Cotellic

Abu Dhabi · access guide

How to access Cotellic (with Zelboraf and optionally Tecentriq) for BRAF V600E/V600K metastatic melanoma from Abu Dhabi: 2026 pathway via medical oncology and combination supply | Reserve Meds

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

Abu Dhabi is the centre of the UAE's adult oncology capability. Cleveland Clinic Abu Dhabi (CCAD), with its MD Anderson-collaborative cancer programme, runs the deepest medical oncology service in the country. Sheikh Shakhbout Medical City (SSMC) brings its own MD Anderson Cancer Center affiliation and a comprehensive cancer programme. Tawam Hospital in Al Ain is the UAE's designated oncology centre of excellence and treats a large share of the country's complex melanoma cases. Burjeel Medical City and NMC Royal Hospital Khalifa City complete the emirate's adult oncology network. Cotellic (cobimetinib) is the Genentech / Roche oral MEK1/2 inhibitor approved by the FDA only in combination with vemurafenib (Zelboraf), with or without atezolizumab (Tecentriq), for BRAF V600E or V600K unresectable or metastatic melanoma. Abu Dhabi dispensing is coordinated through the Department of Health (DoH) and UAE Emirates Drug Establishment (EDE) registration is verified at intake. Reserve Meds does not promote one BRAF/MEK combination over another; this page describes the Cotellic combination because that is what the patient or family is asking about.

This page explains how the pathway works in 2026 for an Abu Dhabi-resident adult: who qualifies, where the molecular diagnostics, baseline ophthalmologic exam, baseline echocardiogram, and baseline liver and creatine kinase workup happen, where the prescriptions for Cotellic AND Zelboraf are written and filled together, what the realistic out-of-pocket exposure band is in AED for the combined regimen, what to monitor on therapy, and how the multi-month course settles into a UAE family's life.

Why Cotellic, and why now

Cotellic is cobimetinib, an oral, highly selective, reversible inhibitor of MEK1 and MEK2, discovered at Exelixis and developed by Genentech (Roche Group) with first FDA approval in November 2015. The MAPK pathway logic is direct: BRAF V600E or V600K mutation produces a constitutively active mutant BRAF kinase that drives MEK and ERK independently of normal RAS regulation. Adding MEK inhibition downstream of BRAF blocks the paradoxical pathway activation in BRAF wild-type cells (which drives the keratoacanthoma and cutaneous squamous cell carcinoma signal of BRAF monotherapy) and improves overall survival relative to BRAF monotherapy.

The two pivotal FDA approvals for Cotellic in melanoma:

- **coBRIM doublet (November 2015; Cotellic 60 mg QD oral, 21 days on / 7 days off, plus Zelboraf 960 mg BID continuous)**: median PFS 12.3 months on the doublet versus 7.2 months on Zelboraf monotherapy; median OS 22.3 versus 17.4 months. - **IMspire150 triplet (July 2020; Cotellic plus Zelboraf plus atezolizumab)**: median PFS 15.1 months versus 10.6 months on the doublet placebo arm. The triplet adds a PD-L1 checkpoint inhibitor (Tecentriq) to the BRAF/MEK backbone for selected first-line patients.

The October 2022 expanded approval for histiocytic neoplasms covers Erdheim-Chester disease, Langerhans cell histiocytosis, and Rosai-Dorfman disease at the 60 mg QD continuous schedule. The Abu Dhabi melanoma practice in 2026 is the main use case.

For an Abu Dhabi patient with confirmed BRAF V600E or V600K-mutant unresectable or metastatic melanoma, the Cotellic plus Zelboraf doublet sits as one of three FDA-approved BRAF/MEK doublets (alongside Tafinlar plus Mekinist and Braftovi plus Mektovi). Reserve Meds does not promote one BRAF/MEK combination over another.

What Cotellic is, in plain language

Cotellic is an oral 20 mg tablet. Three tablets (60 mg) once daily for 21 days, then 7 days off, every 28 days. Zelboraf is an oral 240 mg tablet, four tablets (960 mg) twice daily continuously. Both dispensed on a 28-day refill cycle synchronised to the Cotellic schedule. If Tecentriq is added (IMspire150 triplet first-line), the patient also visits the CCAD or SSMC infusion suite on the protocol schedule.

Eligibility at an Abu Dhabi medical oncologist's clinic

1. Histologically confirmed unresectable or metastatic cutaneous melanoma. 2. Confirmed BRAF V600E or V600K mutation by NGS, PCR (cobas BRAF V600 Mutation Test or equivalent), or IHC with VE1 antibody confirmed by molecular method. 3. Adult patient (18 or older). 4. Staging workup with contrast CT, PET-CT where indicated, and brain MRI. 5. Baseline ophthalmologic examination including slit-lamp, dilated funduscopic exam, and OCT. Serous retinopathy and retinal vein occlusion are recognised Cotellic class effects. 6. Baseline echocardiogram with documented LVEF. Cotellic can cause cardiomyopathy with reduced LVEF. 7. Baseline LFTs, CK, CBC, comprehensive metabolic panel, fasting glucose, lipid panel, pregnancy test. 8. Drug interaction screen for CYP3A4 inhibitors and inducers. 9. Photosensitivity counsel. The Abu Dhabi UV-intense climate amplifies the operational burden. 10. Pregnancy and contraception planning.

The Abu Dhabi prescribing and supply picture, plainly

In 2026 the Abu Dhabi centres with active BRAF/MEK combination prescribing include CCAD, SSMC, Tawam Hospital, Burjeel Medical City, and NMC Royal Hospital Khalifa City. The pathway:

1. Diagnosis and BRAF V600 molecular confirmation at the diagnosing centre's pathology lab. CCAD and SSMC run BRAF V600 IHC and PCR onsite; NGS panels typically route through Caris Life Sciences, Foundation Medicine, or institutional partners. 2. Multidisciplinary melanoma tumour board review at CCAD, SSMC, or Tawam documenting BRAF V600 status, the doublet versus triplet choice, and the treatment plan. 3. Insurance pre-authorisation for BOTH Cotellic AND Zelboraf in a single combined-rationale submission. Thiqa for Emirati nationals follows institutional pathways; Daman; AXA Gulf; NEXtCARE; MSH; Bupa Global; Allianz Care handle the combination on a case-by-case basis. Pre-authorisation typically takes 7 to 14 days. 4. Named-patient supply if EDE label scope or local stock requires it. Reserve Meds supports the documentation pack and Roche regional liaison. 5. Synchronised pharmacy dispense of Cotellic and Zelboraf on a 28-day refill cycle through Abu Dhabi-licensed specialty pharmacies coordinated by DoH. Triplet patients add Tecentriq infusions at CCAD or SSMC. 6. Ongoing monitoring labs, ophthalmologic surveillance, and echocardiogram per the schedule below.

Cost band

The Cotellic plus Zelboraf doublet US list price is approximately USD 20,000 to USD 23,000 per month, with an annual combined cost of approximately USD 220,000 to USD 280,000. At indicative 2026 cross rates, the annual combined cost translates to approximately AED 808,000 to AED 1.03 million. The IMspire150 triplet adds Tecentriq at approximately USD 14,000 to USD 16,000 per 21-day cycle.

Total cost of care additions (oncology consults, monitoring labs every 2 weeks for the first 6 months then monthly, ophthalmology at month 1 and quarterly, echocardiogram at week 4 and quarterly, dermatology every 8 weeks, imaging every 8 to 12 weeks) add 8 to 18 percent to the combined drug cost base. Thiqa-covered Emirati nationals route through the institutional pathway at CCAD, SSMC, or Tawam.

What to expect on Cotellic, week-by-week

Three distinctive adverse events define the early counselling visit:

- **Photosensitivity**: severe and onset early, often within the first 1 to 2 weeks. The Abu Dhabi climate makes the operational burden real. - **Retinopathy**: serous retinopathy can appear as early as the first cycle. Any new visual symptom prompts urgent ophthalmology review with OCT at CCAD, SSMC, or Tawam. - **Cardiomyopathy**: asymptomatic LVEF decline at the week-4 echocardiogram in a meaningful minority. Echo at baseline, week 4, then quarterly.

Other recognised toxicities include diarrhoea, nausea, fever, peripheral oedema, rash, hepatotoxicity, rhabdomyolysis with CK elevation, and hemorrhage. Treatment continues for as long as there is clinical benefit and tolerability.

When Cotellic is the wrong drug

Cotellic plus Zelboraf is not the right answer for BRAF wild-type melanoma, prior clinically significant retinopathy, baseline LVEF below institutional threshold, severe photosensitivity intolerance, concurrent strong CYP3A4 inhibitors or inducers without dose adjustment, severe hepatic impairment, pregnancy, or a patient for whom the treating medical oncologist prefers Tafinlar plus Mekinist or Braftovi plus Mektovi. Reserve Meds does not promote one BRAF/MEK combination over another.

What Reserve Meds does on this case

We are a US-based concierge coordinator. We build the document pack, submit first-review requests to CCAD, SSMC, Tawam, Burjeel Medical City, or NMC Royal Khalifa City, coordinate the insurance pre-authorisation for Cotellic AND Zelboraf in parallel, support named-patient regulatory liaison if EDE label scope requires it, set up the first synchronised dispense through DoH-licensed channels, and stay with the case through the refill cycle. Clinical decisions remain with your treating medical oncologist and the multidisciplinary melanoma tumour board.

Start your case at reservemeds.com. We respond within one business day in English or Arabic.

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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