

Cabometyx

Abu Dhabi · access guide

How to access Cabometyx for advanced RCC, HCC, DTC, or NET from Abu Dhabi: 2026 pathway via Abu Dhabi medical oncology and pharmacy supply

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

Abu Dhabi is the centre of the UAE's adult medical oncology capability. Cleveland Clinic Abu Dhabi medical oncology (the MD Anderson affiliation runs the multidisciplinary tumour boards), Sheikh Shakhbout Medical City medical oncology, Tawam Hospital (the long-established Abu Dhabi oncology centre of excellence in Al Ain), Burjeel Medical City medical oncology, NMC Royal Khalifa City, and SKMC together carry the deepest adult multi-tumour medical oncology bench in the emirate and the wider UAE. Cabometyx (cabozantinib, Exelixis Inc; Ipsen partners ex-US) is the oral multi-kinase TKI that hits VEGFR, MET, AXL, RET, and ROS1 alongside other targets, and is the backbone TKI choice for several of the toughest advanced solid tumours. For an Abu Dhabi-resident adult with advanced RCC (first-line or after prior systemic therapy), HCC after sorafenib, RAI-refractory DTC, or the newer March 2025 NET indication, the operational question is whether Cabometyx is the right fit, how the prescription is dispensed, what insurance will and will not cover, and how the family handles the months-long oral-tablet routine.

This page explains how the 2026 pathway works for an Abu Dhabi-resident patient: who qualifies, where the prescribing medical oncologist conversation happens, how Cabometyx is dispensed, what the realistic out-of-pocket exposure band is in AED, what to monitor, and how the long-term treatment course fits into an Abu Dhabi family's life.

Why Cabometyx, and why now

Cabometyx is cabozantinib (S-malate), an oral small-molecule inhibitor of multiple receptor tyrosine kinases including VEGFR1, VEGFR2, VEGFR3, MET, AXL, RET, ROS1, TIE2, KIT, FLT3, and TRKB. Developed by Exelixis Inc, with Ipsen as the ex-US commercial partner. The mechanism is what distinguishes Cabometyx from the rest of the oral TKI class: pure VEGFR-focused TKIs do not hit MET or AXL, the resistance-driver kinases that come up after first-line VEGFR blockade in renal cell carcinoma. Cabometyx's broader kinase footprint translates into activity in tumours that have progressed on prior anti-VEGF therapy and into the DTC setting where RET fusions and MET amplification matter.

FDA approvals: advanced RCC (April 2016), first-line RCC (December 2017), HCC after sorafenib (January 2019), nivolumab combination first-line RCC (January 2021), RAI-refractory DTC (September 2021), pancreatic and extra-pancreatic NET (March 2025). UAE EDE registration status is verified at intake.

For an Abu Dhabi patient with advanced RCC after prior anti-VEGF therapy, with HCC that has progressed on sorafenib, with RAI-refractory DTC, or with NET, Cabometyx is the multi-kinase TKI that the prescribing physician has put on the shortlist.

Reserve Meds does not promote one TKI over another. The page describes the Cabometyx pathway because Cabometyx is the drug the patient has asked about.

What Cabometyx is, in plain language

Cabometyx is an oral tablet. The patient takes the tablet at home, on an empty stomach, once daily. Empty stomach means no food in the 2 hours before or 1 hour after the dose.

Tablet strengths are 20 mg, 40 mg, and 60 mg. The standard starting dose is 60 mg once daily for RCC monotherapy and HCC; 40 mg once daily for RCC in combination with nivolumab and for DTC. Dose reductions to 40 mg and 20 mg are common during the first few months as the prescribing physician titrates against tolerability.

Cabometyx is taken for as long as the disease responds and the adverse-event burden is tolerable.

Cabometyx tablets are not interchangeable with Cometriq capsules. Cometriq is the older capsule formulation approved only for medullary thyroid cancer.

Eligibility at an Abu Dhabi medical oncologist clinic

For Abu Dhabi-resident patients, the medical oncology services apply the FDA and EMA criteria with local insurance adaptation:

1. Confirmed indication. Histologically confirmed advanced RCC, HCC (Child-Pugh A preferred), RAI-refractory DTC, or NET per the March 2025 label.
2. Treatment history. First-line in RCC if pursuing the nivolumab combination; after prior systemic therapy for monotherapy RCC, post-sorafenib HCC, post-RAI DTC, or appropriately staged NET.
3. Adult (18+).
4. Blood pressure controlled to under 140/90 mmHg before initiation.
5. Thyroid function tested at baseline.
6. Urinalysis for proteinuria documented at baseline.
7. No major surgery within 28 days before starting.
8. No active GI perforation, fistula, or recent severe haemorrhage.
9. Dental review before starting.
10. Drug-interaction review. Strong CYP3A4 inhibitors and inducers require dose modification or avoidance. PPIs and H2 blockers should be avoided or spaced where possible.
11. Pregnancy planning discussion for women of childbearing potential.

An Abu Dhabi patient should arrive at the Cabometyx conversation with the most recent oncology documentation: imaging, prior systemic therapy history, BP log, thyroid panel, urinalysis, dental clearance note, current medication list, and the insurance preauthorisation paperwork.

The Abu Dhabi prescribing and supply picture, plainly

Cabometyx UAE EDE registration status is verified at intake. The pathway is:

1. Prescribing physician: a board-certified UAE medical oncologist practising in Abu Dhabi. Cleveland Clinic Abu Dhabi medical oncology (the deepest adult solid-tumour bench in the UAE), Sheikh Shakhbout Medical City medical oncology (MD Anderson affiliation), Tawam Hospital in Al Ain (the long-established oncology centre of excellence), Burjeel Medical City, NMC Royal Khalifa City, and SKMC carry the full medical oncology service. 2. Pharmacy dispensing: hospital pharmacy attached to the prescribing service for the initial fill and dose-titration months; community pharmacy for ongoing maintenance. Room-temperature storage. Abu Dhabi dispensing coordinated through Department of Health Abu Dhabi alongside the federal EDE channel. 3. Insurance pre-authorisation: Thiqa coverage for Emirati nationals has historically extended to oral TKI therapy for these indications on a case-by-case basis with documented histology and prior-therapy lines. Daman and the major commercial insurers require similar documentation. Multidisciplinary tumour board note from the Cleveland Clinic Abu Dhabi or Tawam MDT is the highest-yield document. [VERIFY: current UAE EDE registration status per indication at intake.] 4. Ongoing monitoring: BP log, thyroid panel every 4 to 6 weeks early then quarterly, urinalysis at every visit, CBC and liver function tests every 2 to 4 weeks early then monthly, hand-foot syndrome inspection at every visit.

Cost band and insurance positioning

US list price for Cabometyx 60 mg once daily is approximately USD 15,000 to 18,000 per month; annual cost at list price is approximately USD 180,000 to 220,000.

At 2026 indicative cross rates, the AED-equivalent annual cost band is approximately AED 660,000 to 810,000 at list price for monotherapy. The nivolumab combination first-line RCC arm adds the immune-checkpoint inhibitor cost on top. Thiqa coverage for Emirati nationals is the highest-yield insurance path; commercial insurance preauthorisation reduces out-of-pocket exposure for covered expat residents.

What to expect on Cabometyx, week-by-week

Week 0 to 2: First fill. Establish the empty-stomach dosing rhythm. Daily home BP log.

Week 2 to 6: First major dose-titration window. Weekly to fortnightly contact with the prescribing service.

Week 6 to 12: Tolerability settles. Thyroid and proteinuria checks at week 8 and 12. First imaging at week 8 to 12.

Week 12 onwards: Maintenance dosing. Monthly visits for 6 months then every 6 to 8 weeks if stable. Imaging every 8 to 12 weeks. Thyroid quarterly. Urinalysis every visit.

The medication is continued for as long as the disease responds and the adverse-event burden is tolerable.

When Cabometyx is the wrong drug

For an Abu Dhabi patient with uncontrolled hypertension, GI perforation or fistula history, severe wound-healing impairment or recent major surgery within 28 days, active untreated osteonecrosis of the jaw, severe hepatic impairment (Child-Pugh C HCC), recurrent serious haemorrhage, pregnancy where effective contraception cannot be ensured, or strong CYP3A4 inducer use that cannot be discontinued, the operational pathway shifts:

- Other VEGFR-pathway TKIs in RCC: sunitinib, pazopanib, axitinib, lenvatinib. - Other TKIs and biologics in HCC: lenvatinib first-line, regorafenib post-sorafenib, ramucirumab for AFP-high HCC, atezolizumab + bevacizumab. - Other TKIs in DTC: lenvatinib; sorafenib. - Selpercatinib or pralsetinib where RET fusions or mutations make selective RET inhibition a cleaner choice. - Continued immune checkpoint inhibitor monotherapy or combination. - Best supportive care.

Reserve Meds does not promote one TKI over another.

What Reserve Meds does on this case

We are a US-based concierge coordinator. On an Abu Dhabi Cabometyx case we build the documentation pack with the treating medical oncologist's office, confirm UAE EDE registration status, run the insurance pre-authorisation conversation, coordinate the named-patient supply where in-country registration is incomplete, organise baseline screening, and stay with the case through the first 6 months of dosing with handoff to the local prescriber. 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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reserved for you.

Composite case examples. This document is for general information only and does not constitute medical advice. Please consult your treating physician.

Reserve Meds is in pre-launch. Published timelines and cost ranges are indicative, not guarantees.

reservemeds.com · hello@reservemeds.com