

Aimovig

Qatar · access guide

How to access Aimovig for migraine prevention from Qatar: 2026 pathway via Qatar neurology and pharmacy supply

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

Qatar runs a focused neurology service footprint. Hamad Medical Corporation (HMC) is the public-sector backbone, with Hamad General Hospital, the Neuroscience Institute, and the broader HMC network covering adult and adolescent neurology including migraine and headache services. Al Ahli Hospital, Doha Clinic Hospital, and the Naseem Healthcare network provide private-sector neurology. Aspetar handles adult musculoskeletal sports medicine but is not the headache centre. Sidra Medicine is paediatric-only and not the typical adult migraine venue. Aimovig (erenumab-aooe) is the first CGRP-receptor antagonist approved by the FDA (May 2018), and its registration status with Qatar MOPH should be confirmed at intake. For a Qatar-resident adult with at least 4 migraine days per month who has tried and failed two or more conventional oral preventives, the operational question is whether Aimovig is the right CGRP agent to start with, how the prescription is dispensed, what insurance will cover, and how the patient handles the monthly self-injection routine.

This page explains the 2026 pathway for a Qatar-resident patient: who qualifies, where the prescribing neurologist conversation happens, how Aimovig is dispensed and stored, what the monthly 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 patient's life.

Why Aimovig, and why now

Aimovig is erenumab-aooe, a humanised IgG2 monoclonal antibody that binds and blocks the CGRP receptor. CGRP is centrally involved in migraine pathophysiology. Aimovig is the only first-in-class CGRP-receptor mAb; the anti-ligand mAbs (Ajovy, Emgality, Vyepti) bind the CGRP ligand, and the gepants (Qulipta, Nurtec, Ubrelvy) are small-molecule oral antagonists.

FDA approved May 2018; EMA July 2018. Pivotal trials (STRIVE, ARISE, the chronic-migraine programme, LIBERTY in refractory patients) showed meaningful reduction in monthly migraine days versus placebo, with 50% response rates of 40 to 50 percent in episodic migraine.

For a Qatari patient who has cycled through topiramate, propranolol, amitriptyline, candesartan, flunarizine, or valproate, Aimovig is the operational pathway to a once-monthly mechanism-targeted preventive.

What Aimovig is, in plain language

Subcutaneous injection. No infusion centre, no inpatient stay. After initial training, the patient self-injects at home. SureClick autoinjector or prefilled syringe.

Standard adult dose: 70 mg subcutaneous monthly. May increase to 140 mg monthly. Injection sites: abdomen, thigh, outer upper arm; rotate between doses.

Taken for as long as it controls the migraine burden. Response assessed at 3 months.

Eligibility at a Qatar neurologist's clinic

1. Confirmed migraine (episodic or chronic) per ICHD-3 criteria. Headache diary as supporting documentation. 2. At least 4 migraine days/month documented. 3. Trial and failure of at least 2 conventional oral preventives is the typical insurance threshold. 4. Screening for medication overuse headache. 5. Screening for secondary headache causes. 6. Cardiovascular history review; baseline blood pressure. 7. Constipation history review. 8. Pregnancy planning discussion for women of childbearing potential.

A Qatari patient should arrive with current preventive-medication history, headache diary, acute-medication patterns, and insurance documentation.

The Qatar prescribing and supply picture, plainly

Qatar MOPH governs the regulatory pathway. Where Aimovig is registered and commercially supplied through Novartis's regional distributor network, in-country dispensing applies. The pathway is:

1. **Prescribing neurologist with migraine/headache expertise:** any board-certified Qatari neurologist. Hamad Medical Corporation (HMC) including the Neuroscience Institute is the public-sector centre; Al Ahli Hospital, Doha Clinic Hospital, and the Naseem Healthcare network provide private-sector neurology. 2. **Pharmacy dispensing:** HMC pharmacy for HMC-treated patients; community pharmacy with cold-chain refrigeration for ongoing monthly dispensing. Storage 2-8 degrees Celsius; up to 7 days at room temperature (up to 25 C) before use. 3. **Insurance pre-authorisation:** Qatari nationals receive comprehensive public health coverage via HMC; CGRP preventive therapy is approved on documented prior-preventive failure plus migraine-day threshold. Expatriate residents on mandatory private insurance (Qatar Insurance Company, AXA Gulf, Daman, MetLife, others) face variable specialty-drug coverage. 4. **Self-injection training:** single supervised session at the prescribing neurologist's clinic or a Novartis nurse educator visit. 5. **Ongoing monitoring:** neurology follow-up at 3 months for response assessment, then every 6 months. Blood pressure and constipation review at each follow-up.

The 2026 pathway, step by step

Week 0 to 1: Documentation pack with the treating neurologist's office. Insurance pre-authorisation submitted.

Week 1 to 4: Insurance pre-authorisation review.

Week 4 to 6: First dispensing; first dose 70 mg with self-injection training.

Month 1 to 3: Monthly self-injection at home. Cold-chain delivery coordinated.

Month 3: Response assessment. Continue at 70 mg, step up to 140 mg, or switch class.

Month 3 onwards: Maintenance dosing. Neurology follow-up every 6 months.

Cost expectation in QAR

US list price (WAC) approximately USD 6,900 to 7,500 per year. MENA cash-pay retail commonly USD 400 to 700 per month, annual USD 4,800 to 8,400.

At the QAR-USD peg of 3.64, the QAR-equivalent annual cost band is approximately QAR 17,500 to 30,600 at cash-pay retail. For Qatari nationals at HMC, public-system funding applies once the case is approved through internal formulary procedures.

What to monitor

Constipation: higher rate at 140 mg than 70 mg. Most cases mild to moderate; dietary modification and standard laxatives. Serious constipation requiring hospitalisation has been reported in post-marketing experience and is a discontinuation indication.

Hypertension: post-marketing reports of new-onset or worsening hypertension. Baseline BP before initiation; ongoing monitoring.

Injection-site reactions are common and typically resolve.

Hypersensitivity reactions are a discontinuation indication.

Live vaccines: no specific restriction.

Long-term safety data through 5+ years is reassuring.

Religious, ethical, and family-logistics framing

Aimovig is a recombinant humanised IgG2 monoclonal antibody produced in CHO cell lines. No donor element, no human or animal source material, no foreign genetic content. The classical analogy to vaccines holds in Qatari Islamic medical ethics.

Self-injection is operationally simple given the SureClick autoinjector design. Patients uncomfortable with home injection can request clinic-administered dispensing.

The chronic-treatment nature means a years-long routine. Qatari patient logistics should plan for cold-chain pharmacy access, travel-friendly storage (7-day room-temperature window), and neurology follow-up cadence.

Constipation deserves cultural sensitivity. The signal is real; frank reporting matters; silent tolerance is not the right pattern.

When Aimovig is not the right call

For a Qatari patient where biologic preventive thresholds are not met, where conventional preventives control the disease, where medication overuse headache is the dominant driver, or where insurance requires specific oral preventive trials:

- **Ajovy, Emgality, Vyepti**: anti-CGRP-ligand mAbs. - **Qulipta, Nurtec ODT**: oral gepants for prevention. - **Conventional oral preventives**: topiramate, propranolol, amitriptyline, valproate, candesartan, flunarizine.
- **Botox** with PREEMPT for chronic migraine. - **Behavioural and non-pharmacological adjuncts**.

Reserve Meds does not push a default.

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 Aimovig case we build the documentation pack with the treating neurologist's office, run the insurance pre-authorisation conversation alongside the clinical conversation, coordinate cold-chain supply logistics, organise self-injection training, and stay with the case through the first year of dosing. Clinical decisions remain with your treating neurologist.

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.

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.

reservemeds.com · hello@reservemeds.com