Augtyro

Dubai · access guide

How to access Augtyro for ROS1-positive non-small-cell lung cancer and NTRK-positive solid tumours from Dubai: 2026 emirate pathway via Dubai oncology and cross-emirate referral

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

Dubai has built a deep private-sector oncology and molecular diagnostics network. American Hospital Dubai, Mediclinic City Hospital, King's College Hospital London Dubai, Saudi German Hospital Dubai, and the NMC, Aster, and Burjeel networks all run medical and thoracic oncology services that diagnose, biomarker-test, and treat solid tumours driven by rare molecular drivers. 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 Dubai residents, the operational pathway often involves a combination of Dubai-side prescribing and cross-emirate molecular tumour board review at Cleveland Clinic Abu Dhabi or Sheikh Shakhbout Medical City for complex molecular cases. This page explains how the pathway works in 2026 for a Dubai-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 a Dubai 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 Dubai patients who drive themselves, arranging a family member or driver for the first two weeks is the standard recommendation.

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.

Dubai pathology services (Mediclinic Middle East lab network, American Hospital Dubai pathology, King's College Hospital London Dubai pathology) run ROS1 IHC and basic FISH. Comprehensive NGS panels typically route to Cleveland Clinic Abu Dhabi pathology, SSMC pathology, KFSHRC molecular pathology, or international reference labs (Caris Life Sciences, Foundation Medicine). NGS turnaround 2 to 4 weeks.

If the original biopsy did not include ROS1 or NTRK testing, archived tissue submission to a reference lab 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 a Dubai centre 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, typically through Cigalah or another regional distributor. 4. EDE approval triggers the first dispense. Typical timeline 4 to 10 weeks for a complete file.

For complex molecular tumour board review, Dubai centres frequently coordinate with Cleveland Clinic Abu Dhabi or SSMC. The cross-emirate referral mechanism is well-established for biomarker-driven oncology cases.

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.

A Dubai patient should arrive at the oncology referral with the most recent pathology, contrast CT or PET-CT, brain MRI where relevant, and prior treatment history. Reserve Meds organises the documentation pack and supports the EDE NPP application.

The Dubai prescribing and dispense picture, plainly

In 2026 the Dubai oncology centres for Augtyro NPP cases:

- **American Hospital Dubai oncology**: medical and thoracic oncology services with biomarker-driven case experience. - **Mediclinic City Hospital comprehensive cancer centre**: medical oncology with a tumour board reviewing molecular-driven cases. - **King's College Hospital London Dubai**: oncology service with international consultant coverage. - **Saudi German Hospital Dubai**: oncology service. - **NMC, Aster, and Burjeel networks**: oncology programmes across multiple Dubai sites.

For complex molecular review or for cases where in-emirate capability is constrained, cross-emirate referral to Cleveland Clinic Abu Dhabi or SSMC is the standard. For paediatric NTRK age 12+ cases, the relevant paediatric oncology services are Tawam Hospital paediatric oncology and Sheikh Khalifa Medical City paediatric haematology-oncology (Abu Dhabi-based, accessed via cross-emirate referral).

The pathway:

1. **Diagnosis and molecular confirmation**: at the diagnosing Dubai centre's pathology lab or sent to Cleveland Clinic Abu Dhabi, SSMC, KFSHRC, or international reference labs for NGS. 2. **MDT review**: in-emirate tumour board or cross-emirate referral to Cleveland Clinic Abu Dhabi or SSMC molecular tumour board. 3. **EDE NPP application**: prescribing centre's regulatory office files. BMS regional office coordinates supply. 4. **Insurance pre-authorisation**: UAE private insurers (AXA Gulf, NEXtCARE, MSH, Bupa Global, Allianz Care) handle Augtyro on a case-by-case basis given NPP status. Daman and Thiqa for Emirati nationals follow institutional pathways. Documentation requirement includes biomarker confirmation, MDT recommendation, NPP approval, and a clinical rationale letter. 5. **Pharmacy dispense**: the prescribing centre's pharmacy or a 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 Dubai private-sector settings.

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. Dubai's traffic and driving culture make the lead-in dizziness signal a real practical concern; arranging family or driver support for the first two weeks is the standard recommendation.

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 a Dubai Augtyro case we build the document pack, coordinate the Dubai-side oncology referral and any cross-emirate molecular tumour board review, support the EDE NPP application, coordinate the 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.

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