

Augtyro

Abu Dhabi · access guide

How to access Augtyro for ROS1-positive non-small-cell lung cancer and NTRK-positive solid tumours from Abu Dhabi: 2026 emirate pathway via Cleveland Clinic Abu Dhabi, SSMC, and Burjeel Medical City

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

Abu Dhabi anchors the UAE's deepest oncology and molecular diagnostics infrastructure. Cleveland Clinic Abu Dhabi (CCAD), Sheikh Shakhbout Medical City (SSMC), and Burjeel Medical City run comprehensive medical and thoracic oncology services with in-house molecular pathology. For paediatric NTRK age 12+ cases, Sheikh Khalifa Medical City paediatric haematology-oncology and Tawam Hospital paediatric oncology are the relevant centres. Augtyro (repotrectinib) is a Bristol Myers Squibb next-generation tyrosine kinase inhibitor covering ROS1-positive locally advanced or metastatic non-small cell lung cancer (NSCLC) in adults and NTRK gene fusion-positive solid tumours in adults and paediatric patients age 12 years and older. The FDA approved ROS1 in November 2023 and expanded to NTRK fusions in June 2024. The UAE supply route in 2026 most commonly runs through the named-patient programme (NPP) pathway via the Emirates Drug Establishment (EDE).

For Abu Dhabi residents, the operational reality is that the emirate's oncology centres handle the diagnostic, molecular tumour board, and prescribing pathway end-to-end. Daman and Thiqa coverage for Emirati nationals applies at the institutional level; for expatriate residents, commercial insurance handles Augtyro on a case-by-case basis given NPP status. This page explains how the pathway works in 2026 for an Abu Dhabi-resident patient: who qualifies, where the diagnostic and molecular workup happens, where the prescription is written and filled, what the realistic out-of-pocket exposure band is in AED, what to monitor on therapy, and how the multi-year treatment course settles into an Abu Dhabi family's life.

Why Augtyro, and why now

Augtyro is repotrectinib (TPX-0005), discovered at Turning Point Therapeutics, acquired by Bristol Myers Squibb in August 2022. FDA approved November 2023 for ROS1-positive locally advanced or metastatic NSCLC in adults (TRIDENT-1, ORR 79 percent TKI-naive, intracranial ORR 89 percent). Expanded June 2024 to NTRK gene fusion-positive solid tumours in adults and paediatric patients age 12 and older.

What Augtyro is, in plain language

Augtyro is an oral capsule. 160 mg once daily for 14 days (lead-in), then 160 mg twice daily (maintenance), with food. Room temperature storage. No infusion, no inpatient stay, no certified-centre requirement.

The 14-day lead-in is about managing initial dizziness. Driver support during the first two weeks is part of the practical handoff.

For metastatic disease, treatment continues until progression or intolerable toxicity.

Mechanism: macrocyclic next-generation TKI active against ROS1 and NTRK1/2/3 fusions plus the solvent-front resistance mutations that limit first-generation inhibitors. CNS-penetrant.

The biomarker requirement

Confirmed ROS1 rearrangement by IHC, FISH, or NGS, or confirmed NTRK1, NTRK2, or NTRK3 gene fusion by NGS or RNA-based fusion assay.

Abu Dhabi molecular diagnostic capability is deepest at Cleveland Clinic Abu Dhabi pathology (which runs comprehensive solid-tumour NGS in-house), SSMC pathology, and the regional reference labs (Caris Life Sciences, Foundation Medicine) for complex NGS panels or liquid biopsy. NGS turnaround 2 to 4 weeks. If the original biopsy did not include ROS1 or NTRK testing, archived tissue submission or re-biopsy is standard.

The EDE named-patient supply pathway

Augtyro is a recent FDA-approved oncology drug. EDE commercial registration status as of mid-2026 is most likely pending or not yet completed. [VERIFY: current EDE registration status]. The supply route in 2026 most commonly runs through the EDE named-patient pathway:

1. The prescribing oncologist at CCAD, SSMC, or Burjeel Medical City documents the biomarker-confirmed indication and clinical rationale.
2. The centre's pharmacy and regulatory liaison files the named-patient request with EDE.
3. The Bristol Myers Squibb regional office coordinates supply.
4. EDE approval triggers the first dispense. Typical timeline 4 to 10 weeks for a complete file.

Eligibility

1. Histologically confirmed solid tumour.
2. Confirmed biomarker: ROS1 rearrangement or NTRK1/2/3 gene fusion.
3. For ROS1-positive metastatic NSCLC: stage IV disease confirmed by contrast CT, PET-CT, and brain MRI.
4. For NTRK-positive solid tumours: locally advanced or metastatic disease.
5. For paediatric NTRK indication: age 12 and older.
6. Baseline labs: CBC, CMP including LFTs, bilirubin, fasting glucose and HbA1c, lipid panel, uric acid.
7. Baseline ECG with QTc.
8. Baseline neurological examination.
9. Baseline pulmonary assessment.
10. Pregnancy and lactation screen; contraception plan documented for women of reproductive potential.
11. Drug interaction screen.

An Abu Dhabi patient should arrive at the oncology referral with the most recent pathology, imaging, and prior treatment history. Reserve Meds organises the documentation pack and supports the EDE NPP application in parallel with the clinical workup.

The Abu Dhabi prescribing and dispense picture, plainly

In 2026 the Abu Dhabi oncology centres for Augtyro NPP cases:

- **Cleveland Clinic Abu Dhabi (CCAD)**: comprehensive medical and thoracic oncology service. Active molecular tumour board reviewing ROS1-positive and NTRK-positive cases. In-house comprehensive solid-tumour NGS. - **Sheikh Shakhbout Medical City (SSMC)**: medical oncology service with MD Anderson Cancer Center affiliation. In-house molecular pathology. - **Burjeel Medical City**: oncology programme that handles biomarker-driven NSCLC and rare-tumour cases.

For paediatric NTRK age 12+ cases:

- **Sheikh Khalifa Medical City paediatric haematology-oncology**: the national-affiliated paediatric oncology service. - **Tawam Hospital paediatric oncology**: Al Ain-based paediatric oncology service.

The pathway:

1. **Diagnosis and molecular confirmation**: at the diagnosing centre's pathology lab; CCAD pathology, SSMC pathology, or international reference labs for comprehensive NGS. 2. **MDT review**: molecular tumour board at CCAD or SSMC for adult ROS1-positive NSCLC and adult NTRK-positive solid tumours; paediatric tumour board at SKMC or Tawam for paediatric NTRK cases. 3. **EDE NPP application**: prescribing centre's regulatory office files. BMS regional office coordinates supply. 4. **Insurance and government coverage**: Daman and Thiqa pre-authorisation pathway for Emirati nationals; commercial insurers handle Augtyro case-by-case given NPP status. 5. **Pharmacy dispense**: prescribing centre's pharmacy or partnered specialty pharmacy fills the first 30-day supply with full counselling on the 14-day lead-in. 6. **Refill cycle**: monthly with continued monitoring documentation.

Cost expectation in AED

US list price (2026) for Augtyro at the maintenance dose is approximately USD 25,000 to USD 30,000 per 30-day supply, annual approximately USD 300,000 to USD 360,000. At indicative 2026 cross rates, a 30-day supply at USD 27,500 is approximately AED 101,000, and annual cost at USD 330,000 is approximately AED 1.21 million.

Total cost of care additions include oncology consultation fees, monitoring labs, imaging, endocrinology and neurology input where relevant, and supportive care. These add 5 to 15 percent in Abu Dhabi private-sector settings.

For Emirati nationals on Thiqa or Daman coverage, the pre-authorisation conversation runs through the prescribing centre's insurance liaison alongside the regulatory office. Bristol Myers Squibb regional access programmes may underwrite portions of the cost during the NPP phase.

Monitoring on therapy

- **Neurological examination**: monthly for the first 3 months, then quarterly or symptom-driven. - **LFTs**: every 2 to 4 weeks for the first 3 months, then monthly to quarterly. - **CBC**: every 2 to 4 weeks for the first 3 months, then monthly. - **Fasting glucose and HbA1c**: monthly for the first 3 months, then quarterly. - **Lipid panel**: baseline and every 3 to 6 months. - **Uric acid**: baseline and as clinically indicated. - **ECG**: as clinically indicated. - **Pulmonary symptoms**: trigger HRCT and pulmonology input. - **Disease assessment**: contrast CT or PET-CT every 8 to 12 weeks; brain MRI every 12 weeks if CNS metastases at baseline.

Religious, ethical, and family-logistics framing

Augtyro is an oral small molecule with no animal-source material. Halal and kosher acceptability are not in question. The family-logistics burden sits in the 14-day lead-in, the chronic twice-daily dosing, and the multi-pillar monitoring routine. For paediatric NTRK age 12+ patients, the parent or guardian alongside the patient handles adherence and symptom reporting within the paediatric oncology counselling framework at SKMC or Tawam.

When Augtyro is not the right call

Augtyro is not appropriate for ROS1-negative and NTRK-negative disease, patients with significant interstitial lung disease history, severe pre-existing cognitive impairment, uncontrolled hyperglycaemia, or pregnancy. For confirmed ROS1-positive disease where Augtyro is not chosen, alternatives are entrectinib and crizotinib. For confirmed NTRK-positive disease where Augtyro is not chosen, alternatives are larotrectinib and entrectinib. Reserve Meds does not promote one ROS1 or NTRK inhibitor over another.

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 an Abu Dhabi Augtyro case we build the document pack, coordinate the CCAD, SSMC, or Burjeel oncology referral as appropriate to the indication, support the EDE NPP application, coordinate the Daman, Thiqa, or commercial insurance pre-authorisation conversation, set up the first dispense at the chosen pharmacy, and stay with the case through the refill cycle. Clinical decisions remain with your treating medical oncologist or paediatric oncologist and the multidisciplinary tumour board.

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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