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Ingrezza access in Egypt: the EDA personal-import pathway

How adult patients in Egypt living with tardive dyskinesia or Huntington's disease chorea access Ingrezza, the once-daily selective VMAT2 inhibitor from Neurocrine Biosciences, through the Egyptian Drug Authority personal-import framework.

Last reviewed 2026-05-12 by Reserve Meds clinical and regulatory team.

This page describes the EDA personal-import pathway for Ingrezza for adult patients in Egypt living with tardive dyskinesia or Huntington's disease chorea whose treating specialist has selected a selective VMAT2 inhibitor.

Section 1. Quick orientation

Ingrezza (valbenazine) is an oral small-molecule selective vesicular monoamine transporter 2 (VMAT2) inhibitor manufactured by Neurocrine Biosciences of San Diego, California. By selectively inhibiting VMAT2, valbenazine reduces the amount of dopamine available for release from presynaptic vesicles in the nigrostriatal pathway and dampens the involuntary movements that characterise both tardive dyskinesia and Huntington's disease chorea. The FDA approved Ingrezza on 11 April 2017 for tardive dyskinesia (TD) in adults, the first medication ever approved in the United States for this condition, and on 18 August 2023 expanded the indication to include chorea associated with Huntington's disease (HD) in adults based on the phase 3 KINECT-HD trial. Ingrezza is not registered with the Egyptian Drug Authority (EDA); it is sold in the United States exclusively through a Neurocrine-contracted specialty pharmacy network and is not available in Egyptian retail or hospital pharmacy channels. For Egyptian adults whose psychiatrist or neurologist has identified valbenazine as the right step, the lawful pathway is EDA personal-import, with the application filed by a licensed Egyptian dispensing facility. Reserve Meds coordinates the US-side sourcing and international logistics. **Reserved for you.**

Section 2. Why patients in Egypt need Ingrezza through a named-patient pathway

The clinical reality in Egypt mirrors a global pattern. Tardive dyskinesia affects a meaningful fraction of patients on long-term antipsychotic therapy worldwide, yet most international markets, including Egypt, have no FDA-equivalent approved VMAT2 inhibitor stocked locally. Egyptian psychiatrists working at Kasr Al Ainy, Ain Shams, and the major private specialty hospitals routinely identify TD in patients on long-term first-generation or second-generation antipsychotics, and the historical clinical options have been dose reduction of the causative antipsychotic, anticholinergic agents, or older non-selective VMAT inhibitors with a heavier side-effect burden. Valbenazine's once-daily dosing and selectivity for VMAT2 represent a categorically different option, and Egyptian psychiatrists have been requesting it through international consultation pathways for several years.

For Huntington's disease, the patient population is smaller but the access gap is sharper. HD families in Egypt typically receive care through Cairo University Hospitals (Kasr Al Ainy), Ain Shams University Hospitals, and private neurology centres. The therapeutic options for chorea control in HD are narrow: tetrabenazine, the older nonselective VMAT inhibitor, is available in some markets but carries a heavier side-effect burden including the same depression and suicidality risk that runs through the HD class. Valbenazine is the preferred option for HD families who can access it, but local pharmacy stocking is essentially nonexistent outside the United States. EMA has not centrally authorised valbenazine; MHRA, PMDA, Health Canada, and the SFDA, MOHAP, and EDA have not registered it. The structural pathway to authentic Ingrezza is named-patient import. Egyptian families coordinating USD funds from relatives in the Gulf, Europe, or North America is the financial pattern that makes a chronic monthly cash-pay therapy viable for many households.

Section 3. The EDA personal-import pathway for Ingrezza

The Egyptian Drug Authority was created by Law No. 151 of 2019, issued 25 August 2019 in the Official Gazette No. 34 bis (A), with executive regulations issued by Prime Minister Decision No. 777 of 2020 on 29 March 2020. EDA is a public service authority affiliated to the Prime Minister and consolidates functions previously held by NODCAR, NORCB, and CAPA. EDA permits the importation of unregistered medicines for a specific patient under defined conditions, most importantly where no equivalent registered product is available locally. The pathway is commonly referred to as Personal Importation, sometimes described in EDA correspondence as Special Access or Compassionate Use for unregistered drugs. The application is filed through the dispensing institution's import pharmacy: a private specialty hospital, a university hospital import desk, or a licensed specialty importer acting on the patient's behalf. Reserve Meds does not file with EDA and does not act as an Egyptian importer of record.

The standard application package includes a clinical justification letter from the treating physician on hospital letterhead, a recent prescription specifying brand name (Ingrezza), generic name (valbenazine), strength (40 mg, 60 mg, or 80 mg capsules; sprinkle formulation where appropriate), dosage form, and quantity required, a patient identifier (national ID card or passport copy), physician licensing verification (Egyptian Medical Syndicate membership number and Ministry of Health licence reference), product details, the destination dispensing facility licence, and a chain-of-custody plan with port of entry typically at Cairo International Airport.

The cell-specific clinical-justification framework for Ingrezza splits by indication. For tardive dyskinesia, the psychiatrist's letter documents the causative dopamine receptor blocking agent and duration of exposure, the diagnostic criteria for TD met (with respectful, person-first vocabulary about the patient's underlying psychiatric condition), the severity assessment using a validated movement scale such as the AIMS, the prior therapeutic steps tried (dose reduction of the causative agent, anticholinergic agents, or older non-selective VMAT inhibitors), and the rationale for a selective VMAT2 inhibitor. For Huntington's disease chorea, the neurologist's letter documents the genetic confirmation (CAG repeat count where available), the chorea severity using the Unified Huntington's Disease Rating Scale chorea sub-score, the prior chorea-control attempts where applicable, and a specific acknowledgement that the HD-indication boxed warning for depression and suicidality has been reviewed with the patient and family and is being actively monitored. The dosing plan references the FDA label (TD: start 40 mg once daily, increase to 80 mg once daily after one week; HD: start 40 mg once daily, titrate weekly in 20 mg increments to a maximum of 80 mg once daily). Routine EDA personal-import authorisations for well-documented neurology and psychiatry cases are typically processed in a 3 to 6 week window; complex cases extend.

Section 4. Where Ingrezza gets dispensed in Egypt

Ingrezza is a small-molecule oral capsule (40 mg, 60 mg, 80 mg) supplied in standard pharmacy bottles, typically 30-count; an Ingrezza Sprinkle formulation is supplied in unit-dose packets for patients with swallowing difficulty. Storage is at controlled room temperature with no refrigeration. The handling profile is among the simpler in the Reserve Meds matrix, which means dispense can run through any Egyptian dispensing facility with import-pharmacy infrastructure or a relationship with a licensed Cairo specialty importer.

For tardive dyskinesia and Huntington's chorea cases specifically, the practical concentration is the major academic hospital systems and the large private specialty hospitals with strong psychiatry and neurology services. Cairo University Hospitals (Kasr Al Ainy), the oldest and largest academic hospital network in Egypt and the Middle East, has a Drug Information Center and dedicated neurology and psychiatry units. Ain Shams University Hospitals is the second major academic hospital network in Cairo with strong neurology services. Dar Al Fouad Hospital in 6th of October City, Giza, is JCI-accredited since 2005 and part of the Alameda Healthcare Group with active neurology infrastructure. As-Salam International Hospital in Cairo and the Cleopatra Hospitals Group, the largest private hospital group in Egypt with over 1.2 million patients treated annually, complete the typical institutional set. For HD families, the genetic counselling and family-coordination layer typically runs alongside the dispensing arrangement and the institutional relationship is established before the EDA filing rather than after.

Section 5. Real cost picture for Ingrezza in Egypt

Reserve Meds quotes in US dollars and accepts USD wire transfers. The EGP has lost more than 70 percent of its value against the US dollar since early 2022, with the USD/EGP rate near 52 to 53 in May 2026 and a controlled-depreciation outlook through end of year per IMF Article IV consultation forecasts. Quoting in USD insulates the patient from intra-case currency drift between quote and shipment.

- **Drug cost reference.** US WAC pricing for Ingrezza is well documented. Public pricing sources in 2026 cite a 28-capsule bottle of 40 mg at roughly USD 7,900 and 80 mg at roughly USD 8,700, working out to an approximate annual list price range of USD 103,000 to USD 113,000 at maintenance dosing. At the typical maintenance dose of 80 mg once daily, a monthly drug-only WAC envelope is in the order of USD 8,500 to USD 9,000. These figures are list prices and do not reflect rebates, manufacturer copay assistance for US commercial patients (which is US-only), or international named-patient transaction pricing, which is set independently of US WAC. All figures should be confirmed against Neurocrine's current published price disclosure at the time of any patient quote.
- **International logistics.** Standard ambient air-freight from the US source to Cairo International Airport runs typically USD 400 to USD 800 for a single bottle at this volume; the molecule does not require cold-chain shipping or temperature-monitored couriers. Customs documentation and the dispensing facility's regulatory handling fees vary by institution.
- **Reserve Meds concierge.** Itemised separately on every firm quote, never bundled.

For chronic monthly therapy at this list price, the cumulative annual envelope is in six figures USD and the financing posture is almost always cash-pay or family-pooled cash-pay. Bupa Egypt, AXA Egypt, MetLife Egypt, Allianz Egypt, Misr Insurance, MedGulf Egypt, Orient Takaful, and

Royal Insurance each assess named-patient claims case by case; some plans may reimburse a percentage but pre-authorisation is typically required and a USD 100,000+ annual specialty drug is rarely a standard line item. UHIA does not currently cover most specialty imports at this price point. Neurocrine's US-only INBRACE patient support programme does not extend to international patients.

Section 6. Typical timeline for Ingrezza in Egypt

End-to-end planning horizon for an Egyptian Ingrezza case is typically 4 to 8 weeks from first contact to first dispense at the licensed pharmacy. Reserve Meds confirms eligibility within 24 to 48 hours. The treating psychiatrist (for TD) or neurologist (for HD chorea) prepares the clinical justification letter within the first week to ten days; the HD case typically takes slightly longer because the boxed-warning acknowledgement and the family-discussion documentation need to be on the file. The dispensing facility files the EDA personal-import application; routine authorisations run a 3 to 6 week window for psychiatry and neurology cases of this kind, though complex cases involving documentation of prior failed VMAT inhibitor therapy or detailed AIMS or UHDRS scoring can push toward the longer end. US-side sourcing through the Neurocrine specialty pharmacy channel runs in parallel; the specialty-pharmacy concentration means the procurement step requires verification of authenticity through manufacturer serial number and lot, which adds a day or two to the procurement lane compared with an open-distribution molecule. Ambient air-freight to Cairo International Airport is typically 5 to 7 business days. Refills run on a monthly cadence; once the first cycle is dispensed, the subsequent monthly refills compress to a steady-state 2 to 4 week turnaround. These ranges are typical, not promises.

Section 7. What your physician needs to provide

For Ingrezza the documentation pack is meaningfully more substantive than for an episodic abortive because both indications are chronic and the HD-indication boxed warning adds a specific psychiatric-safety acknowledgement to the file. The treating physician provides the patient identifier (national ID card or passport copy), the indication (TD or HD chorea), the diagnostic confirmation documented on hospital letterhead with respect for the patient's dignity throughout (in TD, this includes the underlying psychiatric condition the antipsychotic was prescribed for; in HD chorea, this includes the genetic confirmation), the severity assessment using a validated movement scale (AIMS for TD, UHDRS chorea sub-score for HD), the prior therapeutic history including the causative agent for TD (typical or atypical antipsychotic, antiemetic, duration of exposure) and the prior chorea-control attempts for HD where applicable, the rationale for a selective VMAT2 inhibitor including the choice between valbenazine and deutetrabenazine (Austedo) which is the clinical comparator for both indications, and the dosing plan referencing the FDA label.

For HD chorea, the documentation must include a specific acknowledgement of the boxed warning for depression and suicidality, with caregivers and clinicians both engaged in the ongoing monitoring framework. Sedation should be monitored, particularly during titration. QT assessment is appropriate in patients with congenital long QT, on QT-prolonging medications, or known CYP2D6 poor metabolizers. The drug-interaction review covers strong CYP3A4 inhibitors, strong CYP2D6 inhibitors, and CYP2D6 poor metabolizer status, each of which caps the maximum recommended dose at 40 mg once daily. The treating physician's Egyptian Medical Syndicate (EMS) membership number and Ministry of Health licence reference are on every page of the file. Pharmacovigilance reporting through the Egyptian Pharmacovigilance Center (EPVC) runs through the full chronic course of therapy and stays with the treating clinician.

Section 8. Common questions about Ingrezza in Egypt

Will Bupa Egypt, AXA Egypt, MetLife, or Allianz cover this? Each insurer assesses named-patient imports case by case. A chronic monthly specialty drug at the Ingrezza price band is rarely a standard reimbursable line item, though some plans may reimburse a percentage with pre-authorisation. Reserve Meds supplies the documentation an insurer needs to assess. Cash-pay is the default posture.

Does UHIA cover specialty imports at this price point? Not as a general rule. The UHI rollout is phased through to 2032 and does not currently cover most specialty imports for most patients.

What is the safety profile? The FDA label carries a boxed warning for depression and suicidality specific to the Huntington's disease chorea indication, reflecting the underlying psychiatric vulnerability of the HD population. This boxed warning is not present in the original TD label. The most commonly reported adverse reaction across both indications is somnolence. Other notable warnings include QT prolongation, parkinsonism (including hypokinesia and rigidity), and neuroleptic malignant syndrome.

What is the monitoring requirement? For HD patients, baseline and ongoing assessment of mood, suicidal ideation, and depressive symptoms is required, with caregivers and clinicians both involved. For both indications, sedation should be monitored, particularly during titration; QT assessment is appropriate in at-risk patients; emergent parkinsonism is watched for at every visit.

Is there a competitor or alternative? Deutetrabenazine (Austedo) is the other FDA-approved selective VMAT2 inhibitor and is also approved for both TD and HD chorea. Tetrabenazine, the older nonselective predecessor, remains available and is approved for HD chorea but not for TD. The choice between these agents is a clinical decision made by the treating specialist; once-daily dosing is the most cited practical advantage of valbenazine over twice-daily deutetrabenazine. Reserve Meds does not advise on which VMAT2 inhibitor to use.

Can the capsule be opened or split? Capsules should be taken whole unless the Sprinkle formulation is prescribed; the Sprinkle formulation is supplied in unit-dose packets for patients who cannot swallow capsules. The label does not require gradual taper, but any change to therapy should be made by the prescribing clinician.

Section 9. Where Reserve Meds fits in Ingrezza cases

Reserve Meds is a US-based concierge coordinator. We do not replace your psychiatrist or neurologist, we do not replace the EDA, we do not replace your dispensing pharmacy, and we do not act as an importer of record in Egypt. For Ingrezza specifically, the orchestration we provide is US-side sourcing through Neurocrine's specialty pharmacy channel with verification of authenticity at the serial-number and lot level, the regulatory documentation kit your treating physician needs for the EDA filing including the indication-specific clinical-justification framing (with explicit boxed-warning acknowledgement for HD chorea cases), international ambient air-freight from the US source to Cairo International Airport with the dispensing facility handling customs clearance, Arabic-language patient-facing materials with respectful psychiatric and neurological vocabulary where the family requests them, and a single named coordinator running the case end-to-end in both English and Arabic for what is typically a long-running monthly relationship. We support cross-border family coordination where the patient is in Cairo or Alexandria and an adult child handles correspondence from Dubai, Riyadh, London, or New York.

No prior Reserve Meds case experience exists for Ingrezza at the date of this page; standard NPP coordination applies with the indication-specific operating notes above as binding.

Section 10. Next step

If your psychiatrist or neurologist has identified Ingrezza as the right step and you are based in Egypt, the next step is the waitlist. We confirm eligibility within 24 to 48 hours, route a documentation kit to your treating physician, and align with your dispensing facility on the EDA filing. **Reserved for you.**

This guide is informational, not medical or legal advice. The EDA personal-import pathway requires licensed clinical judgment and a licensed Egyptian dispensing facility; Reserve Meds is the coordinator, not the prescriber or the dispenser.

Review & oversight. Content on this page is reviewed by Reserve Meds's clinical and regulatory team. A US-licensed pharmacist reviews every prescription before dispensing. Regulatory posture is informational, not legal advice; case-specific questions route to retained outside counsel. Review methodology >
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