

Ctexli

Bahrain · access guide

How to access Ctexli for cerebrotendinous xanthomatosis from Bahrain: 2026 pathway via Salmaniya and cross-border referral | Reserve Meds

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

Bahrain's metabolic-genetics depth sits at Salmaniya Medical Complex and King Hamad University Hospital for adult neurology, with paediatric cases captured at SMC paediatric neurology. Complex confirmation often cross-refers to KFSHRC Riyadh or to SSMC and CCAD in Abu Dhabi via 90-minute flight. The 2026 question is how to source Ctexli, the first FDA-approved oral chenodeoxycholic acid replacement for CTX.

Why Ctexli, why now

Ctexli received FDA approval in February 2024 as the first labelled treatment for CTX, paediatric and adult. CTX is recessive bile-acid synthesis disorder driven by CYP27A1 mutations, with progressive neurologic deterioration if untreated. With FDA approval less than 24 months ago, the Bahrain pathway is named-patient import under NHRA.

What Ctexli is, in plain language

Ctexli is oral chenodiol capsules. It replaces the missing bile acid and restores feedback suppression of cholestanol synthesis. It does not reverse damage. It slows or halts progression. Weight-based dosing, three times daily with food, lifelong.

Eligibility at a Bahrain neurology or metabolic clinic

Required: biallelic CYP27A1 pathogenic variants on genetics, plus elevated plasma cholestanol. Genetic testing can be done locally at SMC or routed through KFSHRC Riyadh. Adult neurology at SMC or KHUH manages confirmed cases; paediatric at SMC paediatric neurology.

The Bahrain prescribing and supply picture

Ctexli is not NHRA-registered as of 2026. Access is via NHRA named-patient personal-import authorisation filed through SMC or KHUH pharmacy. Reserve Meds coordinates the import file, prescription chain, and temperature-controlled US or EU sourcing into Bahrain.

Cost band

USD 150K-220K annual per patient (BHD 56K-83K), weight-dependent, lifelong. MoH coverage for rare-disease imports is case-by-case; private insurance unusual.

What to expect, week-by-week

Weeks 0 to 4: confirm diagnosis (locally or via cross-border genetics), prescription, NHRA import filing.
Weeks 4 to 8: shipment arrives, initiation under neurology supervision, baseline labs documented. Weeks 8 to 24: cholestanol trend, liver function, tolerability monitored. Month 6 and 12: full neurologic reassessment and MRI white-matter; cross-border review at KFSHRC or SSMC if needed.

When Ctexli is the wrong drug

No biallelic CYP27A1 means not this drug. Normal cholestanol means diagnosis in doubt. Advanced neurologic damage means stabilisation goal; family counselling required. Pregnancy data limited; contraception required for women of childbearing age.

Closing

Reserve Meds runs the Ctexli import file from SMC or KHUH referral through NHRA named-patient authorisation, US or EU sourcing, and delivered Bahrain supply. Clinical decisions remain with your treating metabolic specialist or 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.

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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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