

## Amvuttra

Oman · access guide

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

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Oman has a focused tertiary medicine footprint. Sultan Qaboos University Hospital (SQUH) (KHUH) cardiology and neurology, Royal Hospital Muscat (SMC) neurology and cardiology, Oman Defence Force (BDF) Hospital, Muscat Private Hospital, the Aster network, and DGPADC-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, Omani 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 Oman-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 Omani 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 DGPADC 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

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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 Omani amyloid clinic

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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-naïve 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 Omani prescribing and supply picture, plainly

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Amvuttra availability in Oman depends on DGPADC 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 Omani centres for the workup include KHUH cardiology and neurology, SMC, BDF Hospital, Muscat Private Hospital, and the Aster network. For deep cardiac amyloid imaging and multidisciplinary amyloid clinic care, Omani 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 Omani 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 Omani nationals, MoH coverage for rare-disease orphan therapies extends on a case-by-case basis. Commercial cover (AXA Gulf, Oman National Insurance, GIG Oman, 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

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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. DGPADC 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 OMR

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

At 2026 indicative cross rates, the OMR-equivalent annual cost band is approximately OMR 132,000 to 181,000 at cash-pay retail. For Omani nationals, MoH rare-disease orphan-therapy coverage extends on a

## ***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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*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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