

Aptiom

Qatar · access guide

How to access Aptiom for partial-onset (focal) epilepsy from Qatar: 2026 pathway via Hamad Medical Corporation Neurosciences Centre and Sidra Medicine paediatric neurology

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

Qatar's adult epilepsy care concentrates at the Neurosciences Centre of Hamad Medical Corporation (HMC) in Doha, which runs video-EEG monitoring, neurosurgical evaluation for medication-refractory cases, and the full antiepileptic-drug formulary. Paediatric epilepsy in Qatar concentrates at Sidra Medicine in Doha, which serves the paediatric population from infancy through age 18 and fits the Aptiom paediatric label (ages 4 and over). Aptiom (eslicarbazepine acetate; the international Zebinix brand is the same molecule from Bial) is the third-generation sodium-channel inhibitor in the dibenzazepine family, once-daily, with a cleaner enzyme-induction and hyponatraemia profile than carbamazepine or oxcarbazepine. For a Qatar-resident adult or paediatric patient aged 4 or over with confirmed partial-onset seizures who has either failed an initial first-line antiepileptic or is moving off carbamazepine or oxcarbazepine for tolerability reasons, the operational question is which prescribing centre fits the case, how the Zebinix supply reaches the dispensing pharmacy through MOPH procurement, what the insurance pre-authorisation conversation looks like, and how the monthly refill cycle and serum sodium monitoring schedule settle into a Qatari family's life.

This page explains how the pathway works in 2026 for a Qatar-resident patient: who qualifies, where the neurologist or epileptologist conversation happens, where the prescription is written and filled, what the realistic out-of-pocket exposure band is in QAR, what to monitor on therapy, and how the longer-term treatment course fits into a Qatari family's life.

Why Aptiom, and why now

Aptiom is eslicarbazepine acetate, a once-daily oral voltage-gated sodium channel blocker. The molecule is a prodrug rapidly hydrolysed after absorption to eslicarbazepine, the active S-enantiomer of the carbamazepine 10-monohydroxy metabolite. Developed by Bial (Portugal), commercialised internationally as Zebinix, licensed to Sunovion as Aptiom for the US market.

FDA approval timeline: adult adjunctive November 2013, adult monotherapy September 2015, paediatric ages 4 and over September 2017. EMA approved Zebinix in April 2009. The pivotal Phase 3 programme demonstrated median seizure reduction of approximately 35 to 45 percent at 1,200 mg/day, with responder rates of 35 to 45 percent versus 14 to 22 percent for placebo.

For a Qatari patient who has trialled levetiracetam or lamotrigine without adequate seizure control, or who is moving off carbamazepine because of hyponatraemia or unfavourable interactions, Aptiom is the operational answer: once-daily dosing, cleaner enzyme-induction profile, lower hyponatraemia incidence than oxcarbazepine.

What Aptiom is, in plain language

Oral tablet, once daily, with or without food, at approximately the same time each day. Available in 200 mg, 400 mg, 600 mg, and 800 mg strengths. Crushable if swallowing is difficult. Room temperature storage. No infusion, no inpatient stay, no certified-centre requirement.

Adult titration: 400 mg once daily week 1, 800 mg once daily week 2 onwards, maintenance 800 to 1,600 mg/day. Paediatric (ages 4 to 17): weight-based, 20 to 30 mg/kg/day maintenance, capped at adult range.

Treatment is indefinite for epilepsy that responds; years of continuous use with periodic neurology review and sodium and LFT monitoring.

Eligibility at a Qatar neurology clinic

For Qatar-resident patients:

1. Confirmed diagnosis of partial-onset (focal) epilepsy by a neurologist or epileptologist with EEG and MRI brain documentation. 2. Age 4 or older for paediatric prescribing. 3. Treatment history demonstrating failure of an initial first-line antiepileptic or tolerability-driven need to move off carbamazepine or oxcarbazepine. 4. Baseline serum sodium and liver function tests. 5. Hormonal contraceptive review for women of reproductive potential. 6. Pregnancy and lactation screen. 7. Drug interaction screen. 8. Hepatic and renal function review. 9. HLA screening in specific risk groups where clinically indicated.

A Qatari patient should arrive with EEG report, MRI brain report, complete seizure history, prior antiepileptic-drug history with response and tolerability data, baseline labs, and insurance details (national health insurance for Qatari nationals; commercial cover for expatriates).

The Qatar prescribing and dispense picture, plainly

Zebinix is registered with the MOPH (Ministry of Public Health) as the international brand for eslicarbazepine acetate. [VERIFY: current MOPH registration and the AED-list status at point of dispense.] The functional supply chain is:

1. **Prescribing neurologist or epileptologist:** - **Adult:** Neurosciences Centre at Hamad Medical Corporation (HMC), the kingdom's adult neurology and epilepsy reference centre, with video-EEG monitoring, neurosurgical evaluation, and the full AED formulary. Doha private-sector adult neurology services at Aspetar, Al Ahli Hospital, and the major private hospitals also prescribe. - **Paediatric (ages 4 to 17):** Sidra Medicine paediatric neurology, the kingdom's paediatric reference centre. Sidra's scope is paediatric (infancy through age 18), and paediatric epilepsy ages 4 and over fits the Aptiom paediatric label. 2. **Diagnostic workup:** HMC and Sidra run EEG (standard and video-EEG monitoring) and MRI brain in-house. Video-EEG and epilepsy-protocol 3T MRI capacity exists at both institutions. 3. **Insurance pre-authorisation:** for Qatari nationals, national health insurance pathway through HMC covers antiepileptic drugs at the maintenance dose tier with documented neurology prescription. Commercial covers for expatriates (Qatar Insurance, AXA Gulf, MetLife, Cigna, Bupa Global) vary; some commercial insurers require a clinical rationale letter documenting prior AED failure. Pre-authorisation typically takes 5 to 14 days for a complete file. 4. **Pharmacy dispense:** HMC's outpatient pharmacy for HMC-prescribed patients; Sidra's outpatient pharmacy for paediatric patients; private-sector community pharmacies with antiepileptic-drug inventory for private-sector prescriptions. Bial's MENA distributor network supplies Zebinix. 5. **Refill cycle:** monthly. Continued dispensing requires documentation of ongoing seizure-diary review and periodic serum sodium monitoring.

The 2026 pathway, step by step

Week 0 to 2: Documentation pack with treating neurologist's office at HMC Neurosciences Centre (adult) or Sidra Medicine paediatric neurology. EEG report, MRI brain report, complete seizure history, prior AED history, baseline labs, insurance documentation.

Week 2 to 4: Insurance pre-authorisation review (commercial covers).

Week 4 to 5: First dispense. Starting dose 400 mg once daily for one week.

Week 5 to 6: Up-titration to 800 mg once daily.

Week 4 and month 3: Serum sodium checks documented.

Ongoing: Maintenance once daily, monthly refill, annual serum sodium check, periodic LFT monitoring, continuous seizure diary.

Cost expectation in QAR

US Aptiom list price (2026) approximately USD 1,200 to USD 2,000 per 30-day supply at the maintenance dose tier; annual cost USD 14,000 to USD 24,000 at list price. International Zebinix supply through the Qatar distributor channel generally lands lower.

At 2026 cross rates, a 30-day Aptiom supply at USD 1,500 is approximately QAR 5,460, annual cost at USD 18,000 is approximately QAR 65,500. Zebinix supply through the Qatar channel typically lands in the QAR 3,650 to 5,500 monthly band, with annual cost in the QAR 40,000 to 65,000 band.

For Qatari nationals on the HMC pathway, antiepileptic drugs at the maintenance dose tier are typically covered with documented neurology prescription. Commercial covers vary; out-of-pocket exposure for a covered patient is generally a co-payment band, not the full list price.

Monitoring on therapy

- **Serum sodium:** baseline, one month, three months, then annually if stable. More frequent for diuretic use, other hyponatraemia-associated medications, prior hyponatraemia history, or new symptoms. - **Liver function tests:** baseline and periodically. - **Seizure diary:** continuous patient-side documentation. - **Skin review:** immediate medical review for any new rash. - **Alcohol caution:** counselling at first prescription. - **Driving caution:** Qatar driving regulations for patients with active epilepsy require a seizure-free interval. - **Bone health:** long-term enzyme-inducing AED therapy is associated with reduced bone mineral density; Vitamin D supplementation and bone health monitoring appropriate for long-term therapy.

Religious, ethical, and family-logistics framing

Aptiom is an oral small molecule with no animal-source material in standard manufacturing. Halal acceptability is not in question. The classical Islamic jurisprudential framework for chronic medication in serious illness endorses antiepileptic therapy.

Once-daily dosing is the operational advantage for adherence over twice-daily carbamazepine and oxcarbazepine.

Epilepsy carries a heavier social stigma in some Qatari family contexts than in many Western settings, particularly for unmarried adolescent and young adult patients. The medical record is confidential. HMC and Sidra handle this with discretion as standard practice.

For paediatric patients at Sidra (ages 4 to 17), parental involvement in the medication-administration routine is standard. Once-daily simplifies school-day logistics.

For women of reproductive potential, the hormonal contraceptive interaction is a real conversation. Barrier or non-hormonal contraception is the standard recommendation during treatment.

When Aptiom is not the right call

Not appropriate for primary generalised epilepsies, severe hyponatraemia history, Stevens-Johnson syndrome or toxic epidermal necrolysis history on a dibenzazepine, severe hepatic impairment (Child-Pugh C), pregnant women without specialist counsel, or HLA-A*3101 positive patients where clinically indicated.

Alternatives in 2026: levetiracetam, lamotrigine, carbamazepine, oxcarbazepine, lacosamide, brivaracetam, perampanel, surgical evaluation at HMC Neurosciences Centre for medication-refractory cases.

Reserve Meds does not push a default. The page describes the Aptiom pathway because Aptiom is the antiepileptic the patient has asked about.

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 Qatari Aptiom case we build the documentation pack, submit first-review requests to the chosen prescribing centre (HMC Neurosciences Centre for adult, Sidra Medicine for paediatric), coordinate the insurance pre-authorisation conversation, set up the first 30-day dispense, organise the serum sodium monitoring schedule, and stay with the case through the first year. 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.

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