Ingrezza

Qatar · access guide

How to access Ingrezza from Qatar, the named-patient import pathway, 2026

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

A Qatar patient with tardive dyskinesia, or, per expanded labeling, chorea associated with Huntington's disease, may receive a prescription for Ingrezza (valbenazine) from their treating neurologist or psychiatrist. Ingrezza is FDA-approved for both indications and developed by Neurocrine Biosciences. It is not a controlled substance. In Qatar, Ingrezza 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

Ingrezza is an oral vesicular monoamine transporter 2 (VMAT2) inhibitor taken once daily, typically starting at 40 mg and titrated to 60 or 80 mg based on response and tolerability. Eligibility for tardive dyskinesia requires documented exposure to dopamine receptor-blocking agents and persistent involuntary movements; eligibility for Huntington's chorea requires genetic confirmation and a movement-disorder workup. Your neurologist or psychiatrist will establish baseline using the Abnormal Involuntary Movement Scale (AIMS), screen for depression and suicidality (labelled warning for Huntington's patients), and arrange follow-up.

Is Ingrezza legally importable into Qatar?

Yes, through the Qatar Ministry of Public Health (MOPH) named-patient / special-access import framework. The mechanism permits a KSA-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, (c) the physician accepts clinical responsibility, and (d) chain of custody is documented. Tardive dyskinesia and Huntington's chorea have limited disease-specific registered options in Qatar.

How the pathway works, step by step

1. **Consultation with your treating neurologist or psychiatrist.** Indication documentation (TD exposure history or Huntington's genetic confirmation), AIMS baseline, and clinical rationale.
2. **Baseline assessment.** AIMS score, depression/suicidality screen (for Huntington's patients), QT/hepatic function review.
3. **MOPH 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 Ingrezza from authorised distribution under DSCSA.
5. **Ambient shipment.** Ingrezza ships under controlled ambient conditions with chain-of-custody documentation.
6. **Arrival and dispensing.** The hospital pharmacy releases the bottle with titration and monitoring guidance.

What documentation your physician needs

- Clinical rationale letter confirming indication and Ingrezza as the indicated therapy
- Verification of Qatar medical license (SCFHS)
- AIMS score or movement-disorder scale baseline
- Genetic confirmation report (for Huntington's)
- Depression/suicidality screen (for Huntington's patients, per labeling)
- Planned titration schedule and monitoring plan

Reserve Meds provides a physician documentation kit bundling templates MOPH reviewers expect for movement-disorder named-patient imports.

Costs and timing

Ingrezza's US cash-pay drug-only reference cost sits in an indicative 2026 annual range of roughly USD 85,000-110,000 depending on titrated dose. International logistics, MOPH 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 MOPH 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 MOPH 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 physician.

Frequently asked

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

Is Ingrezza a controlled substance? No. Valbenazine is not a scheduled controlled substance.

How does Ingrezza compare with Austedo? Both are VMAT2 inhibitors for movement-disorder indications. Ingrezza is typically dosed once daily; Austedo is dosed twice daily. Your physician selects based on the specific indication, titration tolerability, and monitoring profile.

What is the suicidality warning? Ingrezza carries a labelled warning regarding depression and suicidal ideation/behaviour in Huntington's disease patients. Structured screening before and during therapy is required.

Will insurance cover this? Cash-pay is the default. Some Qatar 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.

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