Amvuttra

Bahrain · access guide

How to access Amvuttra for hereditary TTR amyloidosis from Bahrain: 2026 pathway via Bahrain neurology, cardiology, and pharmacy supply

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

Bahrain has a focused tertiary medicine footprint. King Hamad University Hospital (KHUH) cardiology and neurology, Salmaniya Medical Complex (SMC) neurology and cardiology, Bahrain Defence Force (BDF) Hospital, Bahrain Specialist Hospital, the Aster network, and NHRA-licensed private clinics across Manama and Riffa carry the adult neurology and cardiology services needed to identify and route hereditary transthyretin-mediated amyloidosis (hATTR) cases. For deep cardiac amyloid imaging and the multidisciplinary amyloid programme, Bahraini cases are commonly co-managed with KFSHRC Riyadh or with the major UAE amyloid centres on a cross-border basis. Amvuttra (vutrisiran) is Alnylam Pharmaceuticals' GalNAc-conjugated small interfering RNA (siRNA) therapy for hATTR with polyneuropathy and, since the March 2025 label expansion, for ATTR cardiomyopathy in both hereditary and wild-type forms. For a Bahrain-resident adult with confirmed TTR amyloidosis, the operational question is which TTR-targeted agent fits, where the prescribing amyloid clinic conversation happens (local versus cross-border), how the quarterly subcutaneous injection routine works, how the genetic-testing and family-screening dimensions are handled, and how MoH and commercial coverage runs at the rare-disease price point.

This page explains the 2026 pathway for a Bahraini patient.

Why Amvuttra, and why now

Amvuttra is vutrisiran, a 21-nucleotide double-stranded siRNA conjugated to GalNAc and recognised by the hepatic asialoglycoprotein receptor. RISC-mediated cleavage of TTR mRNA reduces serum transthyretin by more than 80 percent, which over time slows or partially reverses peripheral nerve and cardiac amyloid deposition.

FDA approved June 2022 for hATTR-PN (HELIOS-A); ATTR-CM expansion March 2025 (HELIOS-B). The NHRA registration status for the cardiomyopathy indication should be `[VERIFY: ...]` at intake for any ATTR-CM case.

The quarterly cadence (4 doses per year) is the central operational advantage over Onpattro (IV q3 weeks), Tegsedi (SC weekly), and Wainua (SC monthly).

What Amvuttra is, in plain language

Subcutaneous injection every 3 months. No infusion centre, no inpatient stay. Dose: 25 mg as a single prefilled syringe.

Injection sites: abdomen, thigh, upper outer arm; rotate between quarterly doses.

Storage: 2 to 8 degrees Celsius. Room temperature for 30 minutes before injection. Do not freeze; do not shake.

Treatment is indefinite. Response assessed by serum TTR reduction (>80 percent target engagement), neurology scoring (mNIS+7) for hATTR-PN, cardiology scoring (NT-proBNP, 6-minute walk) for ATTR-CM.

Mandatory vitamin A supplementation at the recommended daily allowance (approximately 2,500 to 3,000 IU/day for adults) for the duration of treatment.

Eligibility at a Bahraini amyloid clinic

1. Confirmed TTR amyloidosis. For polyneuropathy: TTR sequencing plus clinical features. For cardiomyopathy: TTR sequencing (for hereditary) or non-biopsy diagnosis via 99m-Tc-PYP scintigraphy with grade 2 or 3 uptake plus AL exclusion. 2. AL amyloidosis exclusion. Serum free light chains, immunofixation. Required. 3. Genetic counselling for confirmed hereditary forms; first-degree relative testing offered. 4. Baseline neurology assessment (hATTR-PN): mNIS+7, Norfolk QoL-DN, 10-metre walk test. 5. Baseline cardiology assessment (ATTR-CM or hATTR-PN with cardiac involvement): NT-proBNP, troponin, echo with strain, cardiac MRI, 99m-Tc-PYP scintigraphy. 6. Treatment-naive vs switching status. 7. Vitamin A baseline and supplementation plan. 8. Pregnancy planning for women of childbearing potential. 9. Renal and hepatic function review.

The Bahraini prescribing and supply picture, plainly

Amvuttra availability in Bahrain depends on NHRA registration status at the point of prescription. Where Amvuttra is registered and commercially supplied through Alnylam's regional distributor, in-country dispensing applies. Where the indication or formulation extension has not yet been registered locally, a named-patient pathway can apply for documented physician-initiated prescriptions referencing FDA, EMA, or MHRA approved indications, often with cross-border procurement from KSA or UAE distributors.

1. **Prescribing neurologist with amyloidosis experience and/or cardiologist with amyloidosis experience**. Dual-specialty drug. Major Bahraini centres for the workup include KHUH cardiology and neurology, SMC, BDF Hospital, Bahrain Specialist Hospital, and the Aster network. For deep cardiac amyloid imaging and multidisciplinary amyloid clinic care, Bahraini patients are commonly co-managed cross-border with KFSHRC Riyadh or with Cleveland Clinic Abu Dhabi, SSMC, or Mediclinic City Hospital Dubai. 2. **Genetic testing**. TTR sequencing samples sent to regional reference labs (KFSHRC, Cleveland Clinic Abu Dhabi) or to Centogene/Invitae partners. Turnaround typically 4 to 8 weeks. 3. **Cardiac amyloid imaging**. 99m-Tc-PYP scintigraphy available at major Bahraini centres on referral. Cardiac MRI widely available. Where the in-country capability is not at the right level, the patient is co-managed with a regional amyloid centre. 4. **Pharmacy dispensing**. Hospital specialty pharmacy with cold-chain refrigeration for in-country dispensing where Amvuttra is locally registered. For named-patient cross-border supply, the cold-chain procurement adds modest overhead but does not materially change the underlying drug cost. 5. **MoH and commercial cover**. For Bahraini nationals, MoH coverage for rare-disease orphan therapies extends on a case-by-case basis. Commercial cover (AXA Gulf, Bahrain National Insurance, GIG Bahrain, the regional Bupa product) varies. Documentation of clinical necessity and the rare-disease classification is the operative pre-authorisation pattern. 6. **Self-injection training**. Single supervised session at the prescribing amyloid clinic, or via an Alnylam patient-support nurse educator visit. 7. **Ongoing monitoring**. Amyloid clinic follow-up at 6 months and 12 months, then annually for stable patients. Serum TTR level at intervals. Vitamin A serum level and ophthalmology assessment if deficiency symptoms develop.

The 2026 pathway, step by step

Week 0 to 4: Diagnostic confirmation with the treating amyloid clinic (in-country or cross-border). TTR sequencing if not already done, AL exclusion labs, baseline neurology or cardiology scoring, baseline PYP scintigraphy or other cardiac imaging.

Week 4 to 8: MoH or commercial coverage conversation in parallel with the diagnostic workup. NHRA registration status confirmation for the specific indication.

Week 8 to 12: First dose dispensing and administration. Vitamin A supplementation started.

Month 3: Second quarterly dose.

Month 6 to 12: Response assessment; serum TTR reduction confirmed; neurology or cardiology scoring compared to baseline.

Month 12 onwards: Maintenance quarterly dosing; annual amyloid clinic review.

Cost expectation in BHD

US list price (WAC) for Amvuttra is approximately USD 463,500 per year. Bahrain-channel cash-pay retail commonly sits in the range of USD 350,000 to 480,000 per year.

At 2026 indicative cross rates, the BHD-equivalent annual cost band is approximately BHD 132,000 to 181,000 at cash-pay retail. For Bahraini nationals, MoH rare-disease orphan-therapy coverage extends on a documented case-by-case basis. Commercial cover varies. Cross-border named-patient supply, where applicable, adds modest overhead.

What to monitor

Vitamin A deficiency. Mandatory supplementation; ophthalmology assessment with serum vitamin A measurement for any ocular symptoms.

Injection-site reactions; rotate sites.

Limb pain and arthralgia at modestly higher rates than placebo.

Falls in patients with autonomic involvement; fall prevention counselling.

Pregnancy: contraindicated; effective contraception required.

No specific cardiac, hepatic, or renal toxicity from the siRNA mechanism.

Religious, ethical, and family-logistics framing

Amvuttra is a synthetic chemical: chemically modified short double-stranded RNA conjugated to a sugar ligand. No human or animal source material. Halal-compatible by general consensus on synthetic RNA therapeutics. Written halal-certification documentation of the specific commercial product available through Alnylam at intake.

The quarterly cadence accommodates travel, work, multi-generational family commitments, and Ramadan more easily than weekly or monthly self-injection.

The genetic dimension is the more sensitive cultural conversation. The treating amyloid clinic's genetic counselling service (in-country or at the partnered cross-border centre) is the right home for family-disclosure decisions.

Vitamin A supplementation deserves a separate practical note. Mandatory and lifelong; patients who would not realistically adhere should discuss this frankly at initiation.

When Amvuttra is not the right call

For a Bahraini patient whose amyloidosis is AL rather than TTR, Amvuttra has no role.

For milder ATTR-CM where oral once-daily therapy is preferred, tafamidis or acoramidis is the appropriate alternative.

For a patient who cannot or will not comply with mandatory vitamin A supplementation, Amvuttra is not appropriate.

For pregnancy or near-term pregnancy planning, Amvuttra is contraindicated.

For a patient on Onpattro, Tegsedi, or Wainua doing well, the switch decision is individualised.

Reserve Meds does not push a default.

What Reserve Meds does on this case

We are a US-based concierge coordinator. We are not the prescriber and not the dispensing pharmacy. On a Bahraini Amvuttra case we build the documentation pack with the treating amyloid clinic, confirm NHRA registration status and the appropriate dispensing pathway (in-country versus cross-border named-patient), run the MoH or commercial pre-authorisation conversation alongside the clinical pre-authorisation conversation, coordinate the cold-chain supply logistics, support family-screening genetic-counselling coordination where the family chooses to pursue it, organise self-injection training if the patient prefers home administration, and stay with the case through the first year of dosing. Clinical decisions remain with your treating neurologist and cardiologist.

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.

reservemeds.com · hello@reservemeds.com