Ongentys access in Qatar

How patients in Qatar pursue opicapone, approximately developed by Bial and commercialised in the US by Neurocrine Biosciences, as adjunctive therapy for off episodes in Parkinson's disease, via the Ministry of Public Health's named-patient pathway.

Last reviewed 2026-05-12 by Reserve Meds clinical & regulatory team. This page combines the Qatar country research module with the Ongentys drug module to describe the path patients actually walk.

Quick orientation

Ongentys (opicapone) is a once-daily, peripherally acting catechol-O-methyltransferase (COMT) inhibitor approved by the US Food and Drug Administration in April 2020 as adjunctive therapy to levodopa and carbidopa for the treatment of off episodes in patients with Parkinson's disease. Opicapone was approximately developed by Bial-Portela, a Portuguese pharmaceutical company, and is commercialised in the United States by Neurocrine Biosciences under license. The drug is supplied as a 50 mg oral capsule taken once daily at bedtime, with food avoidance for one hour before and after the dose. For a Qatar patient experiencing motor fluctuations on stable levodopa therapy, the practical question is rarely the science. It is the access path for a non-locally-stocked Parkinson's adjunct. Reserved for you.

Why this drug is hard to source in Qatar

Parkinson's disease is not rare in Qatar. The country has a growing population of older Qatari nationals and a smaller but established cohort of long-term expatriate residents reaching older age, and the country's neurology services within Hamad Medical Corporation see established Parkinson's caseloads each year. The first-line therapy in Parkinson's, levodopa-carbidopa, is widely available. The clinical access gap with Ongentys is not at the diagnosis stage. It is at the motor-fluctuations stage. As Parkinson's progresses, many patients develop predictable end-of-dose wearing off, where the symptomatic benefit of each levodopa dose shortens. COMT inhibitors extend the effective half-life of levodopa and can compress the off period. The older COMT inhibitors entacapone and tolcapone have established places in the regimen, but entacapone is multiple-times-daily dosing tied to each levodopa dose, and tolcapone carries hepatic monitoring requirements that limit its routine use. Opicapone is once-daily at bedtime and does not require the hepatic

monitoring regimen of tolcapone, which is the clinical argument for adding it to a Qatar patient's regimen.

Whether Ongentys holds a current Qatar Ministry of Public Health (MOPH) registration is the variable. The drug is registered in the European Union under the trade name Ongentys (EMA approval 2016) and in the United States since 2020. Manufacturer commercial strategy in smaller Gulf markets is the bottleneck. Where opicapone is not locally stocked, a Qatar neurologist who wants to add it to a patient's regimen initiates the named-patient pathway through PDCD.

The MOPH-PDCD named-patient pathway

The federal pathway for a Qatar-licensed physician to obtain a medicine that is not registered or not stocked locally is the named-patient import permit, administered by the Pharmacy and Drug Control Department (PDCD) within the Ministry of Public Health. The framework allows hospitals and licensed pharmaceutical establishments to import a specific medicine for a specific patient when the medicine is approved by a recognised reference authority such as the US FDA or the European Medicines Agency and a clinically equivalent locally registered alternative is not suitable.

A complete PDCD application for an Ongentys case typically includes the clinical justification letter from the treating neurologist (Parkinson's disease diagnosis with onset and motor exam findings, documented motor fluctuations including the typical off-period pattern and duration, current levodopa-carbidopa regimen with dose and frequency, prior or current COMT inhibitor trial outcome where applicable, MAO-B inhibitor and dopamine agonist trial outcomes, and the rationale for once-daily opicapone now), the treating physician's Qatar Council for Healthcare Practitioners (QCHP) license verification, an anonymised patient identifier or Qatar ID where the PDCD submission allows, full product details for opicapone (brand name Ongentys, 50 mg oral capsules, pack size, quantity requested, intended treatment duration), the destination dispensing facility name with MOPH pharmacy license number, and an ambient-temperature chain-of-custody plan. Approval timelines for routine neurology cases through Hamad Medical Corporation (HMC) are typically 2 to 4 weeks; cases through private hospitals can range 3 to 6 weeks.

Real costs in QAR and USD

Ongentys US wholesale acquisition cost falls broadly in the USD 700 to USD 1,000 per 30-capsule pack range, which at once-daily dosing represents the monthly cost. In QAR at the 3.64 peg, that converts to approximately QAR 2,500 to QAR 3,600 per month. Annualised, an Ongentys course typically lands in the USD 8,400 to USD 12,000 range, or approximately QAR 30,500 to QAR 43,700. Therapy is long-term so long as the motor fluctuations response is maintained and the safety profile holds.

International logistics for ambient-shipped oral medication runs USD 400 to 1,500 per shipment depending on quantity and urgency, or approximately QAR 1,500 to QAR 5,500. Reserve Meds quotes shipping in the actual logistics line on every firm quote. Qatar customs and PDCD permit fees are nominal relative to the drug cost. For Qatari nationals receiving care at HMC neurology, public-sector subsidy is the dominant financial mechanism and the patient's out-of-pocket exposure is typically limited. For expatriate patients, employer-sponsored insurance through carriers such as Qatar Insurance Company, Allianz Care, Cigna, AXA, Bupa Global, or MetLife handles motor-fluctuations adjunctive therapy case by case. We supply the documentation set that lets your insurer assess the case. We do not promise coverage from any insurer.

Timing — what to expect

For a Qatar patient adding Ongentys to a Parkinson's regimen, the timing question has two distinct windows. The PDCD permit window for a routine neurology case through HMC typically processes in 2 to 4 weeks; cases through private hospitals run 3 to 6 weeks. International shipping from the US, including chain-of-custody documentation and customs clearance into Doha, runs approximately 5 to 10 business days for ambient shipments. The treating physician's clinical workup, including documentation of motor fluctuations through a motor diary or office assessment, baseline blood pressure measurement seated and standing, and the patient's informed-consent conversation about dyskinesia, somnolence, hallucinations, hypotension, and the food-avoidance window around the bedtime dose, occurs in parallel. Reserve Meds frames the working assumption as a 4 to 8 week first-shipment window from intake to dispense, with re-supply cycles thereafter running shorter because the documentation history is on file.

What your physician needs

The clinical justification letter for an Ongentys PDCD submission addresses the patient's diagnosis (Parkinson's disease confirmed by clinical criteria, with documentation of cardinal motor features and response to dopaminergic therapy), the documented motor fluctuations (off-period duration, frequency, and the impact on activities of daily living, ideally with a motor diary if available), the current levodopa-carbidopa regimen, and prior or current adjunctive therapy outcomes including entacapone if tried (intolerance, lack of efficacy, or convenience as the reason for switching), tolcapone (typically avoided due to hepatic monitoring), and MAO-B inhibitors such as rasagiline or safinamide. The rationale for once-daily opicapone over the available alternatives is documented. The dose (50 mg orally once daily at bedtime, at least one hour after the last levodopa dose and with no food for one hour before and after) is included, along with the monitoring plan for dyskinesia, orthostatic hypotension, and impulse-control behaviours.

The treating physician's QCHP license must be in active standing. For Parkinson's disease cases in Qatar, the natural treating physician is a HMC neurologist or a movement-disorders subspecialist where available. Private hospital neurology services at Al Ahli Hospital, Doha Clinic Hospital, or other private centers can also initiate Ongentys cases. The QCHP license number, the institutional pharmaceutical-establishment license of the dispensing pharmacy, and the patient's informed-consent record sit alongside the clinical letter in the PDCD submission.

Hamad Medical Corporation and Sidra Medicine specialty dispensing

Ongentys dispensing in Qatar is adult and concentrated at Hamad Medical Corporation's neurology services. HMC operates the dominant neurology footprint in Qatar through Hamad General Hospital and the broader HMC network, with established Parkinson's disease and movement disorders capability. Sidra Medicine, as a pediatric and women's specialty institution, is not a typical setting for Ongentys; the patient population is adult. Private hospitals such as Al Ahli Hospital and Doha Clinic Hospital handle adult neurology and can dispense imported medications through their own pharmacy infrastructure or through specialty importers.

The dispensing pharmacy receives the imported stock under the chain-of-custody packet, verifies lot and expiry against the PDCD permit, and dispenses to the patient on the treating physician's prescription. Re-supply for chronic Parkinson's maintenance is built into the PDCD permit framework at the application stage. Reserve Meds typically structures shipments to land quarterly so that the pharmacy holds approximately three months of capsules at any given time.

Pharmacovigilance and cold-chain

Ongentys is an ambient-shipped oral medication, not a cold-chain biologic. The chain-of-custody documentation tracks lot, expiry, and storage conditions across the shipment, but opicapone does not require refrigerated handling. PDCD pharmacovigilance reporting obligations remain with the treating physician and the dispensing facility. Serious adverse drug reactions (dyskinesia, hallucinations, orthostatic hypotension with syncope, impulse-control disorders, hepatic enzyme elevation, or any serious unexpected event) are reportable to PDCD's Pharmacovigilance Center within 15 calendar days. The COMT-inhibitor interaction with non-selective MAO inhibitors is documented in the prescribing information and the treating neurologist verifies the current medication list before initiating opicapone.

Reserve Meds supplies the US-side release documentation, the chain-of-custody packet, and the shipping temperature trace to the Qatar importer and to the hospital pharmacy on receipt. We do not file adverse-event reports on the physician's behalf; that obligation sits with the treating physician and the dispensing facility under the PDCD framework.

Common questions about Ongentys in Qatar

Will my Qatar national insurance or employer plan cover Ongentys? For Qatari nationals receiving Parkinson's care at Hamad Medical Corporation, public-sector subsidy is the dominant financial mechanism for movement-disorders adjunctive therapy, and out-of-pocket exposure is typically limited. For expatriates, employer-sponsored plans through Qatar Insurance Company, Allianz Care, Cigna, AXA, Bupa Global, or MetLife handle motor-fluctuations adjuncts case by case. Pre-authorisation is the norm. We do not promise coverage from any insurer.

Why opicapone and not entacapone? Entacapone is dosed with each levodopa dose and can cause urine discolouration and diarrhoea. Opicapone is once-daily at bedtime and may offer a cleaner daytime motor profile. The clinical choice rests with the treating neurologist. Reserve Meds does not steer the clinical decision.

Why opicapone and not tolcapone? Tolcapone carries hepatic monitoring requirements that limit its routine use. Opicapone does not carry the same hepatic-monitoring burden.

Is Ongentys a controlled substance? No. Opicapone is not a DEA scheduled substance. The PDCD pharmacovigilance framework applies; no controlled-substance handling is required.

Where Reserve Meds fits in Ongentys cases

Reserve Meds is a US-based concierge coordinator. We do not replace the treating neurologist, PDCD, the dispensing pharmacy, or the QCHP-licensed institution. For an Ongentys case specifically, our work is the documentation kit assembly, the US-side DSCSA-compliant specialty wholesaler sourcing, the ambient shipment plan, the customs and import-permit coordination with the Qatar importer, and one named coordinator through the case. We hold the same coordinator across re-supply cycles so that the patient does not re-explain the case at every shipment. Reserved for you.

Next step

If a treating neurologist in Qatar is weighing Ongentys for a patient with Parkinson's disease motor fluctuations, the waitlist is the first step. We respond within 24 to 48 hours with an eligibility confirmation and a documentation kit for the physician.

Reserved for you.

Related

- Ongentys clinical resource
- Ongentys in the UAE
- Ongentys in Saudi Arabia
- Qatar country page

Sources

1. FDA approval, Ongentys (opicapone), approximately Bial-Portela developer and Neurocrine Biosciences US commercial partner, April 2020, adjunctive treatment for off episodes in Parkinson's disease.
2. Qatar Ministry of Public Health, Pharmacy and Drug Control Department (PDCD), published guidance on named-patient and unregistered-medicine import permits.
3. Qatar Council for Healthcare Practitioners (QCHP), licensing framework and physician registration requirements.