Alecensa

Qatar · access guide

How to access Alecensa for ALK-positive non-small-cell lung cancer from Qatar: 2026 pathway via NCCCR Hamad Medical Corporation

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

Qatar's adult medical oncology service runs out of the National Center for Cancer Care and Research (NCCCR) at Hamad Medical Corporation in Doha. NCCCR is the country's reference centre for adult cancer care, with a comprehensive medical oncology team, dedicated thoracic oncology service, in-house molecular pathology capability, and a weekly thoracic and molecular tumour board. For a Qatari adult with newly diagnosed ALK-positive metastatic non-small cell lung cancer (NSCLC), or with completely resected ALK-positive stage IB to IIIA disease, Alecensa (alectinib) is the standard-of-care first-line ALK tyrosine kinase inhibitor and is dispensed through NCCCR's institutional oncology pharmacy. Sidra Medicine is the paediatric reference centre and is not the relevant centre for this adult oncology pathway.

This page explains how the pathway works in 2026 for a Qatar-resident adult: who qualifies, where the molecular diagnostic confirmation happens, how the prescription is written and filled at NCCCR or through Qatari private-sector oncology, what the realistic out-of-pocket exposure band is in QAR, what to monitor on therapy, and how the multi-year treatment course settles into a Qatari 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. The FDA approved Alecensa for first-line ALK-positive metastatic NSCLC in 2017 based on the ALEX trial, where median progression-free survival was 34.8 months on Alecensa versus 10.9 months on crizotinib and CNS objective response rate was 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).

Alecensa is registered with the Qatar Ministry of Public Health and is part of NCCCR's standard first-line approach for confirmed ALK-positive NSCLC. The eligibility gatekeeper is biomarker confirmation: documented ALK rearrangement by IHC, FISH, or NGS.

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 refrigeration. There is no infusion, no inpatient stay, no certified-centre requirement. After NCCCR or a private-sector oncologist writes the first prescription, the dispensing pharmacy fills a 30-day or 60-day supply and the patient takes Alecensa at home.

For metastatic disease, treatment is until progression or intolerable toxicity; median time on therapy in ALEX was 28.1 months. For the adjuvant indication, treatment is fixed at 2 years per the ALINA protocol.

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

The biomarker requirement

Alecensa is a targeted therapy. ALK testing at NCCCR is performed in-house using IHC (Ventana D5F3) as the primary screen, with FISH or NGS confirmation when histology is borderline or when fusion-partner detail will matter at later lines. For complex NGS panels or liquid biopsy, samples may be sent to international reference labs (Caris Life Sciences, Foundation Medicine).

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

Eligibility at the NCCCR oncology clinic

For Qatar-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, complete resection, and confirmed ALK rearrangement on resected tissue. 5. Baseline laboratory workup: 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 Qatar-resident patient should arrive at the NCCCR thoracic oncology referral with the most recent pathology, imaging, and prior treatment history. Reserve Meds organises the documentation pack.

The Qatar prescribing and dispense picture, plainly

In 2026 the Qatar oncology pathway for Alecensa is centred on:

- **NCCCR (National Center for Cancer Care and Research) at Hamad Medical Corporation**: the adult cancer reference centre. Medical oncology and thoracic oncology services. In-house molecular pathology. Weekly molecular tumour board. Institutional pharmacy dispenses Alecensa on the NCCCR oncology formulary. - **Private-sector oncology**: Al Ahli Hospital, Aspetar (sports medicine focused, not the typical oncology route), and the Sidra adult adjacency are limited; the dominant operational pathway is NCCCR public-sector. - For Qatar nationals, the NCCCR pathway includes coverage under the national health insurance scheme administered by the National Health Insurance Company (Seha) for approved oncology medications.

The pathway:

1. **Diagnosis and molecular confirmation**: at NCCCR pathology, with reference-lab support for complex molecular work. 2. **Multidisciplinary tumour board review**: weekly NCCCR thoracic / molecular tumour board documents the rationale and treatment plan. 3. **Treatment approval**: through NCCCR's chemotherapy and high-cost drug committee for institutional dispensing. 4. **Pharmacy dispense**: NCCCR institutional pharmacy. Refill is monthly with ongoing monitoring lab documentation.

Cost expectation in QAR

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 cost approximately USD 170,000 to USD 190,000. At indicative 2026 cross rates, a 30-day supply at USD 15,000 is approximately QAR 54,500, and annual cost at USD 180,000 is approximately QAR 655,000. A 2.5-year metastatic course is approximately QAR 1.64 million cumulative drug cost; a 2-year adjuvant course is approximately QAR 1.31 million.

For Qatari nationals on the NCCCR institutional pathway with national health insurance coverage, out-of-pocket cost for Alecensa is typically minimal. For expatriate residents and 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 Qatar'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 with no animal-source material in standard manufacturing, 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 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, requires a sustained routine. Reserve Meds documents the practical scaffolding (medication diary, smartphone reminders, family co-monitoring) 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. The clinical conversation with the treating oncologist about which TKI to start is the central decision.

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 Qatar Alecensa case we build the document pack, support the NCCCR referral conversation, coordinate the insurance and institutional approval pathway, set up the first dispense at NCCCR or the chosen private-sector pharmacy, and stay with the case through the refill cycle. Clinical decisions remain with your treating medical oncologist and the NCCCR 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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