

Austedo

Abu Dhabi · access guide

How to access Austedo for Huntington's chorea or tardive dyskinesia from Abu Dhabi: 2026 pathway via Cleveland Clinic Abu Dhabi movement disorders programme and DoH-coordinated dispense

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

Abu Dhabi's adult movement disorders care concentrates at Cleveland Clinic Abu Dhabi's movement disorders programme, the emirate's deepest specialty neurology infrastructure with fellowship-trained movement disorders neurologists, video-based dyskinesia assessment, integrated psychiatry input, and clinical genetics services for Huntington's HTT CAG repeat sizing. Sheikh Khalifa Medical City (SKMC), Sheikh Shakhbout Medical City (SSMC), Burjeel Medical City neurology, NMC Royal Hospital neurology, and Mediclinic Airport Road neurology all manage adult movement disorders cases including Huntington's chorea and tardive dyskinesia. For the tardive dyskinesia subset, Maudsley Health (NMC) Abu Dhabi and SSMC psychiatry are the routine prescribing partners. Tawam Hospital in Al Ain is primarily paediatric and oncology-focused and is not the routine adult movement disorders destination. Department of Health Abu Dhabi (DoH) coordinates emirate-level dispensing under the federal Emirates Drug Establishment registration framework. Austedo (deutetrabenazine; once-daily extended-release variant Austedo XR) is the selective VMAT2 inhibitor from Teva Pharmaceuticals, approved by the FDA in 2017 for chorea associated with Huntington's disease in adults and for tardive dyskinesia in adults. For an Abu Dhabi-resident adult patient with confirmed Huntington's chorea or moderate-to-severe tardive dyskinesia, the operational question is which prescribing centre fits the case, how the EDE-registered or named-patient supply reaches the dispensing pharmacy, what the insurance pre-authorisation conversation looks like (Thiqa for nationals; Daman and commercial cover for residents), what the structured depression and suicidality monitoring schedule looks like (the boxed warning for Huntington's), and how the multi-year treatment course settles into an Abu Dhabi family's life.

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

Why Austedo, and why now

Austedo is deutetrabenazine, a selective VMAT2 inhibitor. VMAT2 packages dopamine and other monoamines into synaptic vesicles; inhibiting it reduces presynaptic dopamine stores. In hyperkinetic movement disorders driven by excess dopaminergic signalling, this is therapeutically beneficial. Developed by Auspex (acquired by Teva 2015), a deuterated analogue of tetrabenazine with smoother PK, twice-daily or once-daily Austedo XR dosing, and a lower depression-adverse-event signal than tetrabenazine.

FDA: Huntington's chorea April 2017, tardive dyskinesia August 2017, Austedo XR February 2023. Pivotal trials First-HD, ARM-TD, AIM-TD.

For an Abu Dhabi patient with confirmed Huntington's chorea, or with moderate-to-severe TD on a stable underlying psychiatric regimen, Austedo is the operational answer. The boxed warning for depression and suicidality in Huntington's patients is the central safety consideration.

What Austedo is, in plain language

Oral tablet, immediate-release twice daily or Austedo XR once daily. Tablets in 6, 9, 12 mg (Austedo) and 6, 12, 18, 24, 30, 36, 42, 48 mg (Austedo XR). Taken with food. Room temperature storage.

Titration: 6 mg once daily week 1, increase by 6 mg/day weekly, reach maintenance over 6 to 9 weeks. Maintenance 12 to 48 mg/day. Cap 48 mg/day standard; 36 mg/day for CYP2D6 poor metabolisers or concurrent strong CYP2D6 inhibitors.

Eligibility at an Abu Dhabi neurology or psychiatry clinic

For Huntington's chorea:

1. Confirmed Huntington's by HTT CAG repeat sizing through Cleveland Clinic Abu Dhabi clinical genetics services, or international laboratories.
2. Clinically significant chorea on UHDRS Total Maximal Chorea score (8 or greater).
3. Baseline depression screening (PHQ-9). Active suicidal ideation or untreated severe depression is a contraindication.
4. Baseline suicidality risk assessment (C-SSRS).
5. Baseline cognitive and functional assessment.

For tardive dyskinesia:

1. Confirmed TD by neurologist or psychiatrist with documented chronic dopamine-blocker exposure and characteristic movements on AIMS or DISCUS.
2. Baseline AIMS or DISCUS score.
3. Stable underlying psychiatric or gastrointestinal condition.
4. Baseline PHQ-9.

For both: CYP2D6 genotype where available; MAOI contraindication; concurrent reserpine/tetrabenazine/valbenazine contraindication; baseline ECG where indicated; pregnancy and lactation screen; hepatic function review.

An Abu Dhabi patient should arrive with the HTT CAG repeat report (Huntington's), UHDRS chorea or AIMS/DISCUS score (TD), PHQ-9 and C-SSRS baseline, complete medication history, baseline ECG where indicated, and insurance documentation.

The Abu Dhabi prescribing and dispense picture, plainly

Austedo registration status at the federal Emirates Drug Establishment governs Abu Dhabi-emirate availability; DoH coordinates emirate-level dispensing. [VERIFY: current EDE Austedo registration status at point of dispense.] Where Austedo is registered and commercially supplied through Teva's regional distributor network, in-country dispensing applies through DoH-licensed pharmacies. Where in-country registration is absent, a named-patient pathway can apply for documented physician-initiated prescriptions referencing FDA-approved indications.

1. **Prescribing physician:** a board-certified Abu Dhabi neurologist (movement disorders subspecialty preferred for Huntington's) or psychiatrist with movement-disorder experience (typical for TD). Major Abu Dhabi prescribing centres: - **Adult neurology / movement disorders:** Cleveland Clinic Abu Dhabi movement disorders programme (the emirate's reference centre), Sheikh Khalifa Medical City (SKMC), Sheikh Shakhbout Medical City (SSMC), Burjeel Medical City neurology, NMC Royal Hospital neurology, Mediclinic Airport Road neurology. - **Tardive dyskinesia / psychiatric-comorbid:** Maudsley Health (NMC) Abu Dhabi, SSMC psychiatry, with coordinated care between psychiatry and the chosen neurology service.

2. **Diagnostic workup:** HTT CAG repeat sizing for Huntington's cases through Cleveland Clinic Abu Dhabi clinical genetics or international laboratories. UHDRS chorea scoring at Cleveland Clinic Abu Dhabi or the chosen prescribing centre. For TD, AIMS or DISCUS scoring with documented chronic dopamine-blocker exposure history.

3. **Insurance pre-authorisation:** Thiqa (for Emirati nationals registered in Abu Dhabi) covers VMAT2 inhibitor therapy for documented Huntington's chorea or moderate-to-severe TD with clinical justification. Daman and DoH-licensed commercial covers (Oman Insurance, AXA Gulf, MetLife, Cigna, NEXtCARE, Bupa Global) vary; clinical rationale letter typically required documenting diagnosis confirmation and baseline depression screening. Pre-authorisation typically takes 7 to 21 days.

4. **Pharmacy dispense:** 30-day supply at the prescribing centre's outpatient pharmacy or a DoH-licensed specialty pharmacy with the VMAT2 inhibitor inventory line. Teva's MENA commercial distributor network handles Austedo-branded supply where in-country registration applies.

5. **Refill cycle:** monthly. Documentation of ongoing chorea or AIMS response, depression and suicidality screening, and tolerability.

The 2026 pathway, step by step

Week 0 to 3: Documentation pack with treating neurologist's or psychiatrist's office at Cleveland Clinic Abu Dhabi, SKMC, SSMC, or chosen prescribing centre. HTT CAG repeat sizing through Cleveland Clinic Abu Dhabi clinical genetics (Huntington's), AIMS or DISCUS with dopamine-blocker exposure history (TD), PHQ-9 and C-SSRS, medication history, baseline ECG, insurance documentation.

Week 3 to 5: Insurance pre-authorisation review.

Week 5 to 6: First dispense. Starting dose 6 mg once daily for one week.

Week 6 to 14: Titration phase. Weekly clinical contact for PHQ-9, tolerability, extrapyramidal symptom monitoring.

Month 3 onwards: Maintenance dosing. Monthly refill. Monthly depression and suicidality screening for Huntington's; baseline-anchored at each visit for TD.

Ongoing: Maintenance, monthly refill, structured monitoring.

Cost expectation in AED

US Austedo list price (2026) approximately USD 8,000 to USD 10,000 per 30-day supply; annual cost USD 100,000 to USD 120,000 at list price.

At 2026 cross rates, a 30-day Austedo supply at USD 9,000 is approximately AED 33,000, annual cost at USD 110,000 is approximately AED 404,000.

For Emirati nationals registered in Abu Dhabi with Thiqa coverage, VMAT2 inhibitor therapy is typically covered with documented diagnosis. Daman and DoH-licensed commercial covers vary; out-of-pocket exposure for a covered patient is generally a co-payment band.

Monitoring on therapy

- **Depression and suicidality (boxed warning for Huntington's):** PHQ-9 at baseline, weekly during titration, monthly during maintenance. C-SSRS at baseline and at any mood change. - **Extrapyramidal symptoms:** clinical assessment at each visit. - **Somnolence:** clinical assessment particularly during titration. Driving restricted during titration. - **ECG:** at baseline and at maintenance dose where indicated. - **Chorea or AIMS score:** at baseline and at 4 to 6 week intervals. - **CYP2D6 status:** genotyping where indicated.

Religious, ethical, and family-logistics framing

Austedo is an oral small molecule with no animal-source material. Halal acceptability is not in question.

For Huntington's, autosomal-dominant genetic implications; 50 percent risk to each child; structured genetic counselling for siblings, children, and extended family through Cleveland Clinic Abu Dhabi clinical genetics or international counselling services.

For tardive dyskinesia, the patient carries a primary psychiatric or gastrointestinal diagnosis. Maudsley Health (NMC) Abu Dhabi, SSMC psychiatry, and general-hospital psychiatry services handle the cases with discretion as standard practice; medical record confidential.

For women of reproductive potential, effective contraception required during treatment.

Austedo XR once-daily simplifies adherence.

When Austedo is not the right call

Not appropriate for active suicidal ideation or untreated severe depression, concurrent MAOI (or within 14 days), concurrent reserpine/tetrabenazine/valbenazine, pregnant women without specialist counsel, severe hepatic impairment without dose adjustment, or parkinsonian or akinetic-rigid syndromes.

Alternatives for Huntington's chorea in 2026: tetrabenazine, amantadine, pridopidine (clinical-trial access; Cleveland Clinic Abu Dhabi participates in selected international trials), atypical antipsychotics off-label, multidisciplinary supportive care.

Alternatives for TD in 2026: valbenazine (Ingrezza), discontinuation or switching of the offending dopamine-blocker, clozapine substitution, botulinum toxin injection.

Reserve Meds does not promote one VMAT2 inhibitor over another. The clinical decision sits with the prescribing physician.

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 an Abu Dhabi Austedo case we build the documentation pack, submit first-review requests to Cleveland Clinic Abu Dhabi movement disorders programme or chosen prescribing centre, coordinate HTT CAG repeat sizing through Cleveland Clinic Abu Dhabi clinical genetics for Huntington's cases, coordinate the insurance pre-authorisation conversation, set up the first 30-day dispense at a DoH-licensed pharmacy, organise the structured depression and suicidality monitoring schedule, and stay with the case through the first year. Clinical decisions remain with your treating neurologist or psychiatrist.

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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