

## Attruby

Abu Dhabi · access guide

# How to access Attruby for transthyretin amyloid cardiomyopathy (ATTR-CM) from Abu Dhabi: 2026 pathway via Cleveland Clinic Abu Dhabi and the Abu Dhabi cardiology amyloid axis

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

Abu Dhabi runs the deepest adult cardiac amyloid programme in the UAE. Cleveland Clinic Abu Dhabi's amyloid clinic has been managing transthyretin amyloid cardiomyopathy on tafamidis since the late 2010s, with 99mTc-PYP scintigraphy on site, cardiac MRI capability, and an amyloid multidisciplinary team that is the regional anchor for ATTR-CM management. Sheikh Shakhbout Medical City (SSMC), Burjeel Medical City cardiology, NMC Royal Hospital Khalifa City, and the Heart Centre at Khalifa Bin Zayed Stadium round out the Abu Dhabi cardiology infrastructure. Attruby (acoramidis) is a recent FDA approval (November 2024). For an Abu Dhabi-resident patient with confirmed or suspected ATTR-CM in 2026, the operational question is how the supply pathway works while UAE EDE registration progresses, and how the clinical conversation between Attruby, tafamidis, and amvuttra resolves into a treatment plan, with Cleveland Clinic Abu Dhabi acting as the principal anchor for that conversation.

This page explains how the pathway works in 2026 for an Abu Dhabi-resident adult: who qualifies, where the diagnostic workup happens, where the prescription is written and how the supply is procured, what the realistic out-of-pocket exposure band is in AED, what to monitor on therapy, and how the indefinite oral treatment course settles into the life of an older patient and family.

## Why Attruby, and why now

Attruby is acoramidis, an oral, selective, near-complete TTR tetramer stabilizer developed by BridgeBio Pharma. FDA approved November 2024 for adults with transthyretin amyloid cardiomyopathy (ATTRv-CM and ATTRwt-CM) to reduce all-cause mortality and cardiovascular hospitalisation. The pivotal trial is ATTRIBUTE-CM (NEJM 2024). The clinical positioning is near-complete (>90%) TTR tetramer stabilization in pharmacodynamic assessment, with a late-emerging mortality signal in the 30-month follow-up.

For an Abu Dhabi patient with confirmed ATTR-CM, Attruby is a high-potency stabilizer alternative to the established tafamidis. Many Abu Dhabi patients with ATTR-CM are already on tafamidis through the Cleveland Clinic Abu Dhabi amyloid clinic and the UAE commercial channel; the switch conversation, and the broader Attruby-vs-tafamidis-vs-amvuttra conversation, belongs to the treating cardiologist and to the Cleveland Clinic Abu Dhabi amyloid MDT, which has the deepest cohort experience in the country.

## What Attriby is, in plain language

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Attriby is an oral tablet. 712 mg twice daily, with or without food. Storage is room temperature. No infusion, no inpatient stay, no certified-centre requirement. Treatment is indefinite.

The mechanism: acoramidis binds the thyroxine-binding pocket of the TTR tetramer and stabilizes it, preventing the dissociation that initiates amyloidogenesis. Slowing further amyloid deposition produces a clinical benefit that emerges over 18 to 30 months of treatment.

## The diagnostic gate: confirmed ATTR-CM

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ATTR-CM diagnosis rests on cardiac biomarkers (NT-proBNP, troponin), echocardiogram with global longitudinal strain (apical sparing), cardiac MRI where available, 99mTc-PYP scintigraphy with Perugini grade 2 or 3 uptake, AL exclusion by serum and urine free light chains and immunofixation electrophoresis, and TTR gene sequencing to characterise hereditary vs wild-type.

Abu Dhabi-side diagnostic capability: 99mTc-PYP scintigraphy is available on site at Cleveland Clinic Abu Dhabi nuclear cardiology and at SSMC. Cardiac MRI is available at Cleveland Clinic Abu Dhabi and SSMC. AL exclusion runs through the institutional haematology lab; SSMC haematology runs the workup with MD Anderson Cancer Center affiliation. TTR gene sequencing is typically routed to the centre's molecular pathology, to KFSHRC Centre for Genomic Medicine, or to international reference labs.

## Eligibility at an Abu Dhabi cardiology clinic

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For Abu Dhabi-resident patients, the cardiology services apply the FDA label, EMA guidance, and major-guideline criteria:

1. Adult patient (no paediatric indication).
2. Confirmed ATTR-CM by 99mTc-PYP scintigraphy with Perugini grade 2 or 3 uptake.
3. AL amyloidosis excluded.
4. TTR gene sequencing complete.
5. NYHA functional class I, II, or III.
6. Baseline cardiac biomarkers and echocardiogram with strain documented.
7. Renal and hepatic function baseline.
8. Treatment-history review with stabilizer-vs-silencer discussion documented.

An Abu Dhabi patient should arrive at the cardiology referral with the most recent diagnostic workup. Reserve Meds organises the documentation pack so the cardiology team can confirm eligibility on the first review.

## The Abu Dhabi prescribing and supply picture, plainly

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In 2026 the Abu Dhabi cardiology centres with active ATTR-CM management experience include:

- **Cleveland Clinic Abu Dhabi**: the deepest adult cardiac amyloid programme in the UAE. Amyloid clinic with established TTR-cardiomyopathy cohort, 99mTc-PYP scintigraphy on site, cardiac MRI, amyloid MDT. The anchor for the Attriby pathway in the country.
- **Sheikh Shakhbout Medical City (SSMC)**: cardiology service and MD Anderson Cancer Center affiliation; AL exclusion workup runs through SSMC haematology; cardiology imaging on site.
- **Burjeel Medical City cardiology**: tertiary cardiology programme that handles cardiomyopathy referrals.
- **NMC Royal Hospital Khalifa City**: tertiary cardiology with cardiomyopathy management.
- **Mediclinic Airport Road**: cardiology service with cardiomyopathy referral.

The pathway:

1. **Diagnostic confirmation:** typically at Cleveland Clinic Abu Dhabi or SSMC, with 99mTc-PYP scintigraphy and cardiac MRI on site. AL exclusion in-house. TTR gene sequencing routed to the centre's molecular pathology or to a reference lab. 2. **Amyloid MDT review:** Cleveland Clinic Abu Dhabi runs the most established UAE amyloid MDT. The MDT documents the diagnosis, the staging, the stabilizer-vs-silencer discussion, and the treatment plan. Cases from other Abu Dhabi cardiology centres are commonly referred to Cleveland Clinic Abu Dhabi's amyloid clinic for MDT review. 3. **Regulatory and supply route in 2026:** Attruby is a recent FDA approval (November 2024). UAE EDE registration status is **[VERIFY: confirm current EDE registration status]**; Abu Dhabi-emirate dispensing is coordinated through the Department of Health Abu Dhabi (DoH). In the pre-registration window, the supply route is named-patient procurement through EDE compassionate-use and personal-import provisions, coordinated through Cleveland Clinic Abu Dhabi's or SSMC's regulatory liaison and Reserve Meds on the US-side supply chain. Where EDE registration is complete, the commercial supply through Bayer / BridgeBio's regional distributor handles standard pharmacy dispense. 4. **Insurance pre-authorisation:** Thiqa for Emirati nationals has historically extended to cardiology medications on the EDE-approved formulary; the pre-authorisation conversation runs through the prescribing centre's insurance liaison. Daman commercial covers and other private insurers (AXA Gulf, NEXtCARE, Bupa Global, Allianz Care) handle Attruby on a case-by-case basis given the recent approval and the high price point. Pre-authorisation typically takes 7 to 21 days for a complete file on a recently approved high-cost agent. 5. **Pharmacy dispense:** Cleveland Clinic Abu Dhabi pharmacy, SSMC pharmacy, or a partnered specialty pharmacy fills a 30-day or 60-day supply. 6. **Refill cycle:** monthly thereafter, with ongoing cardiology follow-up documented.

## Cost expectation in AED

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US list price (2026) for Attruby is approximately USD 20,375 per month, USD 244,500 per year. At indicative 2026 cross rates, a single 30-day supply at USD 20,375 is approximately AED 74,800, and the annual cost at USD 244,500 is approximately AED 897,000. A 3-year cumulative drug cost is approximately AED 2.69 million.

Cardiology follow-up, monitoring labs, echocardiogram, and scintigraphy or cardiac MRI add 5 to 10 percent to the drug cost base. Thiqa coverage for Emirati nationals has historically extended to cardiology medications on the EDE-approved formulary; the pre-authorisation conversation runs through the prescribing centre's insurance liaison. Daman and other commercial covers vary; the financial pre-authorisation review at the prescribing centre is the gating step before the first dispense.

## Monitoring on therapy

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- **NT-proBNP and troponin:** every 3 to 6 months. - **Echocardiogram with global longitudinal strain:** every 6 to 12 months. - **NYHA functional class and 6-minute walk distance:** documented at each cardiology visit. - **GI tolerability:** transient diarrhoea and abdominal discomfort are the most common adverse events. - **No specific laboratory monitoring beyond routine cardiology workflow** is required. - **Adherence:** pillbox, family co-monitoring, written medication chart.

## Religious, ethical, and family-logistics framing

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Attruby is an oral small molecule. No animal-source material, no donor cells, no blood product. Halal acceptability is not in question. The classical Islamic jurisprudential framework for chronic medication in life-threatening illness endorses the treatment shape.

The family-logistics burden sits in the chronicity and adherence. A 712 mg twice-daily schedule fits comfortably into an Emirati family's standard cardiology workflow. The patient is most often an older adult and the adherence task is shared by family members.

The hereditary form (ATTRv-CM) carries a cascade-screening implication. First-degree relatives may carry the same pathogenic TTR variant and benefit from early surveillance or early treatment, handled through Cleveland Clinic Abu Dhabi's clinical genetics service or by referral to KFSHRC Centre for Genomic Medicine.

## When Attriby is not the right call

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Attriby is not appropriate for AL amyloidosis, non-amyloid restrictive cardiomyopathy, patients well-controlled on tafamidis where the Cleveland Clinic Abu Dhabi amyloid clinic does not consider switching warranted, combined polyneuropathy plus cardiomyopathy phenotypes where amvuttra is preferred, or NYHA IV patients with refractory symptoms.

For confirmed ATTR-CM where Attriby is not the chosen first-line, the alternatives are tafamidis (Vyndamax / Vyndaqel) and amvuttra (vutrisiran). The clinical conversation belongs to the treating cardiologist and the amyloid MDT.

## What Reserve Meds does on this case

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We are a US-based concierge coordinator. We are not the prescriber and not the dispensing pharmacy. On an Abu Dhabi Attriby case we build the document pack, coordinate the Cleveland Clinic Abu Dhabi or SSMC cardiology referral and the amyloid MDT pathway, support the Thiqa or Daman pre-authorisation conversation, manage the US-side supply chain for named-patient procurement where the regulatory pathway requires it, set up the first dispense, and stay with the case through the refill cycle. Clinical decisions remain with your treating cardiologist and the amyloid multidisciplinary team at Cleveland Clinic Abu Dhabi.

### *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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### **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.

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reservemeds.com · hello@reservemeds.com