Cabometyx

Qatar · access guide

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

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

Qatar's adult medical oncology reference is the National Center for Cancer Care and Research (NCCCR) at Hamad Medical Corporation in Doha. NCCCR is the national tertiary cancer centre and runs the medical oncology service for advanced solid tumours including renal cell carcinoma, hepatocellular carcinoma, differentiated thyroid cancer, and the newer neuroendocrine tumour indication. Sidra Medicine is the paediatric tertiary centre and is not the relevant centre for adult Cabometyx therapy. Qatar Petroleum medical, Aspetar, and the Al-Ahli Hospital network provide supporting services. For the most complex cases or where a second opinion is sought, cross-border referral to KFSHRC Riyadh, Cleveland Clinic Abu Dhabi, Sheikh Shakhbout Medical City, or KHCC Amman is the established pattern.

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. For a Qatar-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 a Qatar-resident patient: who qualifies, where the prescribing medical oncologist conversation happens, how Cabometyx is dispensed, what the realistic out-of-pocket exposure band looks like, what to monitor, and how the long-term treatment course fits into a Qatar 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. 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). Qatar MOPH registration status is verified at intake.

For a Qatar 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.

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 a Qatar medical oncologist clinic

For Qatar-resident patients, the medical oncology service at NCCCR HMC applies 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+). Paediatric oncology cases are managed at Sidra Medicine separately. 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.

A Qatar 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 Qatar prescribing and supply picture, plainly

Cabometyx Qatar MOPH registration status is verified at intake. The pathway is:

1. Prescribing physician: a board-certified medical oncologist at NCCCR Hamad Medical Corporation in Doha. Specialty referral to a hepatobiliary or endocrine oncologist for HCC and DTC respectively. Sidra Medicine is paediatric-only and is not the relevant centre for adult Cabometyx therapy. 2. Pharmacy dispensing: NCCCR hospital pharmacy for the initial fill and dose-titration months; ongoing dispensing through HMC pharmacy network. Room-temperature storage. 3. Insurance pre-authorisation: HMC-funded care for Qatari nationals covers Cabometyx for the registered indications. Commercial insurers (Qatar Insurance Company, Doha Insurance Group, AXA Gulf, others) require histology, prior-therapy line documentation, and MDT note. [VERIFY: current Qatar MOPH 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.

Where the NCCCR MDT recommends a second opinion or where supply is more reliable through cross-border channels, KFSHRC Riyadh, Cleveland Clinic Abu Dhabi, or KHCC Amman are the established cross-border options.

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.

The QAR-equivalent annual cost band is approximately QAR 655,000 to 800,000 at list price for monotherapy. The nivolumab combination first-line RCC arm adds the immune-checkpoint inhibitor cost on top. HMC-funded care covers Qatari nationals; 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 NCCCR 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 a Qatar 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 a Qatar Cabometyx case we build the documentation pack with the treating medical oncologist's office at NCCCR HMC, confirm MOPH registration status, run the insurance or HMC-funded 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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