Altuviiio

Qatar · access guide

Altuviiio (efanesoctocog alfa) for a Qatari family: what the pathway looks like in 2026

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

Qatari families looking into Altuviiio for a boy newly diagnosed with severe haemophilia A, or Qatari adult patients considering the move from a twice-weekly extended-half-life factor VIII regimen to once-weekly Altuviiio, are in a workable position. Hamad Medical Corporation in Doha runs the adult haemophilia programme. Sidra Medicine is the paediatric specialty centre and the natural home for paediatric haemophilia A patients in Qatar. The MOPH framework for haematology biologics is mature.

This page is meant to be the first honest read you get on Altuviiio in Qatar, written by the team that would coordinate around your case if you decided you wanted operational support on the workup, the documentation, the import logistics, the home-infusion programme, or the long-term cost picture.

We will be specific about Altuviiio, what makes it different from prior factor VIII products, what the switch conversation looks like, the regulatory pathway in 2026, the cost in QAR and US dollars, and where Reserve Meds adds value.

What Altuviiio 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 have a circulating half-life of around 12 hours, putting prophylaxis on every-2-3 days. First-generation extended-half-life FVIII products (Eloctate / Elocta, Adynovate, Esperoct, Jivi) pushed prophylaxis to twice weekly. None broke through the half-life ceiling set by endogenous von Willebrand factor (VWF).

Altuviiio is the first FVIII product to break through that ceiling. The molecule carries its own VWF binding partner intramolecularly (via the D'D3 VWF domain in the construct), an IgG1 Fc fragment for FcRn-mediated recycling, and two XTEN polymer chains. The result is a half-life of approximately 47 hours in adults, three to four times prior FVIII products. Once-weekly dosing at 50 IU/kg produces sustained FVIII activity around 15% of normal across the dosing interval. This is the reason your haematologist is talking to you about Altuviiio.

The pre-treatment workup that decides eligibility

Most Qatari patients arriving at Reserve Meds already have most of the workup on file: confirmed haemophilia A diagnosis with FVIII activity assay and F8 gene sequencing, severity classification, treatment history (which prior FVIII product, what schedule, what annualised bleeding rate, prior Hemlibra exposure if any), and Bethesda inhibitor status. The Altuviiio conversation starts from this baseline.

For patients with active high-titre FVIII inhibitors, Altuviiio is not the appropriate product; Hemlibra remains the alternative. Joint health assessment with the Haemophilia Joint Health Score and target-joint imaging is part of the baseline workup. A clinical rationale letter from the treating haematologist documents the diagnosis, prior treatment history, switch rationale, and planned monitoring.

The Qatar regulatory and infusion pathway in 2026

The Qatar Ministry of Public Health (MOPH), Department of Pharmacy and Drug Control, handles registration and import. Altuviiio is a relatively new product in MENA (FDA approval February 2023, EMA September 2023) and [VERIFY: current MOPH registration status of Altuviiio 2026]. Where formal registration is in place, standard prescription applies; where the product moves through the named-patient mechanism, the dispensing facility's import pharmacy files. The Sanofi and Sobi commercial presence in the GCC means the supply chain is operationally functional.

The realistic Qatar haemophilia A infrastructure: - **Hamad Medical Corporation (HMC), Doha.** The adult haematology backbone. Comprehensive haemophilia experience, coagulation laboratory, inhibitor management, home-infusion programme infrastructure. The natural home for adult haemophilia A patients in Qatar. - **Sidra Medicine, Doha.** Paediatric-only specialty centre; the natural home for paediatric haemophilia A patients in Qatar. Paediatric haematology, coagulation laboratory, multidisciplinary surveillance. Sidra is a member of Qatar Foundation. Adult haemophilia A patients route to HMC, not to Sidra. - **Al Ahli Hospital** and the **Doha Clinic Hospital / Naseem Healthcare network** for private-sector adult haematology alternatives.

Typical regulatory and procurement timing on a complete file is 4 to 8 weeks.

The cost conversation, in the form a Qatari family needs

Altuviiio is among the most expensive haematology agents on the market, and because it is weight-based and lifelong, the multi-decade financial picture is what matters more than any single dose.

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 QAR 2.91 million to QAR 4.37 million per year. A paediatric patient at lower weight runs at a proportionally lower absolute cost. Over a multi-decade course for a severe-phenotype patient, 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 (50 IU/kg, weight-adjusted), 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 Qatari nationals being treated at Sidra Medicine (paediatric) or Hamad Medical Corporation (adult) under the public health system funding pathway, much of the cost may be underwritten directly; direct consultation with the patient navigator at the relevant centre is the right path to confirm what is covered. For expatriate residents, mandatory private insurance handles specialty drug authorisation on a case-by-case prior-authorisation basis. We supply your insurer with the documentation packet at no charge.

The once-weekly infusion reality

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

For a Qatari 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, summer 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, when inhibitor risk is highest.

Monitoring on therapy

The surveillance schedule on long-term Altuviiio: annualised bleeding rate tracking via patient diary, periodic FVIII trough activity, periodic Bethesda assay for inhibitor (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. Sidra runs the paediatric surveillance; HMC runs the adult surveillance.

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

For patients with active high-titre FVIII inhibitors, Altuviiio is not appropriate; Hemlibra (emicizumab) is often the right answer for these patients. 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. Gene therapy and Altuviiio are not mutually exclusive in the long arc of a treatment plan.

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

What Reserve Meds does for a Qatari family

Reserve Meds is a US-based concierge coordinator for cross-border and complex specialty medicine. For a Qatari family or adult patient pursuing Altuviiio, our scope is the regulatory documentation packet, the MOPH filing in collaboration with your treating hospital's import pharmacy, 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 Altuviiio. We do not own or operate Sidra Medicine, HMC, or any home-infusion programme. Clinical decisions stay with your haematology team; we are the operational layer.

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, Altuviiio 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 that prevent disabling joint disease is broadly permissive across Sunni and Shia schools.

For families with an affected relative, carrier-testing conversations for the mother and for adult sisters of patients are an important separate thread; the haematology and genetic counselling team at Sidra or HMC will 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 MOPH pathway documentation, the home-infusion programme set-up, or a combination.

Most families reach us first on WhatsApp, which is the medium we hold open during Qatar 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.

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