Alecensa

United Arab Emirates · access guide

How to access Alecensa for ALK-positive non-small-cell lung cancer from the UAE: 2026 pathway via UAE medical oncology and specialty pharmacy supply

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

The UAE has built one of the deepest medical oncology and molecular diagnostics networks in the wider region. Cleveland Clinic Abu Dhabi, Sheikh Shakhbout Medical City, Burjeel Medical City, American Hospital Dubai, Mediclinic City Hospital, and King's College Hospital London Dubai all run thoracic and medical oncology services that diagnose, biomarker-test, and treat non-small-cell lung cancer (NSCLC) from first-line metastatic through later-line salvage. Alecensa (alectinib) is registered with the Emirates Drug Establishment and sits in routine first-line use at these centres for confirmed ALK-positive disease. For a UAE patient with newly diagnosed metastatic NSCLC where the biopsy has returned an ALK rearrangement, or with stage IB to IIIA disease post-resection where the resected tissue confirms ALK positivity, the operational question is no longer whether a second-generation ALK tyrosine kinase inhibitor is reachable: it is which prescribing centre fits the case, how the molecular diagnostic confirmation gets done, what the insurance pre-authorisation conversation looks like, and how the refill cycle settles into a multi-year treatment course.

This page explains how the pathway works in 2026 for a UAE-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 (liver enzymes, creatine kinase, heart rate, photosensitivity, the rare but serious risk of interstitial lung disease), and how the longer-term treatment course fits into a UAE family's life. It is concierge documentation written for a family that is already in conversation with a treating medical oncologist and wants the operational reality laid out plainly.

Why Alecensa, and why now

Alecensa is alectinib, a second-generation, central-nervous-system-penetrant ALK tyrosine kinase inhibitor developed by Roche in collaboration with Chugai Pharmaceutical. The FDA first approved Alecensa in December 2015 as a post-crizotinib treatment, converted to full first-line approval in November 2017 based on the ALEX trial, and expanded the label in April 2024 to adjuvant treatment after complete resection of ALK-positive stage IB to IIIA NSCLC based on the ALINA trial. EMA approval followed a parallel timeline.

For the UAE patient with newly diagnosed metastatic ALK-positive NSCLC, the ALEX trial data is the central decision input. ALEX randomised 303 previously untreated patients to Alecensa or crizotinib; median progression-free survival was 34.8 months on Alecensa versus 10.9 months on crizotinib, and central-nervous-system objective response rate was 81 percent versus 50 percent for measurable baseline CNS metastases. Long-term follow-up shows 5-year overall survival of approximately 62 percent on Alecensa in the first-line setting. This is treatment-relevant data for a 45-year-old never-smoker who has just received a stage IV lung cancer diagnosis.

For the UAE patient with a completely resected ALK-positive stage IB-IIIA NSCLC, the ALINA trial established 2 years of adjuvant Alecensa as superior to platinum-based adjuvant chemotherapy. Disease-free survival hazard ratio was 0.24 favouring Alecensa. This is a relatively new indication and the prescribing conversation increasingly anchors on it for resected patients.

What Alecensa is, in plain language

Alecensa is an oral capsule. Four 150 mg capsules at each dose, two doses per day, twelve hours apart, taken with food. The total daily dose is 1,200 mg. Storage is room temperature; no refrigeration is required. There is no infusion, no inpatient stay, no certified-centre requirement. After the prescribing oncologist writes the first prescription and the dispensing pharmacy fills it, the patient takes Alecensa at home, returns for monitoring labs on a defined schedule, and returns for imaging every 8 to 12 weeks to assess disease response.

For metastatic disease, treatment continues until the disease progresses or the patient does not tolerate the medication. Median time on therapy in the ALEX cohort was 28.1 months. For the adjuvant indication, treatment is fixed at 2 years per the ALINA protocol.

The mechanism, in clinical shorthand: ALK rearrangement creates a constitutively active fusion protein (most commonly EML4-ALK) that drives malignant transformation of bronchial epithelial cells. Alecensa binds the ATP-binding pocket of the ALK kinase domain with approximately 10-fold greater potency than crizotinib, achieves meaningful concentrations in the central nervous system because it is not a substrate of P-glycoprotein, and remains active against most ALK kinase-domain resistance mutations that arise on crizotinib. Alecensa is not active against the ALK G1202R resistance mutation; progression mediated by G1202R typically routes to lorlatinib next.

The biomarker requirement: confirmed ALK rearrangement

Alecensa is a targeted therapy. It does not work on ALK-negative disease, and prescribing it without confirmed ALK positivity is not appropriate. The eligibility gate is the molecular diagnostic confirmation.

ALK rearrangement is detected by one or more of:

- **Immunohistochemistry (IHC)**, typically using the Ventana ALK (D5F3) assay. This is the rapid, inexpensive screening test. Positive IHC in adequate tissue is generally sufficient to start treatment at most UAE centres, with confirmatory FISH or NGS when histology is borderline or when fusion-partner detail will affect later-line decisions. - **Fluorescence in situ hybridisation (FISH)**: the traditional gold-standard test; detects ALK break-apart rearrangements regardless of fusion partner. Slower turnaround but high specificity. - **Next-generation sequencing (NGS)**, on tumour tissue or on circulating tumour DNA (liquid biopsy from plasma). Identifies the ALK rearrangement plus the specific fusion partner (EML4-ALK in approximately 85 percent of cases), co-occurring driver mutations, and resistance mutations at progression.

UAE-side molecular diagnostic capability sits at the prescribing centres' own pathology departments (Cleveland Clinic Abu Dhabi pathology, SSMC pathology, the Mediclinic Middle East lab network) and at regional and international reference laboratories (Caris Life Sciences, Foundation Medicine) for NGS panels and complex liquid biopsy work. If the original diagnostic biopsy did not include ALK testing, the conversation often starts with submission of archived tissue to a reference lab or with re-biopsy. This is normal in 2026 and not a process delay.

Eligibility at a UAE oncologist's clinic

For UAE-resident patients, the medical and thoracic oncology services apply the FDA, EMA, and major-guideline criteria:

1. Histologically confirmed NSCLC (predominantly adenocarcinoma; squamous histology with ALK rearrangement is uncommon but possible). 2. Confirmed ALK rearrangement by IHC, FISH, or NGS. 3. **For metastatic indication**: stage IV disease confirmed by contrast CT chest/abdomen/pelvis, PET-CT, and brain MRI. 4. **For adjuvant indication**: stage IB (tumour 4 cm or larger) through IIIA disease with complete tumour resection and confirmed ALK rearrangement on resected tissue. 5. Baseline laboratory workup: complete blood count, comprehensive metabolic panel including liver function tests, bilirubin, creatine kinase. 6. Baseline ECG with QTc and heart-rate documentation. Alecensa can cause symptomatic bradycardia. 7. Baseline pulmonary assessment. Interstitial lung disease (ILD) on Alecensa is uncommon (under 1 percent) but life-threatening when it occurs; baseline characterisation matters. 8. Pregnancy and lactation screen. Alecensa is contraindicated in pregnancy. Effective contraception is required for women of reproductive potential during treatment and for one week after the last dose. Lactation is contraindicated during treatment and for one week after the last dose. 9. Drug interaction screen for current medications and herbal products. Strong CYP3A4 inhibitors (clarithromycin, ketoconazole, ritonavir) and strong inducers (rifampin, phenytoin, St John's wort) alter alectinib exposure. Grapefruit and grapefruit juice are avoided.

A UAE patient should arrive at the oncology conversation with the most recent diagnostic workup: pathology report with histology and biomarker results, contrast CT or PET-CT imaging, brain MRI, and the full treatment history with response and tolerability data if any prior systemic therapy has been given. Reserve Meds organises this documentation pack so the oncology team can confirm eligibility on the first review.

The UAE prescribing and dispense picture, plainly

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

- Cleveland Clinic Abu Dhabi, with a comprehensive medical oncology service and an active molecular tumour board that reviews ALK-positive cases. - Sheikh Shakhbout Medical City, with a medical oncology service and MD Anderson Cancer Center affiliation. - Burjeel Medical City, with an oncology programme that handles ALK-positive NSCLC in the standard UAE oncology pathway. - American Hospital Dubai oncology, with medical oncology and thoracic oncology services that prescribe Alecensa in the standard first-line ALK-positive metastatic NSCLC setting. - Mediclinic City Hospital comprehensive cancer centre, with medical oncology services and a tumour board that reviews molecular-driven cases. - King's College Hospital London Dubai, oncology service with international consultant coverage.

The pathway:

1. **Diagnosis and molecular confirmation**: typically done at the diagnosing centre's pathology lab or sent to a regional reference lab. Turnaround for ALK IHC is 3 to 7 days in most UAE labs; FISH adds another week; NGS adds 2 to 4 weeks. 2. **Multidisciplinary tumour board review**: most major UAE oncology centres run a thoracic or molecular tumour board that documents the ALK-positive rationale and treatment plan. 3. **Insurance pre-authorisation**: most UAE private insurers require documented ALK rearrangement, MDT recommendation, and a clinical rationale letter from the prescribing oncologist before approving Alecensa coverage. Daman and Thiqa for Emirati nationals follow institutional pathways; commercial insurers (AXA Gulf, NEXtCARE, MSH, Bupa Global, Allianz Care) handle Alecensa on a case-by-case basis. Pre-authorisation typically takes 5 to 14 days for a complete file. 4. **Pharmacy dispense**: the prescribing centre's pharmacy or a partnered specialty pharmacy fills a 30-day or 60-day supply. Roche's regional commercial supply runs through Cigalah, Gulf Pharmaceutical Industries, or country-specific distributors depending on emirate and prescribing centre. 5. **Refill cycle**: monthly thereafter for as long as the patient is on treatment. Continued dispensing typically requires documentation of ongoing monitoring labs and treatment response.

Cost expectation in AED

US list price (2026) for Alecensa at the standard 600 mg twice-daily dose is approximately USD 14,000 to USD 16,000 per 30-day supply, with an annual cost of approximately USD 170,000 to USD 190,000. For the adjuvant indication, total drug cost over the fixed 2-year course is approximately USD 340,000 to USD 380,000. For the metastatic indication, the median patient accrues 2 to 3 years on therapy.

At indicative 2026 cross rates, a single 30-day supply at USD 15,000 is approximately AED 55,000, and the annual cost at USD 180,000 is approximately AED 660,000. A typical 2.5-year metastatic-disease course at AED 660,000 per year is approximately AED 1.65 million in cumulative drug cost. The 2-year adjuvant course is approximately AED 1.3 million.

Total cost of care additions include the oncologist's consultation fees (typically 2 to 4 visits per year), monitoring laboratory fees (every 2 weeks for the first 3 months then monthly), imaging fees (contrast CT or PET-CT every 8 to 12 weeks, brain MRI every 12 weeks if CNS metastases at baseline), and supportive care (photoprotection counselling, symptom-driven antiemetic and antidiarrhoeal coverage). These add 5 to 15 percent to the drug cost base in UAE private-sector settings.

Thiqa coverage for Emirati nationals has historically extended to oncology medications on the SFDA and EDE approved-drug formulary; the pre-authorisation conversation runs through the prescribing centre's insurance liaison. Daman and other commercial covers vary; the financial pre-authorisation review at the prescribing centre is the gating step before the first dispense.

Monitoring on therapy

The monitoring schedule for Alecensa is structured around the principal toxicities:

- **Liver function tests**: every 2 weeks for the first 3 months, then monthly. AST and ALT elevations (typically grade 1 to 2) are common and self-limited; grade 3 to 4 elevations require dose interruption per protocol with re-introduction at a reduced dose once enzymes recover. - **Creatine kinase**: every 2 weeks for the first month, then every 4 weeks or as clinically indicated. Myalgia plus CK elevation may indicate alectinib-related myopathy; dose modification per protocol. - **Heart rate and ECG**: as clinically indicated. Symptomatic bradycardia (heart rate under 60 beats per minute with symptoms) is uncommon and managed with dose reduction or interruption. - **Pulmonary symptoms**: any new or worsening dyspnoea, cough, or fever triggers high-resolution CT chest and pulmonology input to evaluate for interstitial lung disease. ILD is uncommon (under 1 percent) but is the toxicity that requires the most disciplined symptom awareness. - **Photosensitivity**: counsel sun avoidance, broad-spectrum high-SPF sunscreen, and protective clothing. Photosensitivity reactions on Alecensa can be marked, and the UAE's UV-intense climate makes this counselling more salient than in temperate-climate trial cohorts. - **Disease assessment**: contrast CT or PET-CT every 8 to 12 weeks for metastatic disease; brain MRI every 12 weeks if CNS metastases at baseline. For the adjuvant indication, surveillance imaging per institutional protocol.

Religious, ethical, and family-logistics framing

Alecensa is an oral small molecule. There is no animal-source material in standard manufacturing, no donor cells, no blood product. Halal and kosher acceptability are not in question. The classical Islamic jurisprudential framework for chronic medication in life-threatening illness already endorses the treatment shape.

The family-logistics burden of Alecensa sits in the chronicity and the discipline. A 1,200 mg total daily dose split twelve hours apart, with food, for two to three years (metastatic) or two years (adjuvant), with monitoring labs every two weeks for the first three months, is an operational commitment that needs to be set up correctly from day one. Adherence support (medication diary, smartphone reminders, family member co-monitoring) is part of the practical handoff at first refill. Younger patients of reproductive potential need a contraception plan documented before prescribing.

For working patients (and many ALK-positive NSCLC patients are working-age), the schedule is manageable. The capsules are taken with breakfast and dinner. Monitoring lab visits cluster well around standard workweek patterns. Imaging is the main calendar disruption, and most UAE centres offer evening and weekend slots.

When Alecensa is not the right call

Alecensa is the right answer for confirmed ALK-positive NSCLC in the indications above. It is not the right answer for:

- ALK-negative disease (the biomarker gate is non-negotiable; ALK-negative NSCLC routes to other targeted therapies, immune checkpoint inhibitors, or platinum-doublet chemotherapy depending on biomarker profile and stage). - Patients with a history of clinically significant interstitial lung disease; the ILD risk on Alecensa makes the risk-benefit unfavourable. - Patients with severe hepatic impairment (Child-Pugh C); dose adjustment data is limited. - Pregnancy. Effective contraception is required during treatment and for one week after the last dose.

For confirmed ALK-positive NSCLC where Alecensa is not the chosen first-line option, the alternatives in 2026 are lorlatinib (third-generation, particularly active in CNS-heavy presentations and against G1202R; first-line use is increasing based on the CROWN trial) and brigatinib (second-generation, alternative first-line option). Crizotinib is rarely first-line in 2026 due to inferior PFS and CNS penetration versus the second- and third-generation TKIs. The clinical conversation with the treating oncologist about which TKI to start is real and worth having; this page describes Alecensa because that is the medication you have asked about.

Reserve Meds does not push a default. The page above describes the Alecensa pathway because Alecensa is the ALK TKI the patient has asked about. If the conversation with the treating oncologist points toward lorlatinib or brigatinib, the operational pathway shifts accordingly and we coordinate that pathway instead.

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 UAE Alecensa case we build the document pack (pathology report, molecular diagnostic results, imaging, prior treatment history, oncologist clinical rationale letter), submit first-review requests to the chosen prescribing centre, coordinate the insurance pre-authorisation conversation alongside the clinical workup, set up the first 30-day or 60-day dispense at the chosen pharmacy, and stay with the case through the refill cycle for as long as the family wants concierge support. 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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