Augtyro

Qatar · access guide

How to access Augtyro for ROS1-positive non-small-cell lung cancer and NTRK-positive solid tumours from Qatar: 2026 pathway via NCCCR Hamad Medical Corporation and Sidra Medicine paediatric oncology

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

Qatar's adult oncology pathway runs principally through the National Center for Cancer Care and Research (NCCCR) at Hamad Medical Corporation, the national reference centre for adult cancer. Paediatric oncology runs through Sidra Medicine, Qatar's national paediatric tertiary centre. Augtyro (repotrectinib) is a Bristol Myers Squibb next-generation tyrosine kinase inhibitor covering two distinct biomarker-defined populations: ROS1-positive locally advanced or metastatic non-small cell lung cancer (NSCLC) in adults, and NTRK gene fusion-positive solid tumours in adults and in paediatric patients age 12 years and older. The FDA approved the ROS1 indication in November 2023 and expanded to NTRK fusions in June 2024. The Qatar supply route in 2026 most commonly runs through the named-patient programme (NPP) pathway via the Ministry of Public Health (MOPH) Drug and Pharmacy Department's Drug Pricing and Drug Control directorate (DPDC) rather than through a fully registered commercial channel.

For Qatar's split between adult and paediatric pathways, Augtyro is one of the relatively rare oncology drugs where both centres can be relevant depending on the indication and the patient. The adult ROS1-positive NSCLC and adult NTRK-positive solid tumour cases route to NCCCR. The paediatric NTRK-positive cases age 12 and older route to Sidra Medicine paediatric oncology. NCCCR is paediatric-restricted in scope (Sidra is paediatric only), so the NCCCR / Sidra division is not interchangeable: an adult ROS1-positive NSCLC patient cannot route through Sidra, and a paediatric NTRK case routes through Sidra not through NCCCR.

This page explains how the pathway works in 2026 for a Qatar-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 QAR, what to monitor on therapy, and how the treatment plan fits into a Qatari 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 Augtyro in November 2023 for ROS1-positive locally advanced or metastatic NSCLC in adults, covering TKI-naive and post-crizotinib settings. The June 2024 expansion added NTRK gene fusion-positive solid tumours in adults and paediatric patients age 12 and older. Both approvals based on the TRIDENT-1 trial.

For a Qatari patient with newly diagnosed ROS1-positive metastatic NSCLC, TRIDENT-1 TKI-naive cohort: objective response rate 79 percent, median duration of response 34.1 months, intracranial objective response rate 89 percent in patients with measurable baseline CNS metastases. For ROS1-positive disease post-crizotinib: objective response rate 38 percent with retained activity against G2032R. For NTRK-positive solid tumours: objective response rate 58 percent in TKI-naive patients and 50 percent in TKI-pretreated patients across NTRK1, NTRK2, and NTRK3 fusions and across multiple tumour histologies.

What Augtyro is, in plain language

Augtyro is an oral capsule.

- **Days 1 to 14**: 160 mg once daily with food (lead-in). - **Day 15 onward**: 160 mg twice daily with food (maintenance).

The 14-day lead-in is about managing initial dizziness, which is dose-limiting for many patients in the first 1 to 2 weeks. Tolerance develops with continued dosing. Patients should arrange family or driver support for the first two weeks if they feel impaired.

Room temperature storage. No infusion, no inpatient stay, no certified-centre requirement. 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 (ROS1 G2032R, TRKA G595R, TRKB G639R, TRKC G623R) 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.

NCCCR molecular pathology runs comprehensive solid-tumour NGS in-house and is the national reference for adult oncology biomarker testing. Sidra Medicine runs paediatric molecular diagnostics for the paediatric cohort. Complex liquid biopsy or specialised RNA-based fusion assays are routed to international reference labs (Caris Life Sciences, Foundation Medicine) where local capability is constrained. 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 MOPH named-patient supply pathway

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

1. The prescribing oncologist at NCCCR (adult) or Sidra Medicine (paediatric NTRK 12+) documents the biomarker-confirmed indication and clinical rationale. 2. The centre's pharmacy and regulatory liaison files the named-patient request with MOPH DPDC, including molecular pathology, imaging, staging, prior treatment history, and MDT recommendation. 3. The Bristol Myers Squibb regional office coordinates supply. 4. MOPH approval triggers the first dispense. Typical timeline from MDT recommendation through MOPH approval to first dispense is 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 in adults: stage IV disease confirmed by contrast CT, PET-CT, and brain MRI. 4. For NTRK-positive solid tumours in adults: locally advanced or metastatic disease. 5. For paediatric NTRK indication: age 12 and older with the relevant solid tumour and confirmed NTRK fusion. 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 including herbal products and grapefruit.

The Qatar prescribing and dispense picture, plainly

In 2026 the Qatar oncology centres for Augtyro NPP cases:

- **NCCCR (National Center for Cancer Care and Research, Hamad Medical Corporation)**: the national adult cancer reference centre. Active thoracic and molecular tumour board. Routes adult ROS1-positive NSCLC and adult NTRK-positive solid tumour cases. In-house molecular pathology. - **Sidra Medicine paediatric oncology**: the national paediatric cancer tertiary centre. Routes paediatric NTRK-positive solid tumour cases age 12 and older. Note: Sidra Medicine is paediatric only and is NOT a route for the adult ROS1-positive NSCLC indication or for adult NTRK-positive solid tumours; the adult pathway in Qatar runs exclusively through NCCCR.

The pathway:

1. **Diagnosis and molecular confirmation**: at NCCCR pathology (adult) or Sidra Medicine pathology (paediatric); complex panels routed to international reference labs. 2. **MDT review**: thoracic / molecular tumour board at NCCCR for adult cases; paediatric tumour board at Sidra Medicine for paediatric NTRK cases. 3. **MOPH NPP application**: NCCCR or Sidra Medicine regulatory liaison files. BMS regional office coordinates supply. 4. **Coverage**: for Qatari nationals, MOPH treatment authorisation covers the institutional pathway. For expatriate residents on private insurance, prior authorisation runs case-by-case given NPP status. Documentation requirement includes biomarker confirmation, MDT recommendation, MOPH NPP approval, and a clinical rationale letter. 5. **Pharmacy dispense**: NCCCR or Sidra Medicine 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 QAR

US list price (2026) for Augtyro at 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 QAR 100,000, and annual cost at USD 330,000 is approximately QAR 1.20 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.

For Qatari-national families on MOPH coverage, Augtyro is dispensed through the institutional pathway at NCCCR or Sidra subject to MOPH NPP approval. For expatriate residents and self-pay families, the pharmacy issues a separated quote. Bristol Myers Squibb regional access programmes may underwrite portions of the cost during NPP.

Monitoring on therapy

- **Neurological examination**: monthly for the first 3 months, then quarterly or symptom-driven. Dizziness dose-limiting in week 1 to 2. Paraesthesia, dysgeusia, and possible cognitive disturbance or mood change require attention. - **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+ cases, the parent or guardian alongside the patient handles adherence and symptom reporting within the Sidra paediatric oncology counselling framework.

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, patients with severe pre-existing cognitive impairment, patients with 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; the decision sits with the treating oncologist and the multidisciplinary tumour board at NCCCR or Sidra Medicine.

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 Augtyro case we build the document pack, coordinate the NCCCR or Sidra Medicine referral as appropriate to the indication and patient age, support the MOPH NPP application, coordinate the coverage conversation, set up the first dispense at the institutional 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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