Ctexli

Qatar · access guide

How to access Ctexli for cerebrotendinous xanthomatosis from Qatar: 2026 pathway via HMC adult neurology and Sidra Medicine paediatric | Reserve Meds

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

Qatar's metabolic-genetics infrastructure is anchored in Hamad Medical Corporation (HMC) for adult neurology and Sidra Medicine for paediatric. Sidra runs the regional paediatric metabolic-genetics service of record and confirms paediatric CTX cases for the GCC. Adult CTX is managed at HMC neurology. The 2026 question is how to source Ctexli, the first FDA-approved oral chenodeoxycholic acid replacement.

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 Qatar pathway is named-patient import under MoPH.

What Ctexli is, in plain language

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

Eligibility at a Qatar metabolic-genetics or neurology clinic

Required: biallelic CYP27A1 pathogenic variants on genetics, plus elevated plasma cholestanol. Paediatric cases (and many adult genetics confirmations) run through Sidra Medicine metabolic-genetics; adult management at HMC adult neurology.

The Qatar prescribing and supply picture

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

Cost band

USD 150K-220K annual per patient (QAR 550K-800K), weight-dependent, lifelong. MoPH coverage for rare-disease imports follows Qatar national rare-disease policy case-by-case for Qatari nationals; private insurance unusual.

What to expect, week-by-week

Weeks 0 to 4: confirm diagnosis at Sidra (paediatric) or HMC (adult), prescription, MoPH import filing. Weeks 4 to 8: shipment arrives, initiation under metabolic-genetics or neurology supervision, baseline labs documented. Weeks 8 to 24: cholestanol trend, liver function, tolerability monitored. Month 6 and 12: full metabolic-neurologic reassessment and MRI white-matter.

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 the HMC adult-neurology or Sidra paediatric metabolic-genetics referral through MoPH named-patient authorisation, US or EU sourcing, and delivered 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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