Voydeya access in Qatar

How patients in Qatar pursue danicopan, approximately developed by Alexion and commercialised under the AstraZeneca rare disease group, as add-on therapy to a C5 inhibitor for paroxysmal nocturnal hemoglobinuria with clinically significant extravascular hemolysis, 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 Voydeya drug module to describe the path patients actually walk.

Quick orientation

Voydeya (danicopan) is a first-in-class oral selective complement factor D inhibitor approved by the US Food and Drug Administration in March 2024 as add-on therapy to ravulizumab or eculizumab for the treatment of extravascular hemolysis in adults with paroxysmal nocturnal hemoglobinuria (PNH). The product is approximately developed and commercialised by AstraZeneca's rare disease unit (Alexion AstraZeneca Rare Disease), the same group that markets ravulizumab (Ultomiris) and eculizumab (Soliris). Danicopan inhibits complement factor D in the alternative complement pathway, addressing C3-mediated extravascular hemolysis that can persist when a C5 inhibitor controls intravascular hemolysis but not the C3-opsonisation of red cells. The drug is supplied as 50 mg and 100 mg oral tablets and is taken three times daily, layered onto the patient's existing C5 inhibitor regimen. For a Qatar patient with PNH and persistent extravascular hemolysis on a C5 inhibitor, the practical question is rarely the science. It is the access path for an FDA-approved adjunct that may not be on Qatar's local formulary. Reserved for you.

Why this drug is hard to source in Qatar

PNH is a rare acquired hematopoietic stem cell disorder, with prevalence estimates in the range of approximately 1 to 5 cases per million population. The eligible Qatar patient population is small in absolute numbers. PNH care in Qatar is concentrated at the National Center for Cancer Care and Research (NCCCR) within Hamad Medical Corporation, where the hematology service manages complement-mediated and bone marrow failure disorders. C5 inhibitors (eculizumab and ravulizumab) are the established standard of care for PNH and are accessed in Qatar through named-patient or specialty channels where they are not maintained on routine inventory. Danicopan is a more recent addition to the regimen, specifically for the subset of PNH patients on a C5 inhibitor who still experience clinically

significant extravascular hemolysis (typically manifested as persistent anaemia, transfusion dependence, or elevated reticulocyte count despite controlled intravascular hemolysis).

Whether Voydeya holds a current Qatar Ministry of Public Health (MOPH) registration is the variable. The drug carries FDA approval, EMA approval (April 2024 under conditional marketing authorisation), and Japan PMDA approval (January 2024 under the brand name Voydeya), but Gulf-region commercial presence for the newest PNH adjuncts typically lags. Where Voydeya is not locally stocked, a Qatar hematologist who wants to add it to a patient's C5 inhibitor regimen 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. For a Voydeya case, the regulatory analysis includes the documentation that the patient is already on a C5 inhibitor regimen and that clinically significant extravascular hemolysis is present, because the FDA indication is specifically as add-on therapy in that population.

A complete PDCD application for a Voydeya case typically includes the clinical justification letter from the treating hematologist (PNH diagnosis confirmed by flow cytometry showing GPI-anchored protein deficient red cells and white cells, current C5 inhibitor regimen with eculizumab or ravulizumab including duration, documented evidence of clinically significant extravascular hemolysis including hemoglobin level, reticulocyte count, lactate dehydrogenase trend, indirect bilirubin, direct antiglobulin test status if relevant, transfusion history on the C5 inhibitor, and the rationale for adding factor D inhibition 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 danicopan (brand name Voydeya, 50 mg and 100 mg oral tablets, pack size, dose titration plan, quantity requested, intended treatment duration), the destination dispensing facility name with MOPH pharmacy license number, vaccination documentation against encapsulated organisms (Neisseria meningitidis, Streptococcus pneumoniae, Haemophilus influenzae type b) as required for complement inhibition, and an ambient-temperature chain-of-custody plan. Approval timelines for routine hematology cases through NCCCR are typically 2 to 4 weeks; first-of-kind PNH adjunct cases can extend to 4 to 6 weeks.

Real costs in QAR and USD

Voydeya US wholesale acquisition cost is approximately USD 32,000 to USD 38,000 per month at the standard maintenance dose of 150 mg three times daily, translating to approximately USD 380,000 to USD 460,000 annually for danicopan alone. In QAR at the 3.64 peg, that converts to approximately QAR 1,380,000 to QAR 1,675,000 per year for danicopan. Notably, this is layered on top of the ongoing C5 inhibitor cost (ravulizumab or eculizumab), so the all-in annual treatment cost for a PNH patient on combined complement inhibition is materially higher than danicopan alone.

International logistics for ambient-shipped oral medication runs USD 400 to 1,500 per shipment depending on quantity and urgency, or approximately QAR 1,500 to QAR 5,500. 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 NCCCR hematology, 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 rare-disease complement-inhibitor regimens case by case, frequently with strict prior-authorisation 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 adding Voydeya to a C5 inhibitor regimen, the timing question has two distinct windows. The PDCD permit window for a routine PNH case through NCCCR hematology typically processes in 2 to 4 weeks; first-of-kind PNH adjunct submissions run 4 to 6 weeks. International shipping from the US, including chain-of-custody documentation and customs clearance into Doha, runs approximately 5 to 10 business days for ambient shipments. The treating physician's clinical workup, including confirmation of clinically significant extravascular hemolysis on the current C5 inhibitor regimen, verification of meningococcal and pneumococcal vaccination status (the encapsulated-organism vaccination requirement is the same that applies to C5 inhibitor therapy and is typically already current in PNH patients), baseline liver function testing, and the patient's informed-consent conversation about serious infection risk, hepatic enzyme elevation, and the three-times-daily oral regimen, 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 Voydeya PDCD submission addresses the patient's diagnosis (PNH confirmed by flow cytometry of peripheral blood showing GPI-anchored protein deficient red cells and granulocytes, with clone size documented), the current C5 inhibitor regimen (eculizumab or ravulizumab with dose, frequency, and duration on therapy), the documented extravascular hemolysis (hemoglobin level, reticulocyte percentage and absolute count, lactate dehydrogenase trend, indirect bilirubin, transfusion history while on the C5 inhibitor, presence of fatigue and PNH-related symptoms despite controlled intravascular hemolysis), and the rationale for factor D inhibition at this point. Vaccination status against Neisseria meningitidis (serogroups A, C, W, Y and serogroup B), Streptococcus pneumoniae, and Haemophilus influenzae type b is documented. The dose plan (starting 150 mg three times daily, with titration up to 200 mg three times daily as needed) is included, along with the monitoring plan for hepatic enzymes, infection signal, and hemoglobin response.

The treating physician's QCHP license must be in active standing. For PNH cases in Qatar, the natural treating physician is a hematologist at the National Center for Cancer Care and Research (NCCCR) within Hamad Medical Corporation. NCCCR holds the deepest complement-mediated and bone marrow failure disorders expertise in Qatar. Private hospital hematology services can also initiate Voydeya cases, although the PNH patient population in Qatar concentrates at NCCCR. 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

Voydeya dispensing in Qatar is adult and concentrated at the National Center for Cancer Care and Research (NCCCR) within Hamad Medical Corporation. NCCCR's hematology service manages PNH cases and the broader complement-mediated disorders, with the laboratory infrastructure for flow cytometric PNH clone monitoring, hemolysis biomarker tracking, and ongoing transfusion management. The Sidra Medicine pediatric setting is not typical for Voydeya because the approved indication is adult; pediatric PNH is uncommon and any pediatric case would require its own clinical rationale in the PDCD submission. Private hospital hematology services at Al Ahli Hospital or Doha Clinic Hospital can dispense imported oral medications through their own pharmacy infrastructure or through specialty importers.

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. Re-supply for chronic PNH adjunct therapy is built into the PDCD permit framework at the application stage. Reserve Meds typically structures shipments to land monthly so that the pharmacy holds approximately four weeks of tablets at any given time, paired with the patient's ongoing C5 inhibitor supply.

Pharmacovigilance and cold-chain

Voydeya is an ambient-shipped oral medication, not a cold-chain biologic. The chain-of-custody documentation tracks lot, expiry, and storage conditions across the shipment. PDCD pharmacovigilance reporting obligations remain with the treating physician and the dispensing facility. Serious adverse drug reactions (serious infections including meningococcal infection from inadequately vaccinated patients, hepatic enzyme elevation, hypersensitivity, and any serious unexpected event) are reportable to PDCD's Pharmacovigilance Center within 15 calendar days. The drug carries the same encapsulated-organism vaccination requirement that applies across complement inhibition more broadly, and the prescribing information includes a boxed warning for serious meningococcal infections.

Reserve Meds supplies the US-side release documentation, 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 Voydeya in Qatar

Will my Qatar insurance or employer plan cover Voydeya? For Qatari nationals receiving PNH care at NCCCR, public-sector funding is the dominant mechanism for ultra-rare hematology therapies and is the practical financial path for combined C5 plus factor D inhibition. For expatriates, employer-sponsored plans through Qatar Insurance Company, Allianz Care, Cigna, AXA, Bupa Global, or MetLife handle complement-inhibitor regimens case by case, with strict prior-authorisation requirements. We do not promise coverage from any insurer.

Will Voydeya replace my C5 inhibitor? No. The FDA indication for danicopan is as add-on therapy to ravulizumab or eculizumab, not as a replacement. The patient continues the C5 inhibitor and layers danicopan on top to address extravascular hemolysis that persists despite controlled intravascular hemolysis.

Is Voydeya a controlled substance? No. Danicopan is not a DEA scheduled substance. The PDCD pharmacovigilance framework applies. The boxed warning for serious meningococcal infections and the encapsulated-organism vaccination requirement parallel the C5 inhibitor framework.

Are vaccinations against encapsulated organisms required? Yes. Meningococcal vaccination (serogroups A, C, W, Y and serogroup B), pneumococcal vaccination, and Haemophilus influenzae type b vaccination are required before initiating danicopan. Most PNH patients on a C5 inhibitor already have current vaccinations on file.

Where Reserve Meds fits in Voydeya cases

Reserve Meds is a US-based concierge coordinator. We do not replace the treating hematologist, PDCD, the dispensing pharmacy, or the QCHP-licensed institution. For a Voydeya case specifically, our work is the documentation kit assembly, the US-side DSCSA-compliant specialty wholesaler sourcing, the ambient 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 hematologist in Qatar is weighing Voydeya for a PNH patient with persistent extravascular hemolysis on a C5 inhibitor, 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

- Voydeya clinical resource
- Voydeya in the UAE
- Voydeya in Saudi Arabia
- Qatar country page

Sources

1. FDA approval, Voydeya (danicopan), approximately AstraZeneca rare disease unit (Alexion AstraZeneca Rare Disease), March 2024, as add-on therapy to ravulizumab or eculizumab for extravascular hemolysis in adults with PNH.
2. Qatar Ministry of Public Health, Pharmacy and Drug Control Department (PDCD), published guidance on named-patient and unregistered-medicine import permits.
3. Qatar Council for Healthcare Practitioners (QCHP), licensing framework and physician registration requirements.