

Attruby

Bahrain · access guide

How to access Attruby for transthyretin amyloid cardiomyopathy (ATTR-CM) from Bahrain: 2026 pathway via Bahrain cardiology and regional amyloid referral

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

Bahrain's adult cardiology and cardiac amyloid pathway runs through the Mohammed bin Khalifa Cardiac Centre (MKCC), the BDF Hospital cardiology service, and King Hamad University Hospital (KHUH) cardiology, with established referral pathways to KFSHRC Riyadh's amyloid clinic and to the Heart Hospital at Hamad Medical Corporation in Doha for cases requiring deeper subspecialty amyloid infrastructure. Attruby (acoramidis) is a recent FDA approval (November 2024). For a Bahraini patient with confirmed or suspected ATTR-CM in 2026, the operational reality is that Bahrain's cardiology infrastructure handles diagnostic confirmation and the local treatment plan, with cross-border options to Saudi Arabia or Qatar for amyloid-specialist MDT review.

This page explains how the pathway works in 2026 for a Bahrain-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 BHD, 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 a Bahraini patient with confirmed ATTR-CM, Attruby is a high-potency stabilizer alternative to the established tafamidis. Many Bahraini patients with ATTR-CM are already on tafamidis through the regional commercial channel; the switch conversation, and the broader Attruby-vs-tafamidis-vs-amvuttra conversation, belongs to the treating cardiologist and ideally to an amyloid MDT in Bahrain or by referral to Riyadh or Doha.

WhatATTRuby is, in plain language

ATTRuby 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.

The diagnostic gate

ATTR-CM diagnosis rests on cardiac biomarkers, echocardiogram with global longitudinal strain, cardiac MRI where available, 99mTc-PYP scintigraphy with Perugini grade 2 or 3 uptake, AL exclusion by serum and urine free light chains plus immunofixation electrophoresis, and TTR gene sequencing.

Bahrain-side diagnostic capability: 99mTc-PYP scintigraphy is available at MKCC nuclear cardiology and at the major Bahrain tertiary cardiology services. AL exclusion runs through the institutional haematology lab. TTR gene sequencing is typically routed to KFSHRC Centre for Genomic Medicine in Riyadh, HMC molecular pathology in Doha, or to international reference labs.

Eligibility at a Bahrain cardiology clinic

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

1. Adult patient. 2. Confirmed ATTR-CM by 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 documented.

A Bahraini patient should arrive at the cardiology referral with the most recent diagnostic workup. Reserve Meds organises the documentation pack.

The Bahrain prescribing and supply picture, plainly

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

- **Mohammed bin Khalifa Cardiac Centre (MKCC)**: Bahrain's dedicated cardiac centre, with nuclear cardiology for 99mTc-PYP, echocardiography with strain, and cardiomyopathy and heart-failure subspecialty. - **BDF Hospital cardiology**: tertiary cardiology with cardiomyopathy referral pattern. - **King Hamad University Hospital (KHUH)**: cardiology service with cardiology imaging and tertiary referral. - **Salmaniya Medical Complex cardiology**: MoH flagship cardiology.

The pathway:

1. **Diagnostic confirmation:** at MKCC, BDF Hospital, or KHUH. AL exclusion in-house. TTR gene sequencing routed to KFSHRC Riyadh, HMC Doha, or international reference labs. 2. **Amyloid MDT review:** where local capacity exists, the MDT is run in-country; for cases requiring deeper subspecialty review, the cross-border referral to KFSHRC Riyadh amyloid clinic or HMC Heart Hospital amyloid clinic is the standard pathway. 3. **MoH treatment-abroad option:** for cases where the treating cardiologist prefers regional amyloid-specialist management, the MoH treatment-abroad office maintains referral relationships with KFSHRC Riyadh, HMC Doha, and Cleveland Clinic Abu Dhabi. 4. **Regulatory and supply route in 2026:** Attruby is a recent FDA approval (November 2024). Bahrain NHRA registration status is [**VERIFY: confirm current NHRA dossier progress**]. In the pre-registration window, the supply route is named-patient procurement under the NHRA's personal-import and special-import provisions, coordinated through the prescribing centre's regulatory liaison and Reserve Meds on the US-side supply chain. 5. **Insurance pre-authorisation:** AXA Gulf, Bahrain National Insurance, GIG Bahrain, and regional Bupa products handle Attruby on prior-authorisation. Pre-authorisation typically takes 7 to 21 days for a complete file on a recently approved high-cost agent. 6. **Pharmacy dispense:** the prescribing centre's pharmacy or a partnered specialty pharmacy fills a 30-day or 60-day supply. 7. **Refill cycle:** monthly thereafter.

Cost expectation in BHD

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 BHD 7,680, and the annual cost at USD 244,500 is approximately BHD 92,200. A 3-year cumulative drug cost is approximately BHD 277,000.

For Bahraini-national families on MoH coverage, Attruby is dispensed through the institutional formulary at the prescribing tertiary cardiology centre. For expatriate residents and self-pay families, the pharmacy issues a separated quote: drug cost, monitoring labs, imaging, cardiology visits, and any Reserve Meds coordination fee disclosed in writing.

Monitoring on therapy

- **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

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 a Bahraini 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 for first-degree relatives.

When Attruby is not the right call

Attruby is not appropriate for AL amyloidosis, non-amyloid restrictive cardiomyopathy, patients well-controlled on tafamidis where the cardiologist 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 Attruby is not the chosen first-line, the alternatives are tafamidis (Vyndamax / Vyndaqel) and amvuttra (vutrisiran). The clinical conversation belongs to the treating cardiologist.

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 Bahrain Attruby case we build the document pack, coordinate the Bahrain-side cardiology referral and the MoH treatment-abroad pathway if relevant, support the insurance 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.

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.

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