

Austedo

Qatar · access guide

How to access Austedo for Huntington's chorea or tardive dyskinesia from Qatar: 2026 pathway via HMC Neurosciences Centre movement disorders and Hamad Mental Health Service

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

Qatar's adult movement disorders care concentrates at the Neurosciences Centre at Hamad Medical Corporation (HMC) Doha, the country's adult neurology and movement disorders reference centre. For the tardive dyskinesia subset, Hamad Mental Health Service is the routine prescribing partner; for Huntington's disease genetic testing, the Hamad Genomics Programme runs HTT CAG repeat sizing. Aspetar and major Doha private hospitals (including Al Ahli Hospital and Doha Clinic) also offer adult neurology services. Sidra Medicine is a paediatric centre and is not relevant for this adult-only drug. 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 Qatar-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 supply reaches the dispensing pharmacy through the Qatar MOPH pathway, what the insurance pre-authorisation conversation looks like (HMC public funding for nationals; commercial cover for expatriates), what the structured depression and suicidality monitoring schedule looks like (boxed warning for Huntington's), and how the multi-year treatment course settles 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 psychiatrist 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 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 (chorea in Huntington's; dyskinesic movements in TD), this is therapeutically beneficial. Developed by Auspex (acquired by Teva 2015), as 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 in indirect comparisons.

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

For a Qatari patient with confirmed Huntington's chorea where the chorea is impairing function, 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; 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 range 12 to 48 mg/day in divided doses (Austedo) or once daily (Austedo XR). Cap 48 mg/day; 36 mg/day cap for CYP2D6 poor metabolisers or concurrent strong CYP2D6 inhibitors.

Eligibility at a Qatar neurology or psychiatry clinic

For Huntington's chorea:

1. Confirmed Huntington's disease by HTT CAG repeat sizing (Hamad Genomics Programme 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 (UHDRS battery).

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 Qatar patient should arrive with the HTT CAG repeat report (Huntington's), UHDRS chorea score or AIMS/DISCUS score (TD), PHQ-9 and C-SSRS baseline, complete medication history, baseline ECG where indicated, and insurance documentation (HMC public pathway for nationals; commercial cover for expatriates).

The Qatar prescribing and dispense picture, plainly

Austedo registration status at the Qatar MOPH is variable. [VERIFY: current MOPH Austedo registration status at point of dispense.] Where Austedo is registered and commercially supplied, in-country dispensing applies. Where in-country registration is absent, a named-patient pathway can apply for documented physician-initiated prescriptions referencing FDA-approved indications, with cross-border procurement from KSA or UAE distributors. The functional supply chain is:

1. **Prescribing physician:** a board-certified Qatari neurologist (movement disorders subspecialty preferred for Huntington's) or psychiatrist with movement-disorder experience (typical for TD). Major centres: - **Adult neurology and movement disorders:** HMC Neurosciences Centre Doha (the country's reference programme), Aspetar, Al Ahli Hospital, Doha Clinic, and other Doha private hospitals. - **Tardive dyskinesia / psychiatric-comorbid:** Hamad Mental Health Service, with coordinated care between psychiatry and the HMC Neurosciences Centre. 2. **Diagnostic workup:** HTT CAG repeat sizing through the Hamad Genomics Programme. UHDRS chorea scoring at HMC Neurosciences Centre. For TD, AIMS or DISCUS scoring with documented chronic dopamine-blocker exposure. 3. **Insurance pre-authorisation:** HMC public funding for Qatari nationals on the public pathway; documented Huntington's or moderate-to-severe TD typically qualifies for VMAT2 inhibitor coverage with neurologist or psychiatrist prescription. Commercial covers (AXA Gulf, GIG Qatar, Bupa Global, Cigna) for expatriates vary; clinical rationale letter typically required documenting diagnosis confirmation and baseline depression screening. 4. **Pharmacy dispense:** HMC outpatient pharmacy or partnered specialty pharmacy for public-pathway patients; private-sector community pharmacies with VMAT2 inhibitor inventory for private-pathway patients. 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 HMC Neurosciences Centre, Hamad Mental Health Service, or chosen prescribing centre. HTT CAG repeat through Hamad Genomics Programme (Huntington's), UHDRS chorea or AIMS/DISCUS score (TD), PHQ-9 and C-SSRS, medication history, baseline ECG, insurance documentation.

Week 3 to 5: Insurance pre-authorisation (commercial) or HMC public pathway routing (nationals).

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 QAR

US Austedo list price (2026) approximately USD 8,000 to USD 10,000 per 30-day supply at maintenance dose; 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 QAR 32,750, annual cost at USD 110,000 is approximately QAR 400,500.

For Qatari nationals on the HMC public pathway, VMAT2 inhibitor cover for documented Huntington's chorea or moderate-to-severe TD is generally available with neurologist or psychiatrist prescription. Commercial covers for expatriates 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, and at any clinical change. C-SSRS at baseline and at any mood change. Immediate reporting of any new or worsening depression, suicidal thoughts, or behavioural 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 during titration, then at maintenance visits. - **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 Hamad Genomics Programme or international genetic counselling services.

For tardive dyskinesia, the patient carries a primary psychiatric or gastrointestinal diagnosis underneath the movement disorder. Hamad Mental Health Service handles 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 of MAOI), 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), 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 a Qatar Austedo case we build the documentation pack, submit first-review requests to HMC Neurosciences Centre or chosen prescribing centre, coordinate insurance pre-authorisation or HMC public pathway routing, set up the first 30-day dispense, organise the structured depression and suicidality monitoring schedule (the boxed-warning material), 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.

reservemeds.com · hello@reservemeds.com