Alecensa

Abu Dhabi · access guide

How to access Alecensa for ALK-positive non-small-cell lung cancer from Abu Dhabi: 2026 emirate pathway via Cleveland Clinic Abu Dhabi, SSMC, and Burjeel Medical City

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

Abu Dhabi has built one of the deepest adult oncology infrastructures in the wider region. Cleveland Clinic Abu Dhabi (CCAD), Sheikh Shakhbout Medical City (SSMC), and Burjeel Medical City all run comprehensive medical and thoracic oncology services with in-house molecular pathology and weekly multidisciplinary tumour boards. Alecensa (alectinib) is registered with the Emirates Drug Establishment and is the standard-of-care first-line ALK tyrosine kinase inhibitor at these centres for confirmed ALK-positive non-small cell lung cancer (NSCLC). For an Abu Dhabi adult with newly diagnosed ALK-positive metastatic NSCLC or with completely resected ALK-positive stage IB to IIIA disease, the operational pathway sits inside the emirate's existing oncology network.

This page explains how the pathway works in 2026 for an Abu Dhabi-resident adult: who qualifies, where the diagnostic and molecular workup happens, where the prescription is written and filled, what the realistic out-of-pocket exposure band is in AED, what to monitor on therapy, and how the multi-year treatment course settles into an Abu Dhabi family's life.

Why Alecensa, and why now

Alecensa is alectinib, a second-generation, central-nervous-system-penetrant ALK tyrosine kinase inhibitor developed by Roche with Chugai Pharmaceutical. FDA first-line approval came in November 2017 based on the ALEX trial (median progression-free survival 34.8 months on Alecensa versus 10.9 months on crizotinib; CNS objective response rate 81 percent versus 50 percent). The April 2024 label expansion added adjuvant treatment for stage IB to IIIA ALK-positive NSCLC after complete resection, based on the ALINA trial (disease-free survival hazard ratio 0.24 favouring Alecensa).

For an Abu Dhabi patient with confirmed ALK-positive NSCLC, Alecensa is the standard-of-care first-line ALK TKI under most institutional protocols. The eligibility gatekeeper is biomarker confirmation: documented ALK rearrangement.

What Alecensa is, in plain language

Alecensa is an oral capsule. Four 150 mg capsules per dose, twice daily, twelve hours apart, with food. Total daily dose 1,200 mg. Room temperature storage. No infusion, no inpatient stay, no certified-centre requirement. The prescribing oncologist writes the first prescription; the dispensing pharmacy fills a 30-day or 60-day supply; the patient takes Alecensa at home.

For metastatic disease, treatment is until progression or intolerable toxicity. For the adjuvant indication, treatment is fixed at 2 years.

The mechanism: ALK rearrangement produces a constitutively active fusion protein (most commonly EML4-ALK). Alecensa binds the ATP-binding pocket of the ALK kinase domain approximately 10-fold more potently than crizotinib, achieves meaningful CNS exposure, and remains active against most resistance mutations except G1202R.

The biomarker requirement

The eligibility gate is documented ALK rearrangement by IHC, FISH, or NGS. Abu Dhabi-side molecular diagnostic capability is deepest at Cleveland Clinic Abu Dhabi pathology and at SSMC pathology. Complex NGS panels and liquid biopsy work is routed to these in-house labs or to international reference labs (Caris Life Sciences, Foundation Medicine). Turnaround for the full workup is typically 2 to 5 weeks.

If the original diagnostic biopsy did not include ALK testing, archived tissue submission or re-biopsy is standard.

Eligibility at an Abu Dhabi oncologist's clinic

For Abu Dhabi-resident patients, the medical and thoracic oncology service applies the FDA, EMA, and major-guideline criteria:

1. Histologically confirmed NSCLC. 2. Confirmed ALK rearrangement by IHC, FISH, or NGS. 3. For metastatic indication: stage IV disease confirmed by contrast CT, PET-CT, and brain MRI. 4. For adjuvant indication: stage IB (tumour 4 cm or larger) through IIIA disease with complete resection and ALK rearrangement on resected tissue. 5. Baseline labs: CBC, comprehensive metabolic panel including LFTs, creatine kinase, bilirubin. 6. Baseline ECG with QTc and heart rate. 7. Baseline pulmonary assessment. 8. Pregnancy and lactation screen; contraception documented for women of reproductive potential. 9. Drug interaction screen including herbal products and grapefruit.

An Abu Dhabi-resident patient should arrive at the oncology referral with the most recent pathology, imaging, and prior treatment history. Reserve Meds organises the documentation pack.

The Abu Dhabi prescribing and dispense picture, plainly

In 2026 the Abu Dhabi oncology centres with active Alecensa prescribing and refill experience include:

- **Cleveland Clinic Abu Dhabi (CCAD)**: comprehensive medical oncology service; weekly molecular tumour board. - **Sheikh Shakhbout Medical City (SSMC)**: medical oncology service with MD Anderson Cancer Center affiliation. - **Burjeel Medical City**: oncology programme; thoracic oncology and biomarker-driven case management.

The pathway:

1. **Diagnosis and molecular confirmation**: at the diagnosing centre's pathology lab; complex molecular work in-house at CCAD or SSMC or sent to international reference labs. 2. **Multidisciplinary tumour board review**: CCAD, SSMC, and Burjeel run thoracic / molecular tumour boards. 3. **Insurance pre-authorisation**: Daman (the dominant Abu Dhabi insurer including Thiqa for Emirati nationals) and commercial insurers (AXA Gulf, NEXtCARE, MSH, Bupa Global, Allianz Care) handle Alecensa on prior-authorisation; documentation requirement is ALK rearrangement, MDT recommendation, and clinical rationale letter. 4. **Pharmacy dispense**: the prescribing centre's pharmacy fills a 30-day or 60-day supply. Roche commercial supply via regional distributors. 5. **Refill cycle**: monthly thereafter, with monitoring lab documentation.

Cost expectation in AED

US list price (2026) for Alecensa at 600 mg twice daily is approximately USD 14,000 to USD 16,000 per 30-day supply, annual approximately USD 170,000 to USD 190,000. At indicative 2026 cross rates, a 30-day supply at USD 15,000 is approximately AED 55,000, and annual cost at USD 180,000 is approximately AED 660,000. A 2.5-year metastatic course is approximately AED 1.65 million cumulative drug cost; a 2-year adjuvant course is approximately AED 1.32 million.

Thiqa coverage for Emirati nationals has historically extended to oncology medications on the EDE-approved formulary; the pre-authorisation conversation runs through the prescribing centre's insurance liaison. Daman commercial covers Alecensa on a prior-authorisation basis with the standard biomarker and MDT documentation. For self-pay families, the pharmacy issues a separated quote: drug cost, monitoring labs, imaging, oncologist visits, and any Reserve Meds coordination fee disclosed in writing.

Monitoring on therapy

- **Liver function tests**: every 2 weeks for the first 3 months, then monthly. - **Creatine kinase**: every 2 weeks for the first month, then every 4 weeks. - **Heart rate and ECG**: as clinically indicated. - **Pulmonary symptoms**: any new or worsening dyspnoea, cough, or fever triggers HRCT and pulmonology input for ILD workup. - **Photosensitivity counselling**: sun avoidance and high-SPF sunscreen, salient in Abu Dhabi's UV-intense climate. - **Disease assessment**: 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

Alecensa is an oral small molecule. No animal-source material, no donor cells. Halal acceptability is not in question. The classical Islamic jurisprudential framework for chronic medication in life-threatening illness endorses the treatment shape.

The family-logistics burden sits in the chronicity and adherence: twice-daily dosing with food for 2 to 3 years (metastatic) or 2 years (adjuvant), with monitoring labs every 2 weeks initially. Adherence support and family co-monitoring are part of the practical handoff at first refill.

When Alecensa is not the right call

Alecensa is not appropriate for ALK-negative disease, patients with a history of clinically significant interstitial lung disease, severe hepatic impairment (Child-Pugh C), or pregnancy. For confirmed ALK-positive disease where Alecensa is not the chosen first-line, lorlatinib (third-generation, increasing first-line use based on CROWN trial) and brigatinib (second-generation alternative) are the standard alternatives. Crizotinib is rarely first-line in 2026.

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 Alecensa case we build the document pack, support the CCAD, SSMC, or Burjeel referral conversation, coordinate the Daman or commercial insurance pre-authorisation, set up the first dispense at the chosen pharmacy, and stay with the case through the refill cycle. Clinical decisions remain with your treating medical oncologist and the multidisciplinary tumour board.

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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