

Attruby

Qatar · access guide

How to access Attruby for transthyretin amyloid cardiomyopathy (ATTR-CM) from Qatar: 2026 pathway via the Heart Hospital at Hamad Medical Corporation and named-patient supply

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

Qatar's adult cardiac amyloid pathway runs through the Heart Hospital at Hamad Medical Corporation (HMC) in Doha. The Heart Hospital is the country's tertiary cardiology reference centre and one of the most experienced adult cardiac amyloid services in the Gulf, with an amyloid clinic, 99mTc-PYP scintigraphy on site, cardiac MRI capability, and an established cohort of patients managed on tafamidis since SFDA-aligned regional registration. Attruby (acoramidis) is a recent FDA approval (November 2024). For a Qatar-resident patient with confirmed or suspected ATTR-CM in 2026, the operational question is how the supply pathway works while MOPH registration progresses, and how the clinical conversation between Attruby, tafamidis, and amvuttra resolves into a treatment plan.

This page explains how the pathway works in 2026 for a Qatar-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 QAR, 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 Qatar patient with confirmed ATTR-CM, Attruby is a high-potency stabilizer alternative to the established tafamidis. The clinical choice between Attruby, tafamidis, and amvuttra (vutrisiran, an siRNA silencer with HELIOS-B 2024 ATTR-CM data) belongs to the treating cardiologist and the Heart Hospital amyloid MDT.

What Attruby 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. 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 to characterise hereditary vs wild-type and identify variant for cascade screening.

The Heart Hospital at HMC has all of this workup in-house. AL exclusion runs through HMC haematology. TTR gene sequencing is routed to HMC molecular pathology or to international reference labs.

Eligibility at a Qatar cardiology clinic

For Qatar-resident patients, the Heart Hospital applies 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 with stabilizer-vs-silencer discussion documented.

Reserve Meds organises the documentation pack so the cardiology team can confirm eligibility on the first review.

The Qatar prescribing and supply picture, plainly

In 2026 the Qatar cardiology centre managing ATTR-CM is:

- **The Heart Hospital, Hamad Medical Corporation, Doha:** the tertiary adult cardiology reference centre, with amyloid clinic, 99mTc-PYP scintigraphy on site, cardiac MRI, and amyloid MDT. The Heart Hospital is one of the most experienced adult cardiac amyloid services in the Gulf.

The pathway:

1. **Diagnostic confirmation:** at the Heart Hospital. Scintigraphy and AL exclusion in-house. TTR gene sequencing through HMC molecular pathology or referred internationally. 2. **Amyloid MDT review:** the Heart Hospital amyloid MDT documents the diagnosis, the staging, the stabilizer-vs-silencer discussion, and the treatment plan. 3. **Regulatory and supply route in 2026:** Attruby is a recent FDA approval. Qatar MOPH registration status is [**VERIFY: confirm current MOPH dossier progress**]. In the pre-registration window, the supply route is named-patient procurement through MOPH Pharmacy and Drug Control Department personal-import provisions, coordinated through the Heart Hospital regulatory liaison and Reserve Meds on the US-side supply chain. 4. **Insurance and coverage:** for Qatari nationals, the national health insurance pathway through HMC handles institutional coverage of approved high-cost therapy. For expatriate residents, commercial insurance (AXA, MetLife, Bupa Global, Allianz Care) handles Attruby on prior-authorisation with the diagnostic and clinical documentation pack. Pre-authorisation typically takes 7 to 21 days. 5. **Pharmacy dispense:** the Heart Hospital pharmacy or a partnered specialty pharmacy fills a 30-day or 60-day supply. 6. **Refill cycle:** monthly thereafter.

Cost expectation in QAR

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 QAR 74,170, and the annual cost at USD 244,500 is approximately QAR 890,000. A 3-year cumulative drug cost is approximately QAR 2.67 million.

Cardiology follow-up, monitoring labs, echocardiogram, and scintigraphy or cardiac MRI add 5 to 10 percent to the drug cost base. For Qatari nationals on HMC institutional coverage, the patient-side cost is minimal once institutional approval is in place. For expatriate residents and self-pay families, the financial picture is the full private-sector list-price band.

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, typically mild and self-limited in the first weeks. - **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 Qatari 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 and stable 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 (limited data).

For confirmed ATTR-CM where Attruby is not the chosen first-line, the alternatives are tafamidis (Vyndamax / Vyndaqel, the established 2019-approved stabilizer) and amvuttra (vutrisiran, the siRNA silencer, subcutaneous every 3 months). The clinical conversation belongs to the treating cardiologist; this page describes Attruby because that is the medication you have asked about.

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 Qatar Attruby case we build the document pack, coordinate the Heart Hospital cardiology referral, support the insurance or institutional-coverage pre-authorisation, 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.

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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.

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