

Dayvigo

Qatar · access guide

How to access Dayvigo for adult insomnia from Qatar: 2026 pathway via HMC sleep medicine, Hamad Mental Health Service, and Qatar controlled-prescription pharmacy supply

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

Qatar's adult psychiatry and sleep medicine care concentrates at Hamad Medical Corporation (HMC), with Hamad Mental Health Service as the primary mental-health service for the country and HMC sleep medicine as the adult sleep disorders reference programme. Aspetar sleep medicine, Al Ahli Hospital, Doha Clinic, and other major Doha private hospitals also offer adult sleep and psychiatry services. Sidra Medicine is a paediatric centre and is not relevant for this adult-only drug. Dayvigo (lemborexant) is the dual orexin receptor antagonist (DORA) from Eisai, approved by the FDA in December 2019 for insomnia in adults. For a Qatar-resident adult patient with diagnosed insomnia disorder where cognitive behavioural therapy for insomnia (CBT-I) has been offered or trialled and pharmacotherapy is on the table, the operational question is which prescribing centre fits the case, how the supply reaches the dispensing pharmacy through the Qatar MOPH controlled-drug pathway, what the insurance pre-authorisation conversation looks like (HMC public funding for nationals; commercial cover for expatriates), what the next-morning driving and substance-use screening conversations look like, and how the medication fits into a Qatari family's life.

This page explains how the pathway works in 2026 for a Qatar-resident patient: who qualifies, where the psychiatrist or sleep medicine 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 treatment plan fits into a Qatari family's life.

Why Dayvigo, and why now

Dayvigo is lemborexant, a competitive dual antagonist at the orexin-1 and orexin-2 receptors. Orexin signalling drives wakefulness; blocking it at bedtime allows sleep. Second DORA on the US market after suvorexant (Belsomra) and followed by daridorexant (Quviviq).

FDA December 2019 for insomnia in adults. US DEA Schedule IV. Qatar MOPH controlled-drug classification per the GCC pattern. Pivotal SUNRISE-1 (1 month, with zolpidem ER older-adult comparator) and SUNRISE-2 (12 months) demonstrated separation from placebo on latency to persistent sleep and wake after sleep onset.

For a Qatari adult with diagnosed insomnia disorder who has declined CBT-I, had inadequate CBT-I response, or needs adjunctive short-term pharmacotherapy, Dayvigo is one reasonable option. The class advantage over benzodiazepines and Z-drugs is lower amnesia, falls, and abuse-potential signal; trade-off is the 17 to 19 hour half-life and next-day residual sedation risk.

What Dayvigo is, in plain language

Oral tablet. 5 mg and 10 mg. Take immediately before bed, with at least 7 hours remaining for sleep. Avoid heavy meals before dosing. Onset 30 minutes. Half-life 17 to 19 hours. Starting dose 5 mg; max 10 mg. Patients 65 and over stay at 5 mg. Moderate hepatic impairment caps at 5 mg. Severe hepatic impairment contraindicated.

Nightly continuous, nightly as needed, or intermittently 3 to 5 nights per week. Conventional short-term 2 to 4 weeks; SUNRISE-2 supports 12 months. Reassessment every 3 to 6 months on continued use.

Eligibility at a Qatar psychiatry or sleep medicine clinic

1. Confirmed insomnia disorder by DSM-5 or ICSD-3. 2. OSA screening (STOP-BANG, Epworth, ISI). Polysomnography if STOP-BANG positive. 3. CBT-I conversation documented. Available at HMC Mental Health Service psychology, Aspetar sleep medicine behavioural support, and validated digital programmes. 4. Baseline PHQ-9 and C-SSRS. 5. Substance use history. 6. CYP3A4 interaction screen. 7. Respiratory function review. 8. Hepatic function review. 9. Pregnancy and lactation screen. 10. Age and occupational screening.

A Qatar patient should arrive with a sleep diary, medication and supplement list, substance use history, prior insomnia treatments, comorbid conditions, and insurance documentation (HMC public pathway for nationals; AXA Gulf, GIG Qatar, Bupa Global, Cigna for expatriates).

The Qatar prescribing and dispense picture, plainly

Dayvigo registration status at the Qatar MOPH is variable. [VERIFY: current MOPH registration and controlled-drug schedule placement at point of dispense.] Where Dayvigo is MOPH-registered, in-country controlled-drug 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 UAE or Saudi distributors and controlled-drug import documentation. The functional supply chain is:

1. **Prescribing physician:** a board-certified Qatari psychiatrist, sleep medicine specialist, neurologist with insomnia experience, or family physician with controlled-prescription authority. Major centres: - **Adult sleep medicine and psychiatry:** HMC sleep medicine, Hamad Mental Health Service (the primary mental-health service for Qatar), Aspetar sleep medicine, Al Ahli Hospital sleep medicine and psychiatry, Doha Clinic, and other major Doha private hospitals. - **Sidra Medicine EXCLUDED:** Sidra is a paediatric centre. Dayvigo is adult-only. 2. **Diagnostic workup:** clinical diagnosis with sleep history. Polysomnography at HMC sleep laboratory, Aspetar sleep medicine, or partnered laboratories. 3. **Insurance pre-authorisation:** HMC public funding for Qatari nationals on the public pathway; documented insomnia disorder with controlled-prescription documentation typically qualifies. Commercial covers for expatriates vary; controlled-prescription documentation and ongoing-need justification typically required for reauthorisation. 4. **Pharmacy dispense:** HMC outpatient pharmacy with controlled-drug register for public-pathway patients; private-sector community pharmacies with controlled-drug dispensing authority for private-pathway patients. Original controlled-prescription form presented for each dispense. 5. **Refill cycle:** monthly with fresh controlled-prescription form.

The 2026 pathway, step by step

Week 0 to 1: Documentation pack with HMC sleep medicine, Hamad Mental Health Service, or chosen prescribing centre. Sleep history, sleep diary, STOP-BANG and Epworth and ISI scores, PHQ-9 and C-SSRS baseline, medication list with CYP3A4 interaction screen, substance use history, prior insomnia treatments, comorbid conditions, insurance documentation.

Week 1 to 2: CBT-I conversation.

Week 2 to 4: HMC public pathway routing (nationals) or commercial insurance pre-authorisation (expatriates).

Week 4: First controlled-prescription written. Starting dose 5 mg at bedtime.

Week 4 to 6: Initial response assessment. Sleep diary review, tolerability, PHQ-9 and C-SSRS reassessment, bed-partner check for complex sleep behaviours and hallucinations. Dose maintained or escalated.

Month 3 onwards: Maintenance, monthly controlled-prescription refill, periodic reassessment.

Cost expectation in QAR

US Dayvigo list price (2026) approximately USD 350 to USD 450 per 30-day supply, annual USD 4,000 to USD 5,000 at list price.

At 2026 cross rates, a 30-day Dayvigo supply at USD 400 is approximately QAR 1,460, and the annual cost at USD 4,800 is approximately QAR 17,470.

For Qatari nationals on the HMC public pathway, hypnotic cover for documented insomnia disorder is generally available with controlled-prescription documentation. Commercial covers for expatriates vary; out-of-pocket exposure for a covered patient is generally a co-payment band.

Monitoring on therapy

- **Next-day residual sedation and driving:** counsel at first prescription and at dose escalation. - **Complex sleep behaviours:** counsel patient and bed-partner. Immediate discontinuation if any episode occurs. - **Sleep paralysis and hallucinations:** counsel at first prescription. - **Depression and suicidality:** PHQ-9 and C-SSRS at baseline, 4 to 6 week response visit, every 3 to 6 months on maintenance, and at any clinical change. - **Sleep diary:** continuous. - **OSA reassessment:** any new daytime sleepiness, witnessed apnoeas, or morning headaches. - **Substance use reassessment:** at each follow-up.

Religious, ethical, and family-logistics framing

Dayvigo is an oral small molecule with no animal-source material. Halal and kosher acceptability are not in question. The classical Islamic jurisprudential framework for medication in meaningful functional impairment extends to insomnia pharmacotherapy.

The family-logistics dimension sits in the controlled-prescription rhythm (in-person dispense with the original form each month), the next-morning driving counselling (including the bed-partner), and the substance-use conversation. Qatar psychiatry and sleep medicine services handle these conversations with discretion. For safety-sensitive occupations (pilots, professional drivers, surgeons, security personnel, religious officials with early-morning duties), the next-morning impairment is the central operational concern; the conversation needs to happen before the first prescription.

When Dayvigo is not the right call

- Narcolepsy (contraindication). - Severe hepatic impairment (Child-Pugh C; contraindication). - Active opioid, benzodiazepine, alcohol, or sedative-hypnotic use disorder. - Pregnancy and lactation. - Concurrent strong CYP3A4 inhibitor. - Safety-sensitive occupations where next-morning impairment is unacceptable. - Active untreated severe depression or active suicidal ideation. - Untreated OSA where treating the OSA may resolve the insomnia. - Patients who have not been offered CBT-I.

Alternatives in 2026: CBT-I (first-line), suvorexant (Belsomra), daridorexant (Quviviq, shorter half-life), low-dose doxepin, melatonin and ramelteon, zolpidem and other Z-drugs, trazodone and mirtazapine off-label, benzodiazepines (short-term or specific scenarios).

Reserve Meds does not promote one DORA over another. The clinical decision is the prescribing physician's.

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 Dayvigo case we build the documentation pack, submit first-review requests to the chosen prescribing centre (HMC sleep medicine, Hamad Mental Health Service, Aspetar, Al Ahli, Doha Clinic, or another), coordinate the CBT-I conversation, coordinate the HMC public pathway or commercial insurance pre-authorisation, coordinate the controlled-prescription pathway with the prescribing office and the dispensing pharmacy, set up the first 30-day dispense, organise the next-morning driving counselling and bed-partner safety counselling, and stay with the case through the first 3 to 6 months of dosing with handoff to the local psychiatrist or sleep medicine physician for ongoing surveillance. Clinical decisions remain with your treating psychiatrist or sleep medicine physician.

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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