents over the newer IL-23 inhibitors. Where Skyrizi is not locally stocked, a Qatar dermatologist, rheumatologist, or gastroenterologist who wants to use it initiates the named-patient pathway through PDCD.

The MOPH-PDCD named-patient pathway

The federal pathway for a Qatar-licensed physician to obtain a medicine that is not registered or not stocked locally is the named-patient import permit, administered by the Pharmacy and Drug Control Department (PDCD) within the Ministry of Public Health. The framework allows hospitals and licensed pharmaceutical establishments to import a specific medicine for a specific patient when the medicine is approved by a recognised reference authority such as the US FDA or the European Medicines Agency and a clinically equivalent locally registered alternative is not suitable.

A complete PDCD application for a Skyrizi case typically includes the clinical justification letter from the treating physician (diagnosis with severity scoring such as PASI in psoriasis, BSA, joint count and DAS28 in psoriatic arthritis, Mayo or simple clinical colitis activity index in ulcerative colitis, CDAI or Harvey-Bradshaw in Crohn's disease, prior topical and systemic therapy outcomes, prior biologic therapy outcomes if any, screening for latent tuberculosis and hepatitis B and C status, and the rationale for an IL-23 inhibitor now), the treating physician's Qatar Council for Healthcare Practitioners (QCHP) license verification, an anonymised patient identifier or Qatar ID where the PDCD submission allows, full product details for risankizumab (brand name Skyrizi, formulation matching the indication and induction-versus-maintenance phase, pack size, quantity requested, intended treatment duration), the destination dispensing facility name with MOPH pharmacy license number, and a cold-chain plan documenting temperature handling at 2 to 8 degrees Celsius from US release through to the Qatar dispensing pharmacy. Approval timelines for routine cases through Hamad Medical Corporation (HMC) are typically 2 to 4 weeks; cases through private hospitals run 3 to 6 weeks.

Real costs in QAR and USD

Skyrizi pricing depends on indication and dosing phase. In plaque psoriasis maintenance, the typical regimen is 150 mg subcutaneous every 12 weeks, with US wholesale acquisition cost approximately USD 16,000 to USD 19,000 per 150 mg dose, totalling broadly USD

70,000 to USD 85,000 annually across maintenance plus the early induction doses. In QAR at the 3.64 peg, that converts to approximately QAR 255,000 to QAR 310,000 per year. The Crohn's and ulcerative colitis regimens carry higher intravenous induction costs in the first weeks before transitioning to subcutaneous maintenance. Annualised, a typical IBD course runs USD 100,000 to USD 140,000, or approximately QAR 365,000 to QAR 510,000 per year.

International logistics for cold-chain biologic shipments runs USD 800 to 2,500 per shipment depending on quantity, urgency, and packaging certification, or approximately QAR 3,000 to QAR 9,100. Reserve Meds quotes the actual logistics line on every firm quote. Qatar customs and PDCD permit fees are nominal relative to the drug cost. For Qatari nationals receiving care at HMC, public-sector subsidy is the dominant financial mechanism and the patient's out-of-pocket exposure is typically limited. For expatriate patients, employer-sponsored insurance through carriers such as Qatar Insurance Company, Allianz Care, Cigna, AXA, Bupa Global, or MetLife handles biologic therapy case by case, frequently with step-therapy or prior-authorization requirements. We supply the documentation set that lets your insurer assess the case. We do not promise coverage from any insurer.

Timing — what to expect

For a Qatar patient initiating Skyrizi, the timing question has two distinct windows. The PDCD permit window for a routine case through HMC dermatology, rheumatology, or gastroenterology typically processes in 2 to 4 weeks; cases through private hospitals run 3 to 6 weeks. Cold-chain international shipping from the US, including chain-of-custody documentation, validated cold-chain packaging, and customs clearance into Doha, runs approximately 5 to 10 business days. The treating physician's pre-biologic workup, including latent tuberculosis screening (interferon-gamma release assay), hepatitis B and C serology, baseline laboratory studies, vaccination review, and the patient's informed-consent conversation about infection risk, occurs in parallel. Reserve Meds frames the working assumption as a 4 to 8 week first-shipment window from intake to dispense, with re-supply cycles thereafter running shorter because the documentation history is on file.

What your physician needs

The clinical justification letter for a Skyrizi PDCD submission addresses the patient's diagnosis (plaque psoriasis with PASI and BSA, psoriatic arthritis with joint count and disease activity score, Crohn's disease with CDAI or HBI, or ulcerative colitis with Mayo score), the documented severity and prior therapy outcomes (topical therapy, phototherapy, conventional systemic agents, prior biologic therapy and reason for discontinuation), and the rationale for an IL-23 inhibitor at this point. The pre-biologic screen including latent tuberculosis, hepatitis B surface antigen and core antibody, hepatitis C antibody, baseline complete blood count, liver function tests, and vaccination status review is documented.

The dose regimen (150 mg subcutaneous at weeks 0 and 4 then every 12 weeks for psoriasis; 600 mg IV at weeks 0, 4, and 8 then 360 mg SC maintenance for Crohn's; 1200 mg IV induction series then 180 mg or 360 mg SC maintenance for ulcerative colitis) is included along with the monitoring plan.

The treating physician's QCHP license must be in active standing. For psoriasis cases in Qatar, the natural treating physician is a dermatologist at Hamad Medical Corporation's Rumailah Hospital dermatology service or a private dermatology clinic. For psoriatic arthritis, a rheumatologist within HMC. For Crohn's disease and ulcerative colitis, a gastroenterologist at Hamad General Hospital. The QCHP license number, the institutional pharmaceutical-establishment license of the dispensing pharmacy, and the patient's informed-consent record sit alongside the clinical letter in the PDCD submission.

Hamad Medical Corporation and Sidra Medicine specialty dispensing

Skyrizi dispensing in Qatar is predominantly adult and concentrated at Hamad Medical Corporation. HMC's dermatology service at Rumailah Hospital, the rheumatology and gastroenterology services at Hamad General Hospital, and HMC's biologic infusion suite (for the Crohn's and ulcerative colitis intravenous induction phase) cover the full clinical use case. Pediatric IBD or psoriasis cases may be managed at Sidra Medicine, although the approved indications for risankizumab are currently adult; pediatric Skyrizi use is off-label and requires its own clinical rationale in the PDCD submission. Private hospital services at Al Ahli Hospital or Doha Clinic Hospital can also dispense biologic medications, with cold-chain infrastructure as a prerequisite.

The dispensing pharmacy receives the imported stock under the chain-of-custody packet, verifies lot and expiry against the PDCD permit, and dispenses to the patient on the treating physician's prescription. Self-injection training is provided at the dispensing pharmacy or by the treating physician's nursing team. Re-supply for chronic biologic therapy is built into the PDCD permit framework at the application stage. Reserve Meds typically structures shipments to land quarterly so that the pharmacy holds approximately three months of pens or syringes at any given time.

Pharmacovigilance and cold-chain

Skyrizi is a cold-chain biologic. Risankizumab pens and syringes are stored at 2 to 8 degrees Celsius and protected from freezing and from direct sunlight. The chain-of-custody documentation tracks lot, expiry, and temperature exposure across every handoff from the US specialty wholesaler through international transit to the Qatar importer's bonded warehouse to the hospital pharmacy. A documented temperature excursion triggers a

quarantine and replacement cycle. PDCD pharmacovigilance reporting obligations remain with the treating physician and the dispensing facility. Serious infections, hypersensitivity reactions, injection-site reactions, and any serious unexpected event are reportable to PDCD's Pharmacovigilance Center within 15 calendar days. Latent tuberculosis reactivation and hepatitis B reactivation are documented risks that the pre-biologic screen aims to identify.

Reserve Meds supplies the US-side release documentation, the validated cold-chain packaging, the chain-of-custody packet, and the shipping temperature trace to the Qatar importer and to the hospital pharmacy on receipt. We do not file adverse-event reports on the physician's behalf; that obligation sits with the treating physician and the dispensing facility under the PDCD framework.

Common questions about Skyrizi in Qatar

Will my Qatar insurance or employer plan cover Skyrizi? For Qatari nationals receiving care at Hamad Medical Corporation, public-sector funding is the dominant mechanism for biologic therapy across dermatology, rheumatology, and gastroenterology. For expatriates, employer-sponsored plans through Qatar Insurance Company, Allianz Care, Cigna, AXA, Bupa Global, or MetLife handle biologics case by case, frequently with step-therapy requirements (typically prior anti-TNF trial) before approving IL-23 inhibition. We do not promise coverage from any insurer.

Why risankizumab and not guselkumab or tildrakizumab? All three are IL-23 p19 inhibitors with overlapping indications. The clinical choice rests with the treating physician based on dosing schedule, prior treatment history, and indication mix. Reserve Meds does not steer the clinical decision.

Is Skyrizi a controlled substance? No. Risankizumab is not a DEA scheduled substance. The PDCD pharmacovigilance, chain-of-custody, and cold-chain requirements apply.

Will the pre-biologic tuberculosis screen need to be repeated? Yes. Latent tuberculosis screening through interferon-gamma release assay or tuberculin skin test is repeated annually during chronic biologic therapy under the standard pre-biologic monitoring framework.

Where Reserve Meds fits in Skyrizi cases

Reserve Meds is a US-based concierge coordinator. We do not replace the treating physician, PDCD, the dispensing pharmacy, or the QCHP-licensed institution. For a Skyrizi case specifically, our work is the documentation kit assembly, the US-side DSCSA-compliant specialty wholesaler sourcing, the validated cold-chain shipment plan, the

customs and import-permit coordination with the Qatar importer, and one named coordinator through the case. We hold the same coordinator across re-supply cycles so that the patient does not re-explain the case at every shipment. Reserved for you.

Next step

If a treating physician in Qatar is weighing Skyrizi for a patient with plaque psoriasis, psoriatic arthritis, Crohn's disease, or ulcerative colitis, the waitlist is the first step. We respond within 24 to 48 hours with an eligibility confirmation and a documentation kit for the physician.

Reserved for you.

Related

- [Skyrizi clinical resource](#)
- [Skyrizi in the UAE](#)
- [Skyrizi in Saudi Arabia](#)
- [Qatar country page](#)

Sources

1. FDA approval, Skyrizi (risankizumab-rzaa), approximately AbbVie, April 2019 for plaque psoriasis; subsequent label expansions for psoriatic arthritis (2022), Crohn's disease (2022), and ulcerative colitis (2024).
2. Qatar Ministry of Public Health, Pharmacy and Drug Control Department (PDCCD), published guidance on named-patient and unregistered-medicine import permits.
3. Qatar Council for Healthcare Practitioners (QCHP), licensing framework and physician registration requirements.