

Austedo

Oman · access guide

How to access Austedo for Huntington's chorea or tardive dyskinesia from Oman: 2026 pathway via Oman neurology and community pharmacy supply

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

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Oman has a focused adult neurology service footprint. Royal Hospital Muscat neurology, Sultan Qaboos University Hospital (SQUH) neurology, Oman Defence Force Hospital neurology, Muscat Private Hospital, and private neurology clinics across Manama and Riffa all treat adult movement disorders cases. For the tardive dyskinesia subset, Royal Hospital Muscat psychiatry, Sultan Qaboos University Hospital (SQUH) psychiatry, and Oman Psychiatric Hospital network are the routine prescribing partners. For complex Huntington's cases requiring detailed clinical genetics or specialised movement disorders evaluation, cross-border referral to KFSHRC Riyadh or HMC Doha is the established pattern. 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 a Oman-resident adult patient with confirmed Huntington's chorea or moderate-to-severe tardive dyskinesia, the operational question is which prescribing centre fits the case, whether the prescription can be dispensed in-country or requires a named-patient cross-border supply pathway, how insurance and out-of-pocket exposure work for the multi-year treatment course, and what the structured depression and suicidality monitoring schedule looks like (the boxed warning for Huntington's). The DGPADC (Directorate General of Pharmaceutical Affairs and Drug Control) registration pathway governs the in-country drug-availability picture.

This page explains how the pathway works in 2026 for a Oman-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 OMR, what to monitor on therapy, and how the longer-term treatment course fits into a Omani 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 a Omani 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 a Oman neurology or psychiatry clinic

For Huntington's chorea:

1. Confirmed Huntington's by HTT CAG repeat sizing (cross-border referral to KFSHRC Riyadh clinical genetics or international genetic-testing laboratories; in-country options limited). 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.

A Omani 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 Oman prescribing and dispense picture, plainly

Austedo registration status at Oman DGPADC is variable. [VERIFY: current DGPADC Austedo registration status at point of dispense.] Where Austedo is registered and commercially supplied through Teva's regional distributor network, in-country dispensing applies. Where the indication or formulation has not yet been registered locally, a named-patient pathway can apply for documented physician-initiated prescriptions referencing FDA-approved indications, with cross-border procurement from Saudi or UAE distributors.

1. **Prescribing physician:** any board-certified Omani neurologist or psychiatrist with movement-disorder experience. Major Omani services include Royal Hospital Muscat (the kingdom's flagship MoH tertiary hospital, with adult neurology and adult psychiatry services), Sultan Qaboos University Hospital (SQUH) (adult neurology and psychiatry), Oman Defence Force Hospital neurology, Muscat Private Hospital, the Aster network, and private neurology and psychiatry clinics across Manama and Riffa. The Oman Psychiatric Hospital network is the routine prescribing partner for the TD subset. For complex Huntington's cases requiring detailed clinical genetics or specialised movement disorders evaluation, cross-border referral to KFSHRC Riyadh or HMC Doha is the established pattern. 2. **Diagnostic workup:** AIMS or DISCUS scoring at Royal Hospital Muscat, King Hamad, BDF Hospital, Oman Psychiatric Hospital, or partnered private-sector services. UHDRS chorea scoring at the same. HTT CAG repeat sizing for Huntington's cases typically routes cross-border to KFSHRC Riyadh clinical genetics or to international genetic-testing laboratories; in-country options are limited. 3. **Insurance pre-authorisation:** for Omani nationals, MoH cover for VMAT2 inhibitor therapy in documented Huntington's chorea or moderate-to-severe TD is generally available with documented neurologist or psychiatrist prescription. Commercial covers (AXA Gulf, Oman National Insurance, GIG Oman, the regional Bupa product) vary; some require a clinical rationale letter documenting diagnosis confirmation and baseline depression screening. 4. **Pharmacy dispense:** hospital pharmacy for the public-pathway dispense; community pharmacy with VMAT2 inhibitor inventory for the private-pathway dispense. For named-patient supply, cross-border procurement from KSA or UAE distributors may apply, with modest overhead for documentation and logistics. 5. **Refill cycle:** monthly. Continued dispensing requires 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. DGPADC registration status check at point of prescription. HTT CAG repeat sizing routed to KFSHRC Riyadh clinical genetics or international laboratory (Huntington's), AIMS or DISCUS score 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 (in-country if registered, or via named-patient cross-border supply). 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 OMR

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 OMR 3,400, annual cost at USD 110,000 is approximately OMR 41,500.

For Omani nationals, MoH cover for VMAT2 inhibitor therapy is generally available with documented Huntington's chorea or moderate-to-severe TD. Commercial covers vary. Cross-border named-patient supply adds modest overhead.

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 KFSHRC Riyadh clinical genetics, HMC Doha (Hamad Genomics Programme), or international counselling.

For tardive dyskinesia, the patient carries a primary psychiatric or gastrointestinal diagnosis. Oman Psychiatric Hospital network and general hospital psychiatry services handle 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; cross-border referral to KFSHRC Riyadh or HMC Doha for trial enrollment), 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 pharm

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.

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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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