

Attruby

Dubai · access guide

How to access Attruby for transthyretin amyloid cardiomyopathy (ATTR-CM) from Dubai: 2026 pathway via Dubai cardiology and named-patient supply

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

Dubai's adult cardiology and cardiac amyloid pathway runs through American Hospital Dubai cardiology, Mediclinic City Hospital Heart and Vascular Institute, King's College Hospital London Dubai cardiology, Saudi German Hospital Dubai, and the Dr Sulaiman Al Habib network, with referral relationships to Cleveland Clinic Abu Dhabi for the deepest amyloid MDT in the UAE. Attruby (acoramidis) is a recent FDA approval (November 2024). For a Dubai-resident patient with confirmed or suspected ATTR-CM in 2026, the operational reality is that Dubai's tertiary cardiology services handle diagnostic confirmation and ongoing management, with cross-emirate referral to Abu Dhabi for amyloid-specialist MDT review where the case calls for it.

This page explains how the pathway works in 2026 for a Dubai-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 a Dubai patient with confirmed ATTR-CM, Attruby is a high-potency stabilizer alternative to the established tafamidis. Many Dubai patients with ATTR-CM are already on tafamidis through the UAE 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, with referral to Cleveland Clinic Abu Dhabi where the case calls for the deeper subspecialty resource.

What Attriby is, in plain language

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

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.

Dubai-side diagnostic capability: 99mTc-PYP scintigraphy is available at Mediclinic City Hospital and at the major Dubai tertiary cardiology services. AL exclusion runs through the institutional haematology lab. TTR gene sequencing is typically routed to the centre's molecular pathology, to KFSHRC Centre for Genomic Medicine, or to international reference labs. For cases requiring deeper amyloid subspecialty workup, the cross-emirate referral to Cleveland Clinic Abu Dhabi is the standard pathway.

Eligibility at a Dubai cardiology clinic

For Dubai-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 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.

A Dubai 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 Dubai prescribing and supply picture, plainly

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

- **American Hospital Dubai cardiology**: established heart-failure and cardiomyopathy programme with cardiology imaging.
- **Mediclinic City Hospital Heart and Vascular Institute**: comprehensive cardiology service with 99mTc-PYP scintigraphy on site, tertiary referral pattern, and cardiomyopathy management.
- **NMC Specialty Hospital cardiology**: tertiary cardiology programme with cardiomyopathy referral handling.
- **Saudi German Hospital Dubai**: cardiology service with cardiomyopathy management.
- **King's College Hospital London Dubai cardiology**: international consultant coverage and referral relationships back to UK cardiology amyloid centres.
- **Dr Sulaiman Al Habib network (Dubai)**: tertiary private-sector cardiology with cardiomyopathy management.

The pathway:

1. **Diagnostic confirmation:** typically at the diagnosing centre, with 99mTc-PYP scintigraphy on site at Mediclinic City Hospital. AL exclusion in-house at the major tertiary services. TTR gene sequencing routed to the centre's molecular pathology or to a reference lab. 2. **Amyloid MDT review:** where local capacity exists, the MDT is run in-clinic; for cases requiring deeper subspecialty review, the cross-emirate referral to Cleveland Clinic Abu Dhabi's amyloid MDT is the standard pathway. 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]**; Dubai-emirate dispensing is coordinated through DHA Pharmaceutical Affairs. In the pre-registration window, the supply route is named-patient procurement through EDE compassionate-use and personal-import provisions, coordinated through the prescribing centre'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 under DHA-regulated emirate-level pharmacy supervision. 4. **Insurance pre-authorisation:** most Dubai private insurers (AXA Gulf, NEXtCARE, MSH, Bupa Global, Allianz Care) handle Attruby on a case-by-case basis given the recent approval and the high price point. DHA-regulated employer plans and commercial covers follow institutional pathways. Pre-authorisation typically takes 7 to 21 days for a complete file on a recently approved high-cost agent. 5. **Pharmacy dispense:** the prescribing centre's 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

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 in Dubai private-sector settings. Commercial covers vary; the financial pre-authorisation review at the prescribing centre is the gating step before the first dispense. For families considering Attruby relative to tafamidis at the same broad cost band, or relative to amvuttra on a quarterly subcutaneous schedule, the financial conversation is part of the clinical-strategy decision.

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 Dubai 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.

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 Dubai Attruby case we build the document pack, coordinate the Dubai-side cardiology referral and the cross-emirate amyloid MDT referral to Cleveland Clinic Abu Dhabi where the cardiology team prefers that pathway, 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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