Braftovi

Abu Dhabi · access guide

How to access Braftovi with Mektovi or cetuximab for BRAF V600E or V600K mutant melanoma, colorectal cancer, and non-small cell lung cancer from Abu Dhabi: 2026 pathway via Abu Dhabi medical oncology, molecular diagnostics, and combination-therapy supply

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

Abu Dhabi has the deepest adult medical oncology service footprint in the wider region. Cleveland Clinic Abu Dhabi medical oncology (with MD Anderson affiliation), Sheikh Shakhbout Medical City (SSMC), Sheikh Khalifa Medical City (SKMC), Tawam Hospital in Al Ain (the long-standing oncology reference centre for the Emirates), Burjeel Medical City oncology, Yas Clinic, and NMC Royal Hospital all treat BRAF V600 mutant melanoma, BRAF V600E mutant metastatic colorectal cancer, and BRAF V600E mutant metastatic non-small cell lung cancer through the targeted-therapy ladder. Braftovi (encorafenib, Pfizer) is the oral BRAF V600E and V600K kinase inhibitor. It is almost never given alone; it is the BRAF half of a two-drug regimen, paired with binimetinib (Mektovi) for melanoma and NSCLC and with cetuximab (Erbitux) for metastatic colorectal cancer. For an Abu Dhabi-resident adult with confirmed BRAF V600E or V600K mutant disease in one of the three indications, the operational question is which combination regimen fits the case, how both drugs are dispensed in parallel through Abu Dhabi-emirate channels (DoH Abu Dhabi, the in-emirate specialty pharmacy network, and for the colorectal regimen the prescribing centre's IV infusion unit), and how Thiqa for Emirati nationals and Daman or commercial cover for residents work for the combination drug cost over the duration of treatment.

UAE EDE registration status applies federally; Abu Dhabi-emirate dispensing coordinated through DoH Abu Dhabi. Adult only across all three indications; Sidra Medicine is paediatric-only and not in scope for any Braftovi indication (Qatar reference).

Reserve Meds does not promote one BRAF plus MEK or BRAF plus anti-EGFR combination over another.

Why Braftovi and Mektovi or cetuximab and why now

Encorafenib is a highly selective, ATP-competitive inhibitor of mutant BRAF V600E and V600K kinase. The pharmacology distinguishes it from earlier-generation BRAF inhibitors on a longer dissociation half-life from the target, which translates into more sustained MAPK pathway inhibition at clinical doses. Braftovi is almost always used in combination with a partner agent, and the combination partner is indication-specific.

COLUMBUS (Phase 3, melanoma) showed median progression-free survival of 14.9 months on Braftovi plus Mektovi versus 7.3 months on vemurafenib, with median overall survival of 33.6 months versus 16.9 months. BEACON CRC (Phase 3, metastatic colorectal cancer) showed median overall survival of 9.3 months on Braftovi plus cetuximab versus 5.9 months on standard-of-care chemotherapy. PHAROS (Phase 2, NSCLC) showed objective response rate of 75% in treatment-naive BRAF V600E mutant NSCLC patients on Braftovi plus Mektovi.

FDA approved June 2018 (melanoma in combination with binimetinib), April 2020 (metastatic colorectal cancer in combination with cetuximab), October 2023 (NSCLC in combination with binimetinib). The NSCLC indication is the most recent and the one most likely to require named-patient-pathway emphasis in MENA where the local label may lag the FDA timing.

What Braftovi is, in plain language

Oral capsule, once daily, taken with food. Six 75 mg capsules per dose at the 450 mg melanoma and NSCLC dose. Four 75 mg capsules per dose at the 300 mg colorectal cancer dose. No infusion of Braftovi itself. Room-temperature storage.

The combination partner depends on the indication. For melanoma and NSCLC the partner is binimetinib (Mektovi), an oral MEK1 and MEK2 inhibitor, 45 mg twice daily (two tablets per dose, four tablets per day). For colorectal cancer the partner is cetuximab (Erbitux), an IV anti-EGFR monoclonal antibody given weekly at the prescribing centre's infusion unit. The melanoma and NSCLC regimens are fully oral and fully home-administered after the first prescription is filled. The colorectal regimen is a hybrid: Braftovi at home daily, cetuximab in clinic weekly.

Eligibility at an Abu Dhabi oncologist's clinic

1. Histologically confirmed indication: unresectable or metastatic cutaneous melanoma, metastatic colorectal adenocarcinoma, or metastatic non-small cell lung cancer. 2. Confirmed BRAF V600E or V600K mutation by NGS, PCR (cobas BRAF V600 assay), or IHC with VE1 antibody. V600K is melanoma-specific; V600E covers all three indications. 3. For colorectal cancer specifically: RAS status documented (KRAS, NRAS); cetuximab is not appropriate for RAS-mutant disease. 4. Adult (18+). 5. Staging workup: contrast CT chest, abdomen, pelvis; brain MRI; PET-CT for NSCLC at staging. 6. Baseline labs: CBC, comprehensive metabolic panel, LFTs, fasting glucose, lipid panel. 7. Baseline ECG with QTc documented. 8. Baseline echocardiogram with LVEF (for the Mektovi-containing combinations). 9. Baseline ophthalmologic examination including slit-lamp and dilated funduscopic exam. 10. Baseline dermatology examination (for melanoma patients and any patient with prior cutaneous lesions of concern). 11. Pregnancy and lactation screen; contraception counselling for women of reproductive potential. 12. Drug interaction screen; avoid grapefruit and grapefruit juice; review strong CYP3A4 inhibitors and inducers.

The Abu Dhabi prescribing and supply picture, plainly

Braftovi UAE EDE registration status is verified at intake for the relevant indication; Abu Dhabi-emirate dispensing is coordinated through DoH Abu Dhabi. Pfizer's MENA commercial supply runs through regional distributors. Where in-country registration is complete for the indication (melanoma is registered; CRC and NSCLC may be on file or pending), in-emirate dispensing applies. Where the indication has not yet been registered locally, a named-patient pathway covers the case and the prescribing centre's regulatory office files the documentation with EDE.

1. **Prescribing physician**: medical oncologist with the relevant subspecialty by indication. Cutaneous oncology or melanoma subspecialty for melanoma; GI oncology subspecialty for colorectal cancer; thoracic oncology subspecialty for NSCLC. Major Abu Dhabi services: Cleveland Clinic Abu Dhabi medical oncology (with MD Anderson affiliation), Sheikh Shakhbout Medical City (SSMC) cancer service, Sheikh Khalifa Medical City (SKMC), Tawam Hospital in Al Ain, Burjeel Medical City oncology, Yas Clinic, NMC Royal Hospital. SSMC, SKMC, and Tawam handle the same role for Emirati nationals in the public sector. 2. **Molecular diagnostics**: BRAF V600 testing at the prescribing centre's pathology lab by NGS, PCR, or IHC, or sent to an international reference lab (Caris Life Sciences, Foundation Medicine). Cleveland Clinic Abu Dhabi has on-site comprehensive molecular pathology with NGS panel turnaround typically 2 to 3 weeks. PCR and IHC turnaround typically 3 to 10 days. RAS status (for CRC) is typically already in the molecular workup file. 3. **MDT review**: melanoma, GI, or thoracic tumour board reviews the BRAF V600-positive case before initiating Braftovi plus combination partner. The MDT documents the rationale and treatment plan and specifies the combination partner. Cleveland Clinic Abu Dhabi runs MD Anderson-affiliated multidisciplinary tumour boards across all three indications. 4. **Pharmacy dispensing for both drugs in parallel**: hospital specialty pharmacy or partnered community specialty pharmacy fills both drugs under DoH Abu Dhabi oversight. Braftovi and Mektovi for the melanoma and NSCLC regimens are filled together on a 30-day refill cycle. Braftovi for the colorectal cancer regimen is filled on a 30-day refill cycle; cetuximab is administered weekly at the prescribing centre's infusion unit. Storage for Braftovi and Mektovi is room temperature; cetuximab is refrigerated and prepared by the infusion pharmacy. 5. **Insurance pre-authorisation for both drugs together**: Thiqa for Emirati nationals has historically extended to BRAF plus MEK or BRAF plus anti-EGFR oncology combination therapy on a case-by-case basis with documented BRAF V600E or V600K status, MDT recommendation, and clinical rationale. Daman and commercial cover for residents (Oman Insurance, AXA Gulf, MetLife, Cigna, others) require similar documentation. For CRC, RAS wild-type status is part of the file. Pre-authorisation typically takes 7 to 14 days for the Braftovi plus Mektovi combination and 5 to 10 days for the Braftovi plus cetuximab combination. `[VERIFY: current UAE EDE registration status for the CRC and NSCLC indications at intake.]` 6. **Ongoing monitoring**: medical oncology follow-up monthly for the melanoma and NSCLC regimens; weekly during the cetuximab phase for the CRC regimen. LFTs every 2 weeks for the first 6 months then monthly. ECG with QTc at baseline, week 2, month 1, then as clinically indicated. LVEF at baseline, month 1, then every 2 to 3 months on the Mektovi-containing combinations. Ophthalmology at month 1 then every 6 months on the Mektovi-containing combinations or symptom-driven. Dermatology surveillance every 8 weeks. Disease assessment by contrast CT or PET-CT every 8 to 12 weeks.

The 2026 pathway, step by step

Week 0 to 1: Documentation pack with the treating medical oncologist's office. Confirm BRAF V600E or V600K result, RAS status if CRC, MDT recommendation, and combination partner.

Week 1 to 3: Insurance or Thiqa pre-authorisation review for both drugs in parallel.

Week 3 to 4: First dispensing at the prescribing centre's specialty pharmacy or partner pharmacy under DoH Abu Dhabi oversight. Braftovi plus Mektovi together for melanoma or NSCLC. Braftovi for the CRC regimen, with the first cetuximab infusion scheduled at the prescribing centre's infusion unit.

Ongoing: Daily Braftovi at home plus indication-specific partner. Medical oncology follow-up monthly for the oral combinations; weekly for the CRC regimen during the cetuximab phase. Monitoring labs and imaging on the standard cadence.

Week 8 to 12: First disease assessment by contrast CT or PET-CT. Continue or adjust per response.

Ongoing: Treatment until progression or intolerable toxicity. Median time on therapy approximately 9 to 12 months for CRC, 14 to 18 months for melanoma first-line, 9 to 15 months for NSCLC.

Cost expectation in AED

US list price approximately USD 12,000 to 15,000 per 30-day supply of Braftovi alone at the 450 mg melanoma and NSCLC dose; approximately USD 8,000 to 11,000 at the 300 mg CRC dose. Combined Braftovi plus Mektovi regimen total monthly drug cost approximately USD 25,000 to 30,000. Combined Braftovi plus cetuximab regimen approximately USD 25,000 to 35,000 depending on body surface area. At 2026 indicative cross rates, the AED-equivalent monthly combined-regimen cost band is approximately AED 92,000 to 128,000, with the upper end up to AED 148,000 for higher-BSA cetuximab cases. Annual combined-regimen cost approximately AED 1.1 million to 1.5 million at list price.

For Emirati nationals with Thiqa coverage, the financial pre-authorisation conversation for both drugs in the combination needs to start before the first dispensing. Daman and other commercial covers for residents vary. Pfizer regional patient access programmes may underwrite portions of the cost for specific cohorts; eligibility confirmed at intake. The combined-regimen financial conversation is heavier than the single-drug conversation and the prescribing centre's financial pre-authorisation review for both drugs is the gating step before the first dispense.

What to monitor

LFTs every 2 weeks for the first 6 months then monthly; AST and ALT elevations require dose interruption per protocol at grade 3 or higher. CBC every 2 to 4 weeks for the first 3 months then monthly.

QT prolongation: baseline ECG, week 2, month 1, then as clinically indicated. Symptomatic QT prolongation is uncommon but recognised.

LVEF reduction on the Mektovi-containing combinations: baseline echocardiogram, month 1, then every 2 to 3 months. New LVEF reduction warrants dose interruption.

Ophthalmology surveillance on the Mektovi-containing combinations: at month 1 then every 6 months or symptom-driven. Any new visual symptom (blurred vision, photopsia, scotoma) prompts urgent ophthalmology input to evaluate for uveitis or serous retinopathy.

Dermatology every 8 weeks: keratoacanthomas and cutaneous squamous cell carcinomas are a recognised class effect of BRAF inhibitors. The signal is less prominent on Braftovi than on monotherapy BRAF inhibitors but is real and the MENA UV-intense climate adds salience.

For the cetuximab CRC partner: infusion reactions (premedication standard), magnesium replacement for hypomagnesaemia, acneiform rash management.

Disease assessment by 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

Braftovi and Mektovi are small-molecule oral capsules and tablets with no animal-source content that creates a halal concern. Cetuximab is a chimeric monoclonal antibody (murine-human) manufactured in SP2/0 mouse myeloma cell culture; classical Islamic jurisprudential rulings for life-threatening illness already endorse the treatment shape for monoclonal antibodies, and the question rarely creates a practical obstacle in 2026 MENA oncology practice. The family's religious advisor and the prescribing centre handle the conversation in the standard framework when it arises.

Pregnancy and contraception: Braftovi and both partners are contraindicated in pregnancy. Effective contraception is required for women of reproductive potential during treatment and for at least 2 weeks after the last dose of Braftovi (longer for the partner per its label). The conversation needs to happen before prescribing, particularly for younger melanoma and NSCLC patients.

The pill-burden conversation: six Braftovi capsules once daily plus four Mektovi tablets across two doses per day for the melanoma and NSCLC regimens. Adherence support (medication diary, pill organiser, smartphone reminders, family co-monitoring) is part of the first dispense conversation.

For the CRC regimen, the weekly clinic visit for cetuximab over the course of treatment is a different family logistics shape from the all-oral regimens. Transport, work schedule, and family member rota for clinic accompaniment are practical first-month conversations. For Al Ain residents on a Tawam Hospital pathway, the weekly cetuximab schedule is delivered locally rather than requiring travel to the city centre.

The combined-regimen financial conversation, indefinite-duration treatment, and the heavier monitoring load (especially the Mektovi-containing combinations) are real considerations for the patient and family before treatment starts.

When Braftovi is not the right call

BRAF V600 wild-type disease: Braftovi has no activity in BRAF wild-type tumours; molecular confirmation is the gatekeeper.

For colorectal cancer with RAS mutation: cetuximab is not appropriate, so the Braftovi plus cetuximab regimen does not apply.

Active or poorly-controlled cardiac disease (LVEF below institutional threshold), uncontrolled QT prolongation, active uveitis, active retinopathy: the Mektovi-containing combinations may not be appropriate; the CRC cetuximab combination may be considered if the indication fits.

Severe hepatic impairment: dose adjustment per the prescribing information.

Alternatives within class and adjacent classes:

- Dabrafenib plus trametinib (Tafinlar plus Mekinist): comparable-efficacy BRAF plus MEK combination for melanoma and NSCLC with a different tolerability profile (higher pyrexia signal, lower QT signal). - Vemurafenib plus cobimetinib (Zelboraf plus Cotellic): older BRAF plus MEK combination; less commonly first-line in 2026. - Immune checkpoint inhibitors (nivolumab plus ipilimumab; pembrolizumab; nivolumab plus relatlimab): first-line standard for many advanced melanomas regardless of BRAF status; the choice between targeted BRAF therapy and immunotherapy is one of the central first-line decisions and is not made by Reserve Meds. - For BRAF V600E mutant CRC not eligible for the Braftovi plus cetuximab regimen: standard chemotherapy with bevacizumab or cetuximab (RAS wild-type), or the original BEACON triplet at some centres. - For BRAF V600E mutant NSCLC: dabrafenib plus trametinib as the alternative BRAF plus MEK combination; immune checkpoint inhibitor plus chemotherapy regimens appropriate to the stage and biomarker profile; standard platinum-doublet chemotherapy.

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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 Braftovi case we build the documentation pack with the treating medical oncologist's office, confirm UAE EDE registration status for the relevant indication and DoH Abu Dhabi dispensing pathway for both drugs in the combination, run the insurance or Thiqa pre-authorisation conversation for both drugs in parallel alongside the clinical pre-authorisation conversation, coordinate the parallel supply logistics for Braftovi plus the combination partner, support the named-patient pathway documentation where the indication is not yet locally registered, and stay with the case through the first cycles of dosing. For Al Ain-resident patients we coordinate the Tawam Hospital pathway alongside the city-centre options. Clinical decisions remain with your treating medical oncologist.

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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