Alecensa

Dubai · access guide

How to access Alecensa for ALK-positive non-small-cell lung cancer from Dubai: 2026 emirate pathway via Dubai oncology and cross-emirate referral

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

Dubai's adult medical oncology services run out of American Hospital Dubai, Mediclinic City Hospital comprehensive cancer centre, King's College Hospital London Dubai, Saudi German Hospital Dubai, and the broader NMC, Aster, and Burjeel networks. Most of the major Dubai oncology services prescribe Alecensa (alectinib) directly for confirmed ALK-positive non-small cell lung cancer (NSCLC) and dispense through partnered specialty pharmacies. For complex molecular tumour-board review or for cases where the Abu Dhabi emirate's deeper subspecialty infrastructure is preferred, cross-emirate referral to Cleveland Clinic Abu Dhabi, Sheikh Shakhbout Medical City, or Burjeel Medical City is straightforward.

This page explains how the pathway works in 2026 for a Dubai-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 a Dubai family's life. Alecensa is registered with the Emirates Drug Establishment.

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 a Dubai patient with confirmed ALK-positive NSCLC, Alecensa is the standard-of-care first-line ALK TKI at Dubai oncology centres. 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 specialty 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. Dubai-side molecular diagnostic capability sits at the Mediclinic Middle East lab network, the American Hospital Dubai pathology lab, and the King's College Hospital London Dubai pathology. Complex NGS panels and liquid biopsy work is routed to KFSHRC molecular pathology in Riyadh, Cleveland Clinic Abu Dhabi pathology, or to international reference labs (Caris Life Sciences, Foundation Medicine). Turnaround for the full workup is typically 2 to 6 weeks.

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

Eligibility at a Dubai oncologist's clinic

For Dubai-resident patients, the medical 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.

A Dubai-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 Dubai prescribing and dispense picture, plainly

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

- **American Hospital Dubai oncology**, with medical oncology and thoracic oncology services. - **Mediclinic City Hospital comprehensive cancer centre**, with medical oncology and a tumour board that reviews molecular-driven cases. - **King's College Hospital London Dubai oncology**, with international consultant coverage. - **Saudi German Hospital Dubai oncology**. - **NMC, Aster, and Burjeel network oncology services**: broader emirate coverage.

For complex molecular tumour-board review or for subspecialty second opinions, cross-emirate referral to Cleveland Clinic Abu Dhabi, Sheikh Shakhbout Medical City, or Burjeel Medical City is the standard option.

The pathway:

1. **Diagnosis and molecular confirmation**: at the diagnosing centre's pathology lab or sent to a regional reference lab. 2. **Multidisciplinary tumour board review**: the Dubai-side centres run thoracic or molecular tumour boards. For cases sent cross-emirate, the Abu Dhabi MDT documents the rationale. 3. **Insurance pre-authorisation**: DHA-approved private insurance covers (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 partnered specialty 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.

Coverage approaches vary across DHA-area insurers; the pre-authorisation review at the prescribing centre is the gating step before the first dispense. 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 Dubai'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 a Dubai Alecensa case we build the document pack, support the Dubai-side or cross-emirate referral conversation, coordinate the 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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