Gocovri

Saudi Arabia · access guide

How to access Gocovri from Saudi Arabia, the named-patient import pathway, 2026

By Reserve Meds · Clinical & regulatory team · Last reviewed 2026-04-23

A Saudi Arabiai patient with Parkinson's disease experiencing levodopa-induced dyskinesia, or OFF-episodes in the context of dyskinesia, may receive a prescription for Gocovri (amantadine extended-release) from their treating neurologist. Gocovri is FDA-approved for this indication and developed by Adamas Pharmaceuticals (acquired by Supernus). It is not a controlled substance. In Saudi Arabia, Gocovri is not routinely registered for outpatient dispensing, and access is typically coordinated through the named-patient import pathway.

This guide explains the pathway, documentation your physician prepares, typical timing and cost bands, and where Reserve Meds fits in.

The clinical situation

Gocovri is an extended-release formulation of amantadine designed for once-daily bedtime dosing to deliver peak concentrations during daytime motor-activity hours. It is titrated from 137 mg to 274 mg over one week. Amantadine's NMDA receptor antagonism and dopaminergic effects reduce dyskinesia severity. Eligibility anchors to established Parkinson's disease, levodopa-induced dyskinesia documentation, and baseline renal function assessment (amantadine is renally cleared; dose adjustment required in renal impairment).

Is Gocovri legally importable into Saudi Arabia?

Yes, through the Saudi Arabia Ministry of Health (MOH) named-patient / special-access import framework. The mechanism permits a Saudi Arabia-licensed physician to import a medicine not locally registered when (a) it is approved by a recognised reference authority such as the US FDA, (b) no clinically equivalent registered alternative is suitable (immediate-release amantadine is distinct from Gocovri's ER bedtime-dosing profile), (c) the physician accepts clinical responsibility, and (d) chain of custody is documented.

How the pathway works, step by step

1. **Consultation with your treating neurologist.** Parkinson's diagnosis, dyskinesia documentation (UDysRS or patient diary), and clinical rationale specifying ER formulation.
2. **Baseline assessment.** Renal function (eGFR), orthostatic BP, hallucination/psychosis screening, sleep history.
3. **MOH named-patient application.** The physician or hospital pharmacy files clinical rationale, patient reference, titration plan, and chain-of-custody commitment.
4. **US-side sourcing.** Reserve Meds coordinates with our US-licensed specialty wholesale partner to secure Gocovri from authorised distribution under DSCSA.
5. **Ambient shipment.** Gocovri ships under controlled ambient conditions with chain-of-custody documentation.
6. **Arrival and dispensing.** The hospital pharmacy releases the bottle with titration instructions and bedtime-dosing guidance.

What documentation your physician needs

- Clinical rationale letter confirming Parkinson's dyskinesia and Gocovri as the indicated ER formulation
- Verification of Saudi Arabia medical license
- Dyskinesia scoring or patient diary evidence
- Baseline renal function (eGFR)
- Orthostatic BP, hallucination screen
- Planned titration schedule

Reserve Meds provides a physician documentation kit bundling templates MOH reviewers expect for Parkinson's dyskinesia named-patient imports.

Costs and timing

Gocovri's US cash-pay drug-only reference cost sits in an indicative 2026 annual range of roughly USD 35,000-40,000 for continuous daily dosing. International logistics, MOH documentation handling, and concierge coordination add incremental cost. Reserve Meds issues a transparent quote at the start of intake. Indicative range.

Indicative timing for first dispense after cohort intake opens is 7-14 days from the moment a complete MOH application is submitted.

Fulfillment availability is limited to our first cohort, and all timelines published on this site are indicative. If your clinical situation is time-sensitive, tell us at intake. We triage accordingly.

Reserve Meds's role

- **Sourcing.** Through our US-licensed specialty wholesale partner under DSCSA chain-of-custody.
- **Documentation.** Regulatory package for your physician and MOH review.
- **Logistics.** Ambient-controlled shipment to your prescribing hospital.
- **Concierge case lead.** A named point of contact coordinating monthly refills.

What we do not do: We are not the prescriber, do not practise medicine, and are not the dispensing pharmacy. All clinical decisions remain with your treating neurologist.

Frequently asked

Is this legal in Saudi Arabia? Yes, when executed through the MOH named-patient framework with appropriate documentation. See our trust and compliance page.

Is Gocovri a controlled substance? No. Amantadine is not a scheduled controlled substance.

Why not use immediate-release amantadine? Immediate-release amantadine is available, but Gocovri's extended-release formulation is designed for bedtime dosing to target dyskinesia with a specific pharmacokinetic profile demonstrated in controlled trials. Your neurologist selects based on the clinical picture.

What renal dosing adjustments apply? Amantadine is renally cleared; Gocovri labeling specifies dose adjustments for reduced eGFR. Your neurologist applies the appropriate adjustment.

Will insurance cover this? Cash-pay is the default. Some Saudi Arabia private insurers consider case by case; we supply documentation but do not process claims directly.

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