

Altuviio

Abu Dhabi · access guide

Altuviio (efanesoctocog alfa) for an Abu Dhabi family: what the pathway looks like in 2026

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

Abu Dhabi families looking into Altuviio for a boy newly diagnosed with severe haemophilia A, or Abu Dhabi adult patients considering the move from a twice-weekly extended-half-life factor VIII regimen to once-weekly Altuviio, walk into this decision with the deepest haematology infrastructure in the UAE. Sheikh Khalifa Medical City, Tawam Hospital Al Ain, Sheikh Shakhbout Medical City, Cleveland Clinic Abu Dhabi, and the Burjeel network cover adult and paediatric haemophilia A across the emirate. Thiqa coverage for Emirati nationals is well-established for haematology biologics.

This page is meant to be the first honest read you get on Altuviio in Abu Dhabi, written by the team that would coordinate around your case if you decided you wanted operational support on the workup, the import, the DoH-side liaison, the home-infusion training, or the long-term cost picture.

We will be specific about Altuviio, what makes it different from prior factor VIII products, the switch conversation, the regulatory pathway in 2026 with Emirates Drug Establishment and Department of Health Abu Dhabi layers, the cost in AED and US dollars, and where Reserve Meds adds value.

What Altuviio actually is, and why once weekly matters

Haemophilia A is an X-linked recessive bleeding disorder caused by deficiency of coagulation factor VIII (FVIII). Severe-phenotype patients (less than 1% FVIII activity) bleed spontaneously into joints and muscles; the long-arc complications are chronic synovitis, target joints, and progressive haemophilic arthropathy.

Standard-half-life recombinant FVIII concentrates run on every-2-3-day prophylaxis. First-generation extended-half-life products (Eloctate / Elocta, Adynovate, Esperoct, Jivi) pushed to twice weekly. None broke through the half-life ceiling set by endogenous von Willebrand factor.

Altuviio is the first FVIII product to break through. The molecule carries its own VWF binding partner intramolecularly (D'D3 VWF domain), an IgG1 Fc fragment for FcRn-mediated recycling, and two XTEN polymer chains. Half-life is approximately 47 hours in adults, three to four times prior FVIII products. Once-weekly 50 IU/kg dosing produces sustained FVIII activity around 15% of normal across the dosing interval.

The pre-treatment workup that decides eligibility

Most Abu Dhabi patients arriving at Reserve Meds already have most of the workup on file from SKMC, Tawam, SSMC, Cleveland Clinic Abu Dhabi, or Burjeel Medical City. The relevant pieces are: confirmed haemophilia A diagnosis with FVIII activity assay and F8 gene sequencing, severity classification, treatment history (prior FVIII product, prophylaxis schedule, recent annualised bleeding rate, prior Hemlibra exposure if any), Bethesda inhibitor status, and joint health assessment with the Haemophilia Joint Health Score.

For patients with active high-titre FVIII inhibitors, Altuviio is not appropriate; Hemlibra remains the alternative.

A clinical rationale letter from the treating haematologist documents diagnosis, prior treatment history, switch rationale, and planned monitoring.

The Abu Dhabi regulatory and infusion pathway in 2026

The Emirates Drug Establishment is the federal authority that the treating hospital files through. Altuviio is a relatively new product in MENA (FDA approval February 2023, EMA September 2023) and [VERIFY: current EDE registration status of Altuviio 2026]. Where formal registration is in place, standard prescription and import procurement applies; where not, the named-patient mechanism is filed via ede.gov.ae by the hospital's import pharmacy. The Department of Health Abu Dhabi adds the emirate-level layer. The Sanofi and Sobi commercial presence in the UAE supports a functional supply chain.

The realistic Abu Dhabi haemophilia A infrastructure: - **Sheikh Khalifa Medical City (SKMC), Abu Dhabi.** Adult and paediatric haematology with longstanding comprehensive haemophilia experience. - **Tawam Hospital, Al Ain.** Paediatric haematology service with deep experience in chronic FVIII replacement; the natural infusion home for many Al Ain and broader Abu Dhabi paediatric haemophilia patients. - **Sheikh Shakhboub Medical City (SSMC), Abu Dhabi.** Adult haematology with FVIII replacement and inhibitor management experience. - **Cleveland Clinic Abu Dhabi.** Adult haematology programme with home-infusion programme support. - **Burjeel Medical City, Abu Dhabi.** Adult haematology depth. - **NMC Royal Hospital** and the **HealthPoint** network for private-sector adult haematology alternatives.

For newly diagnosed paediatric patients, Tawam and SKMC paediatric haematology are the natural settings. For adult patients on a switch decision, SKMC, SSMC, Cleveland Clinic Abu Dhabi, or Burjeel are operational settings. Home self-infusion training is the operational end-state for stable patients regardless of the initiating centre.

The cost conversation, in the form an Abu Dhabi family needs

Altuviio is among the most expensive haematology agents on the market.

The 2026 indicative annual list price is roughly USD 800,000 to USD 1,200,000 per year for an adult on 50 IU/kg weekly prophylaxis, or approximately AED 2.94 million to AED 4.41 million per year. A paediatric patient at lower weight runs at a proportionally lower absolute cost. Over a multi-decade lifelong therapy course, the cumulative drug cost at list can reach USD 30 million to USD 50 million.

When we issue a quote, we separate every line: drug per infusion, home-infusion programme set-up, infusion supplies, monitoring labs, our coordination fee. Nothing is bundled. We do not put a markup on the manufacturer's drug price.

For Emirati nationals on Thiqa coverage being treated at SKMC, Tawam, SSMC, or Cleveland Clinic Abu Dhabi, the rare-disease prior-authorisation pathway is operationally familiar and has been workable for haemophilia biologics historically. Your treating consultant and the hospital's pharmacy will confirm what is covered. For expatriate residents and private-sector cases, the standard insurance prior-authorisation route applies. We supply your insurer with the documentation packet at no charge.

The once-weekly infusion reality

Altuviiiio is an intravenous bolus over several minutes; reconstituted from lyophilised powder at the time of infusion. No titration period, no routine pre-medication. First infusions are at the treatment centre with nursing supervision and infusion training; after that, home self-infusion is the operational norm for stable patients.

For an Abu Dhabi family, the move from every-2-3-day or twice-weekly to once-weekly is a meaningful drop in calendar burden. School attendance, work attendance, family travel, and Hajj or Umrah where clinically appropriate all become operationally easier.

For families with a newly diagnosed boy who has never been on FVIII therapy before (a previously untreated patient, PUP), the early phase requires closer haemophilia treatment centre supervision and more frequent inhibitor surveillance during the first 50 exposure days.

Monitoring on therapy

The surveillance schedule on long-term Altuviiiio: annualised bleeding rate tracking, periodic FVIII trough activity, periodic Bethesda assay (particularly for PUPs during the first 50 exposure days), annual joint health assessment with HJHS and imaging, physiotherapy and orthopaedic input on a schedule set by the treating team. SKMC, Tawam, SSMC, Cleveland Clinic Abu Dhabi, and Burjeel Medical City run the multidisciplinary surveillance in-emirate. Tawam is the deepest paediatric surveillance setting given its longstanding paediatric haematology cohort.

When Altuviiiio is not the right answer, or not the only answer

For patients with active high-titre FVIII inhibitors, Hemlibra (emicizumab) is often the right answer. The choice between FVIII replacement and Hemlibra is a clinical conversation between you and your haematologist.

For patients exploring gene therapy, Roctavian is the FDA- and EMA-approved AAV gene therapy for adult severe haemophilia A; real-world uptake has been slower than initially projected because of variable durability, the lack of redo options, hepatic safety considerations, and acquisition cost. Gene therapy and Altuviiiio are not mutually exclusive in the long arc of a treatment plan.

For patients with non-A haemophilia (haemophilia B), Altuviiiio is not indicated.

What Reserve Meds does for an Abu Dhabi family

Reserve Meds is a US-based concierge coordinator for cross-border and complex specialty medicine. For an Abu Dhabi family or adult patient pursuing Altuviiiio, our scope is the regulatory documentation packet, the EDE filing in collaboration with your treating hospital's import pharmacy and the DoH-side documentation as applicable, the sourcing logistics from Sanofi's authorised distribution through DSCSA-compliant chain of custody, cold-chain shipment to the qualified centre or home-infusion programme, and named case-lead coordination from intake through the establishment of a stable weekly infusion routine.

Reserve Meds is not your prescriber. We do not practise medicine. We do not manufacture Altuviiiio. We do not own or operate any infusion centre or home-infusion programme. Clinical decisions stay with your haematology team.

We work cash-pay (where applicable). Our coordination fee is disclosed in writing.

A note for families weighing this

For Muslim families thinking through the religious-ethical dimension, Altuviiiio is recombinant, produced in CHO cell culture, not derived from animal tissue or human plasma. For families with longer memories of the plasma-derived factor era and its viral safety concerns, the recombinant nature of modern FVIII products is a meaningful reassurance. Islamic bioethics consensus on life- and function-preserving therapies is broadly permissive across both Sunni and Shia schools.

For families with an affected relative, the carrier-testing conversation for the mother and for adult female relatives is a separate but important thread; the haematology and genetic counselling teams at SKMC, Tawam, SSMC, and Cleveland Clinic Abu Dhabi can offer the appropriate referrals.

What to do if you want to start

The first concrete step is a call with our case-lead so we can confirm where the patient is in the diagnostic and treatment-history picture and whether the right next move is the switch evaluation, the EDE pathway documentation, the home-infusion programme set-up, or a Thiqa prior-authorisation packet.

Most families reach us first on WhatsApp, which is the medium we hold open during UAE business hours and on weekends for active cases.

Start your case on the portal, or open a WhatsApp conversation with the case-lead and we will take it from there.

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.

Reserve Meds

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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