Austedo

Saudi Arabia · access guide

How to access Austedo for Huntington's chorea or tardive dyskinesia from Saudi Arabia: 2026 pathway via KFSHRC, KSMC, and the wider Saudi movement disorders network

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

Saudi Arabia has the deepest comprehensive neurology and movement disorders programme in the wider region at King Faisal Specialist Hospital and Research Centre (KFSHRC) Riyadh, with parallel adult neurology and movement disorders services at King Saud Medical City Riyadh, Prince Sultan Military Medical City, King Khalid University Hospital, King Fahad Medical City (KFMC), King Abdulaziz Medical City National Guard (KAMC NGHA), King Fahad Specialist Hospital Dammam, KFSHRC Jeddah, the International Medical Centre Jeddah, and the private Dr Sulaiman Al Habib neurology network. The KFSHRC movement disorders programme runs video-based dyskinesia assessment, integrated psychiatry input, and clinical genetics services for Huntington's disease HTT CAG repeat sizing. For the psychiatric-comorbid tardive dyskinesia population, the Eradah Mental Health Hospital network across Riyadh, Jeddah, Dammam, and other major cities is the routine prescribing partner alongside the neurology services. 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 Saudi-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 SFDA-listed or named-patient supply reaches the dispensing pharmacy, what the insurance pre-authorisation conversation looks like, what the structured depression and suicidality monitoring schedule looks like (this is the boxed warning material), and how the multi-year treatment course settles into a Saudi family's life.

This page explains how the pathway works in 2026 for a Saudi-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 SAR, what to monitor on therapy (depression and suicidality screening being the boxed-warning material for Huntington's patients), and how the longer-term treatment course fits into a Saudi family's life. It is concierge documentation written for a family that is already in conversation with a treating neurologist or psychiatrist and wants the operational reality laid out plainly.

Why Austedo, and why now

Austedo is deutetrabenazine, a selective vesicular monoamine transporter type 2 (VMAT2) inhibitor. VMAT2 is the presynaptic transporter that packages dopamine and other monoamines into synaptic vesicles for regulated release. Inhibiting VMAT2 reduces presynaptic dopamine stores and dopaminergic neurotransmission. In hyperkinetic movement disorders, where excess dopaminergic signalling drives involuntary movements, this is therapeutically beneficial. The molecule was developed by Auspex Pharmaceuticals (acquired by Teva in 2015) as a deuterated analogue of the original VMAT2 inhibitor tetrabenazine. Deuteration at metabolically sensitive carbon positions slows CYP2D6-mediated clearance, smooths the PK curve, allows twice-daily (or once-daily Austedo XR) dosing rather than the thrice-daily schedule of tetrabenazine, and is associated with a lower incidence of depression-related adverse events than tetrabenazine in indirect comparisons.

The FDA approved Austedo in April 2017 for chorea associated with Huntington's disease in adults, expanded the label in August 2017 to include tardive dyskinesia in adults, and approved the once-daily Austedo XR extended-release formulation in February 2023. The pivotal Phase 3 programme (First-HD in Huntington's chorea; ARM-TD and AIM-TD in tardive dyskinesia) demonstrated meaningful improvement on the Unified Huntington Disease Rating Scale Total Maximal Chorea score and on the Abnormal Involuntary Movement Scale (AIMS) total score respectively.

For a Saudi patient with confirmed Huntington's chorea where the chorea is impairing function or quality of life, or with moderate-to-severe tardive dyskinesia on a stable underlying psychiatric regimen where the dopamine-blocker cannot be discontinued or where the TD persists despite discontinuation, Austedo is the operational answer. The boxed warning for depression and suicidality in Huntington's patients is the central safety consideration and requires structured baseline and ongoing screening.

What Austedo is, in plain language

Austedo is an oral tablet. The immediate-release formulation is taken twice daily; the extended-release variant Austedo XR is taken once daily. Tablets are available in 6, 9, and 12 mg strengths (Austedo) and in 6, 12, 18, 24, 30, 36, 42, and 48 mg strengths (Austedo XR). Tablets are taken with food. Storage is room temperature; no refrigeration required.

The titration schedule starts at 6 mg once daily for the first week, increases by 6 mg/day in weekly increments based on chorea or AIMS response and tolerability, and reaches a maintenance dose typically over 6 to 9 weeks. The maintenance range is 12 to 48 mg/day in divided doses (Austedo) or once daily (Austedo XR). Standard maintenance cap 48 mg/day; 36 mg/day cap for CYP2D6 poor metabolisers or patients on concurrent strong CYP2D6 inhibitors.

For Huntington's chorea and tardive dyskinesia that respond, treatment is indefinite with periodic neurology or psychiatry review, structured depression and suicidality screening, tolerability assessment, and chorea or AIMS score documentation.

Eligibility at a Saudi neurology or psychiatry clinic

For Saudi-resident patients, the neurology, movement disorders, and psychiatry services apply the FDA criteria:

For Huntington's chorea:

1. Confirmed diagnosis of Huntington's disease by HTT CAG repeat sizing through the KFSHRC Riyadh clinical genetics laboratory, KFMC genetics, KAMC NGHA genetics, or international genetic-testing laboratories. CAG repeat counts of 40 or more are fully penetrant; 36 to 39 are reduced-penetrance and require neurology and genetics consultation. 2. Clinically significant chorea documented on the UHDRS Total Maximal Chorea score, typically a score of 8 or greater. 3. Baseline depression screening with the PHQ-9 or equivalent. Active suicidal ideation or untreated severe depression is a contraindication to starting Austedo. 4. Baseline suicidality risk assessment with the C-SSRS or equivalent. 5. Baseline cognitive and functional assessment using the UHDRS battery.

For tardive dyskinesia:

1. Confirmed diagnosis of tardive dyskinesia by a neurologist or psychiatrist familiar with movement disorders, with documented chronic dopamine-receptor blocking agent exposure and characteristic involuntary movements scored on the AIMS or DISCUS. 2. Baseline AIMS or DISCUS score. 3. Stable underlying psychiatric or gastrointestinal condition. Discontinuing or switching the offending dopamine-blocker is the first-line consideration where clinically possible. 4. Baseline depression screening with the PHQ-9 or equivalent.

For both indications:

5. CYP2D6 genotype where available. Poor metabolisers require the 36 mg/day cap. 6. Drug interaction screen. MAOI contraindication. Strong CYP2D6 inhibitor co-administration requires the 36 mg/day cap. 7. Baseline ECG where indicated. 8. Pregnancy and lactation screen; effective contraception required. 9. Hepatic function review.

A Saudi patient should arrive at the prescribing conversation with the HTT CAG repeat report (for Huntington's), UHDRS chorea score documentation, or AIMS or DISCUS score with dopamine-blocker exposure history (for TD); baseline PHQ-9 and C-SSRS; complete medication history; baseline ECG where indicated; and insurance documentation (CCHI-registered cover; private insurance details for commercial cases; MoH or military hospital pathway for nationals).

The Saudi prescribing and dispense picture, plainly

Austedo registration status at the SFDA is variable. [VERIFY: current SFDA 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 in-country registration is absent, a named-patient pathway can apply for documented physician-initiated prescriptions referencing FDA-approved indications, with NUPCO procurement coordinating MoH and military hospital supply for documented cases. The functional supply chain is:

1. **Prescribing physician**: a board-certified Saudi neurologist (movement disorders subspecialty preferred for Huntington's chorea) or a board-certified psychiatrist with movement-disorder experience (typical for tardive dyskinesia). The major Saudi centres are: - **Riyadh**: KFSHRC Riyadh (movement disorders programme; clinical genetics for HTT CAG repeat sizing; the kingdom's deepest neurology infrastructure), King Saud Medical City, Prince Sultan Military Medical City, King Khalid University Hospital, King Fahad Medical City, KAMC NGHA. Eradah Mental Health Hospital Riyadh for the TD subset. - **Jeddah**: KFSHRC Jeddah neurology and movement disorders, International Medical Center Jeddah, Dr Sulaiman Al Habib network neurology. Eradah Mental Health Hospital Jeddah for TD. - **Dammam and Eastern Province**: King Fahad Specialist Hospital Dammam, Saudi Aramco Johns Hopkins Aramco Healthcare neurology. Eradah Mental Health Hospital Dammam for TD. 2. **Diagnostic workup**: HTT CAG repeat sizing for Huntington's cases runs through KFSHRC Riyadh clinical genetics, KFMC genetics, KAMC NGHA genetics, or international laboratories. UHDRS chorea scoring at the prescribing centre. For tardive dyskinesia, AIMS or DISCUS scoring with documented chronic dopamine-blocker exposure history. 3. **Insurance pre-authorisation**: CCHI-regulated commercial insurance covers VMAT2 inhibitor therapy for confirmed Huntington's chorea or moderate-to-severe TD with documented prescriber rationale. The high specialty-tier price point means commercial insurers typically require a clinical rationale letter documenting diagnosis confirmation, baseline depression screening, and trial-of-alternatives where applicable. NUPCO procurement supplies MoH and military hospital pharmacies for documented cases. Pre-authorisation in commercial insurance typically takes 7 to 21 days for a complete file. 4. **Pharmacy dispense**: 30-day supply at the prescribing centre's outpatient pharmacy or a partnered specialty pharmacy. Teva's MENA commercial distributor network handles Austedo-branded supply through Saudi distributors. Named-patient cross-border procurement applies where in-country registration is absent. 5. **Refill cycle**: monthly. Continued dispensing requires documentation of ongoing chorea or AIMS score response, depression and suicidality screening, and tolerability assessment.

The 2026 pathway, step by step

Week 0 to 3: Reserve Meds builds the documentation pack with the treating neurologist's or psychiatrist's office. For Huntington's cases we coordinate HTT CAG repeat sizing through KFSHRC clinical genetics or equivalent, collect the UHDRS chorea score, PHQ-9 and C-SSRS baseline, complete medication history, baseline ECG, and insurance documentation. For tardive dyskinesia cases we collect AIMS or DISCUS score, dopamine-blocker exposure history, prescribing psychiatrist's coordinated decision, PHQ-9 baseline, and insurance documentation.

Week 3 to 5: Insurance pre-authorisation (commercial cases) or MoH/military pathway routing (national/military cases through NUPCO procurement).

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

Week 6 to 14: Titration phase. Dose increased by 6 mg/day weekly. Weekly clinical contact for PHQ-9, tolerability assessment, extrapyramidal symptom monitoring.

Month 3 onwards: Maintenance dosing established. Monthly refill. Monthly depression and suicidality screening for Huntington's patients; baseline-anchored at each visit for TD patients. Periodic AIMS or chorea scoring.

Ongoing: Maintenance dosing, monthly refill, ongoing structured monitoring per indication.

Cost expectation in SAR

US Austedo list price (2026) approximately USD 8,000 to USD 10,000 per 30-day supply at the typical maintenance dose tier; 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 SAR 33,750, annual cost at USD 110,000 is approximately SAR 412,500.

For Saudi nationals on the MoH or military hospital pathway, VMAT2 inhibitor therapy for documented Huntington's chorea or moderate-to-severe TD is generally covered through NUPCO procurement with documented diagnosis and prescriber rationale. CCHI-regulated commercial covers vary; the prescribing physician's insurance liaison runs the pre-authorisation conversation. Out-of-pocket exposure for a covered patient is generally a co-payment band, not the full list price. For cash-pay or limited-cover cases, named-patient cross-border procurement may offer modest savings.

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. Patient and family counselled at first prescription to report any new or worsening depression, suicidal thoughts, or behavioural change immediately. Caregiver involvement essential for Huntington's patients with cognitive impairment. - **Extrapyramidal symptoms**: clinical assessment at each visit for emergent parkinsonism, akathisia, dystonia, or NMS-like features. - **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 higher than expected adverse events suggest poor-metaboliser status.

Religious, ethical, and family-logistics framing

Austedo is an oral small molecule with no animal-source material. Halal and kosher acceptability are not in question. The classical Islamic jurisprudential framework for chronic medication in serious illness endorses VMAT2 inhibitor therapy for the labelled indications.

For Huntington's disease, autosomal-dominant genetic implications for the extended family are a major feature of every case. Each child of an affected parent carries a 50 percent risk of inheriting the expanded CAG allele. Structured genetic counselling for siblings, children, and extended family routes through KFSHRC Riyadh clinical genetics, KFMC genetics, KAMC NGHA genetics, or international genetic counselling services. In many Saudi family structures the implications extend to marriage planning and to the family's own decision about predictive testing.

For tardive dyskinesia, the patient carries a primary psychiatric or gastrointestinal diagnosis underneath the movement disorder. Saudi psychiatric services at Eradah Mental Health Hospital network and the general-hospital psychiatry services handle the cases with discretion as standard practice; the medical record is confidential.

For women of reproductive potential, effective contraception is required during treatment. The conversation is documented by the prescribing physician.

Austedo XR once-daily simplifies adherence for patients who find the twice-daily schedule burdensome.

When Austedo is not the right call

Austedo is the right answer for confirmed Huntington's chorea in adults and for moderate-to-severe tardive dyskinesia in adults. It is not the right answer for:

- Active suicidal ideation or untreated severe depression. - Concurrent MAOI or use within 14 days of MAOI (contraindicated). - Concurrent reserpine, tetrabenazine, or valbenazine (contraindicated). - Pregnant women without specialist counsel. - Severe hepatic impairment without dose adjustment and monitoring. - 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 tardive dyskinesia 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 Saudi Austedo case we build the documentation pack (HTT CAG repeat report or AIMS/DISCUS score; PHQ-9 and C-SSRS baseline; complete medication history; baseline ECG), submit first-review requests to the chosen prescribing centre at KFSHRC, KSMC, PSMMC, KFMC, KAMC NGHA, KFSHRC Jeddah, KFSH Dammam, or the chosen Eradah Mental Health Hospital network site, coordinate insurance pre-authorisation or NUPCO procurement pathway, set up the first 30-day dispense, 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.

reservemeds.com · hello@reservemeds.com