

## Truqap

United Arab Emirates · access guide

# Truqap access in UAE: the EDE named-patient pathway

Last reviewed 2026-05-16 by Reserve Meds clinical and regulatory team.

## Quick orientation

Truqap (capiwasertib) is AKT serine/threonine kinase 1/2/3 inhibitor approved by the US FDA in November 2023 for hormone receptor-positive, HER2-negative locally advanced or metastatic breast cancer with one or more PIK3CA, AKT1, or PTEN alterations, in combination with fulvestrant, after progression on at least one endocrine-based regimen in the metastatic setting or recurrence on or within 12 months of completing adjuvant therapy. The drug is manufactured by AstraZeneca. UAE patients use the Emirates Drug Establishment named-patient pathway when the locally registered indication, the stocked presentation, or the available payer coverage does not match what the prescribing physician has written. Reserve Meds coordinates the US-side sourcing through a DSCSA-compliant specialty channel, builds the documentation packet your physician needs to file, and orchestrates the logistics into UAE with a single named coordinator carrying the case end-to-end.

## Why UAE patients need Truqap through the named-patient pathway

UAE operates a developed pharmaceutical regulatory environment, and Truqap may be on the local register, may be in commercial review, or may be entirely absent depending on the stage of AstraZeneca's regional rollout. Several patterns drive cross-border requests. First, indication lag: newer indications, particularly the November 2023 FDA approval timeline, often reach local registration 12 to 36 months later. Second, biomarker-defined eligibility: PIK3CA, AKT1, or PTEN tumour-tissue or ctDNA testing using an FDA-approved or laboratory-validated NGS assay (the FoundationOne CDx is the FDA companion diagnostic) can be the diagnostic gate, and where the relevant testing infrastructure is still maturing locally, families coordinate the workup before or in parallel with sourcing. Third, payer coverage: Daman, Thiqa, GIG Gulf (formerly AXA Gulf), Sukoon (formerly Oman Insurance Company), ADNIC, and Orient each assess specialty therapies case by case, and step-therapy criteria can fail even where the drug is registered. Fourth, stocking gaps: the local agent may not carry every presentation or dose strength reliably, and named-patient import is the operational mechanism that bridges to the exact label the prescriber has written. In each pattern, the named-patient pathway is the legal mechanism that connects a UAE-licensed physician's clinical decision with US-sourced, FDA-labelled product for a specific identified patient.

## **The EDE named-patient pathway for Truqap**

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As of 29 December 2025, under Federal Decree-Law No. 38 of 2024, the Emirates Drug Establishment (EDE) assumed 44 core services from MOHAP including marketing authorisations and personal-use import permits. Filings now route through the EDE portal at [ede.gov.ae](http://ede.gov.ae). The framework permits hospitals and licensed pharmaceutical establishments to import a specific medicine for a specific patient when the medicine is approved by a recognised reference authority (typically the US FDA, EMA, MHRA, PMDA Japan, or Health Canada) and either a clinically equivalent locally registered alternative is not suitable, or the patient's clinical profile does not match the locally approved label.

A complete application for Truqap typically includes a clinical justification letter from the treating physician documenting the patient's diagnosis (PIK3CA / AKT1 / PTEN-altered hormone receptor-positive, HER2-negative metastatic breast cancer), severity assessment, prior systemic therapy history, any relevant biomarker results (PIK3CA, AKT1, or PTEN tumour-tissue or ctDNA testing using an FDA-approved or laboratory-validated NGS assay (the FoundationOne CDx is the FDA companion diagnostic)), and a clinical rationale for selecting Truqap over locally available alternatives. The UAE physician's licensure with MOHAP, DHA, DOH, or Sharjah Health Authority, depending on practice location is verified through the application. The packet also specifies the dispensing facility name and license number, the pharmacy in charge of the facility, full product details (brand name, generic name, manufacturer, strength, dosage form, pack size, quantity, intended treatment duration), and a chain-of-custody plan describing how the medicine will move from the US manufacturer through the importer to the dispensing pharmacy.

For Truqap specifically, the clinical justification typically frames the case around the AKT-pathway biomarker testing requirement is a real diagnostic infrastructure question for many regional centres; NGS access through a reference laboratory (Caris, Foundation Medicine, regional academic NGS) is often the gating step. Approval timelines are typically 5 to 15 business days for routine cases, 4 to 6 weeks for complex first-of-kind requests. The EDE retains discretion on timing, and we do not promise specific durations.

## **Where Truqap gets dispensed in UAE**

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A focused group of UAE institutions handle named-patient specialty-medicine imports as established workflow, with in-house import pharmacy capabilities and physicians experienced with the application set. For Truqap specifically, the dispensing facility must accommodate the administration profile: outpatient medical oncology; capivasertib is oral and self-administered at home, with the fulvestrant injection given in the day-care setting on the standard cycle schedule. Tertiary centres that meet this profile include Cleveland Clinic Abu Dhabi on Al Maryah Island (an M42 group hospital), Sheikh Khalifa Medical City in Abu Dhabi (a SEHA-network 586-bed JCI-accredited hospital), Tawam Hospital in Al Ain (a SEHA-network referral center), Burjeel Medical City Abu Dhabi, American Hospital Dubai (a Mayo Clinic Care Network member), King's College Hospital London Dubai, Mediclinic City Hospital in Dubai Healthcare City, and the larger NMC Healthcare sites across the emirates.

For physicians at smaller hospitals without internal import infrastructure, the common pattern is to route through a licensed pharmaceutical establishment that holds the import licence and files the EDE application on the prescribing physician's behalf. The medicine then moves under chain-of-custody documentation into the prescribing hospital's outpatient pharmacy for administration.

## Real cost picture for Truqap in UAE

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US WAC for Truqap is approximately USD 17,000 per 28-day supply, which translates to an annual WAC in the range of USD 200,000 to USD 220,000 per year for the standard regimen at the labelled dose. The UAE dirham is pegged to the US dollar at approximately 3.67 AED to 1 USD. On that basis, the drug cost alone is materially significant before logistics, the EDE permit fees (which are nominal relative to drug cost), the destination dispensing hospital's administration fees, and Reserve Meds' concierge fee (which is itemised separately on every firm quote).

International cold-chain or ambient logistics into UAE typically runs in the low to mid four-figure USD range depending on origin, urgency, and packaging requirements. On the insurance side, Daman, Thiqa, GIG Gulf (formerly AXA Gulf), Sukoon (formerly Oman Insurance Company), ADNIC, and Orient each assess named-patient imports case by case. Some reimburse fully when the medicine is on their formulary even if not stocked, some reimburse a percentage subject to copay, and many require pre-authorisation with documented step-therapy failure. We do not promise coverage from any payer. US manufacturer patient assistance programmes do not extend internationally; cross-border patients pay cash or rely on local payer coverage where available.

## Clinical evidence and where Truqap sits in the treatment landscape

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CAPItello-291 (NCT04305496) phase 3 trial demonstrated a significant PFS benefit (median 7.2 versus 3.6 months) in the AKT-pathway-altered population versus fulvestrant alone. The drug acts as AKT serine/threonine kinase 1/2/3 inhibitor, and the dosing schedule is 400 mg orally twice daily on days 1 through 4 of each week (4 days on, 3 days off) in combination with fulvestrant 500 mg IM on a standard schedule.

Within the treatment landscape, Truqap sits alongside alpelisib plus fulvestrant in PIK3CA-mutated disease, mTOR inhibition with everolimus plus exemestane, elacestrant in ESR1-mutated disease, and the CDK4/6 inhibitor class (palbociclib, ribociclib, abemaciclib) in earlier lines. The choice between targeted therapies in this space depends on the patient's full clinical profile, prior therapy exposure, biomarker status, comorbidities, and the prescriber's judgment. Reserve Meds coordinates whichever therapy the physician has selected; we do not steer prescribing.

Safety surveillance for Truqap centres on hyperglycaemia (HbA1c at baseline and prior to each cycle is standard, with patient education on signs of hyperglycaemia), diarrhoea (often manageable with loperamide), cutaneous rash, and stomatitis. The dispensing facility and the prescribing physician retain clinical responsibility for monitoring and adverse-event management; Reserve Meds does not provide medical care.

## Typical timeline for Truqap in UAE

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EDE routine processing is typically 5 to 15 business days for routine cases, 4 to 6 weeks for complex first-of-kind requests from a complete filing. End-to-end, most cases complete within 4 to 8 weeks from first complete documentation, with first-of-kind cases and complex biomarker-dependent workups potentially extending further. Where the administration setting is outpatient medical oncology, hospital scheduling and infusion-chair availability are additional sequencing factors that families plan around. We do not promise specific durations; the EDE retains discretion on timing, and shipping windows depend on lane and packaging.

## What your UAE physician needs to provide

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For a UAE-licensed specialist prescribing Truqap through the EDE pathway, the clinical justification letter is the cornerstone of the application. The letter typically documents the patient's diagnosis (PIK3CA / AKT1 / PTEN-altered hormone receptor-positive, HER2-negative metastatic breast cancer), the relevant biomarker work (PIK3CA, AKT1, or PTEN tumour-tissue or ctDNA testing using an FDA-approved or laboratory-validated NGS assay (the FoundationOne CDx is the FDA companion diagnostic)), prior systemic therapy history, the FDA-approved indication being invoked, and the clinical rationale for Truqap as the appropriate next step.

The letter also specifies the exact dosing plan per the FDA-approved label: 400 mg orally twice daily on days 1 through 4 of each week (4 days on, 3 days off) in combination with fulvestrant 500 mg IM on a standard schedule. The monitoring plan references hyperglycaemia (HbA1c at baseline and prior to each cycle is standard, with patient education on signs of hyperglycaemia), diarrhoea (often manageable with loperamide), cutaneous rash, and stomatitis. The treating physician's licence number with MOHAP, DHA, DOH, or Sharjah Health Authority, depending on practice location, the dispensing facility license number, and the pharmacy in charge of dispensing complete the package. Where biomarker testing requires reference-lab coordination, the physician documents the assay used and the report; Reserve Meds can route this through a US-side reference laboratory where the regional pathway is unavailable.

## Common questions about Truqap in UAE

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**Will Daman or other major UAE insurers cover Truqap?** Each insurer assesses named-patient imports case by case. Some reimburse fully when Truqap is on their formulary even if not currently stocked; others assess based on step-therapy criteria and biomarker documentation. We supply the documentation set that allows your insurer to assess the case; the claim itself sits with you, your physician, or your hospital. We do not promise coverage from any payer.

**Is Truqap registered locally in UAE?** Local registration status changes as AstraZeneca pursues regional rollout; even where the drug is registered, the specific indication, presentation, or dosing strength your prescriber has written may not align with what is currently stocked. The EDE named-patient pathway exists precisely to bridge these gaps for individually identified patients.

**What about competitor therapies?** The treatment landscape includes alpelisib plus fulvestrant in PIK3CA-mutated disease, mTOR inhibition with everolimus plus exemestane, elacestrant in ESR1-mutated disease, and the CDK4/6 inhibitor class (palbociclib, ribociclib, abemaciclib) in earlier lines. The choice depends on the patient's full clinical profile and prescriber judgment. Reserve Meds coordinates whichever medicine the physician has prescribed; we do not steer prescribing decisions and we do not have a financial relationship with any specific manufacturer.

**How is the cold chain or storage managed?** Truqap ships in validated thermal packaging with continuous temperature logging through the lane. The cold-chain handoff or temperature-controlled handoff ends at the dispensing pharmacy; home storage instructions, where the patient takes the medicine home for self-administration, are part of the patient onboarding kit.

**Do US manufacturer patient assistance programmes (such as AstraZeneca co-pay or PAP programmes) extend to UAE patients?** No. US-resident patient assistance programmes are limited to US-resident patients with US prescription coverage by programme design. Cross-border patients pay cash for the drug and the coordination fee, with local payer reimbursement assessed separately.

**Can the case be resupplied year over year if the patient responds?** Yes. Reserve Meds maintains the case file and re-files EDE permits at the relevant intervals (or coordinates with the dispensing hospital's pharmacy if they hold the permit). Patients on long-term therapy typically settle into a quarterly or biannual resupply cadence after the first cycle.

**What is the administration setting?** Outpatient medical oncology; capivasertib is oral and self-administered at home, with the fulvestrant injection given in the day-care setting on the standard cycle schedule.

**My physician is at a smaller hospital without an internal import pharmacy. Can the case still proceed?** Yes. The common pattern is to route through a Dubai, Riyadh, Mumbai, Cairo, Karachi, or other regional licensed pharmaceutical establishment that holds the import licence and files the EDE application on the prescribing physician's behalf. The medicine moves into the prescribing hospital's outpatient pharmacy under chain-of-custody documentation.

## Where Reserve Meds fits in Truqap cases

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Reserve Meds is a US-based concierge coordinator. We do not replace your UAE specialist, we do not replace the EDE, and we do not replace your dispensing pharmacy. For Truqap specifically, we orchestrate the US-side sourcing through a DSCSA-compliant specialty channel, build the documentation packet your physician submits, coordinate logistics into UAE, and assign a single named coordinator through the case. The pharmacist-of-record review, prescription validation, biomarker confirmation, and physician sign-off are the recurring operational fundamentals for this drug.

### *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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### Reserve Meds

*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.

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