

## Alunbrig

Abu Dhabi · access guide

# How to access Alunbrig for ALK-positive metastatic 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.

If your lung cancer is ALK positive, the treatment plan shifts to a class of oral targeted therapies known as ALK inhibitors. Alunbrig is one of them. This page is the Reserve Meds operational guide for accessing Alunbrig from the Emirate of Abu Dhabi.

Alunbrig is the brand name for brigatinib, a second-generation oral ALK tyrosine kinase inhibitor developed by Takeda Oncology. Once-daily oral therapy after a 7-day lead-in. It has the strongest published evidence of brain-metastasis response among the ALK inhibitor class (78 percent intracranial response rate in the ALTA-1L pivotal trial for patients with measurable CNS disease at baseline).

## Regulatory status in the UAE

Brigatinib is on the Emirates Drug Establishment (EDE) registered specialty medicines list. The Abu Dhabi Department of Health (DoH) licensing framework for thoracic and medical oncology prescribers is mature, and brigatinib falls within standard specialty oncology practice. Both routes can carry brigatinib into Abu Dhabi: established institutional import via a hospital pharmacy and named-patient or specialty importer for cases where the dispensing hospital does not stock the product directly.

What this means for you in practice: the regulatory gate is not the bottleneck. The bottleneck is matching you to the right Abu Dhabi thoracic oncology service, confirming the molecular workup is current and reproducible, and getting the supply chain lined up before treatment day. Reserve Meds operates in that bottleneck.

## Where adult ALK+ NSCLC is treated in Abu Dhabi

Brigatinib is an oral therapy. You need a thoracic oncology service with two specific capabilities: routine ALK testing (NGS preferred) and neuro-oncology coverage for CNS surveillance. Brain metastases are common in ALK+ disease and the imaging cadence matters.

The Abu Dhabi depth bench for adult ALK+ NSCLC includes:

- **Cleveland Clinic Abu Dhabi (CCAD)**. The deepest molecular tumour board in the country, with NGS routine for thoracic malignancies and direct international consult lines into the Cleveland Clinic main campus. Thoracic oncology is a dedicated service line. This is the default destination for complex ALK+ NSCLC cases in the emirate. - **Sheikh Shakhbout Medical City (SSMC)**. MD Anderson Cancer Center affiliation. Thoracic oncology and surgical pathology depth. The MD Anderson protocol alignment is a meaningful clinical feature for ALK+ NSCLC cases. - **Tawam Hospital (Al Ain)**. The UAE's longstanding oncology referral with a national-scale patient base and a multidisciplinary thoracic oncology programme. SEHA flagship oncology centre. - **Burjeel Medical City**. Private-sector oncology programme with NGS pipeline access and thoracic oncology continuity. - **Yas Clinic Hospital**. Oncology service has expanded following the 2026 cell therapy leadership additions; accepts targeted-therapy referrals. - **Mafraq Hospital and NMC Royal Khalifa City**. Additional regional capacity.

Reserve Meds books the introductory consultation at the Abu Dhabi service that matches your profile (insurance, geography, prior treatments, brain-mets burden, and language preference). For Dubai-resident patients who choose Abu Dhabi for the deepest molecular review, the cross-emirate referral is straightforward.

## Eligibility and the molecular workup

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Alunbrig is approved for adults with ALK-positive metastatic NSCLC. Three eligibility criteria:

1. Histologically confirmed non-small cell lung cancer, stage IV or unresectable locally advanced. 2. ALK rearrangement confirmed by an FDA-approved or equivalent test. The most reliable workup in 2026 Abu Dhabi practice is comprehensive NGS on the tumour block, with FISH and IHC as supporting modalities. CCAD molecular pathology and SSMC pathology both run comprehensive solid-tumour NGS in-house. If your pathology was done outside the UAE and is more than 12 to 18 months old, the receiving oncologist often requests re-testing on a current block. 3. First-line setting (no prior ALK inhibitor) or post-crizotinib progression.

Brigatinib is not approved for paediatric or adolescent patients. Adults 18 and over only.

If your molecular workup is incomplete, Reserve Meds will help coordinate a re-biopsy at the receiving institution. The most common re-biopsy sites in Abu Dhabi are CCAD and SSMC.

## The supply picture

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Brigatinib supply in Abu Dhabi follows one of three paths:

1. **In-hospital pharmacy supply**. The tertiary centres carry brigatinib in stock or order on-demand from the local importer. If you are being treated at CCAD, SSMC, Tawam, or Burjeel Medical City, this is usually the path. 2. **Specialty importer dispensing**. Registered specialty pharmacy importers for the UAE market can supply brigatinib against an active prescription. 3. **Named-patient cross-border procurement**. Where the standard import channel is in transition, Reserve Meds organises a named-patient route via a registered specialty distributor. This adds 2 to 4 weeks; we use it only when the other two paths cannot meet the treatment timeline.

For routine first-line ALK+ NSCLC, the in-hospital pharmacy path is the working assumption. We confirm at intake before booking the consultation.

## Cost picture

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Brigatinib at US wholesale list is approximately USD 20,826 per 30-tablet bottle of the 180 mg maintenance strength. At Abu Dhabi pharmacy list, the comparable monthly cost is in the range of AED 92,000 to AED 118,000 depending on the importer markup and dispensing institution.

Annualised cost of brigatinib therapy alone is approximately AED 1.10 million to AED 1.42 million per year at list price. Total cost of care including thoracic oncology consultations, CT and MRI surveillance every 8 to 12 weeks, and laboratory monitoring adds on the order of AED 80,000 to AED 150,000 per year depending on the venue.

Coverage routes:

- **Thiqa** applies for Emirati nationals. Specialty oncology cover for documented ALK+ NSCLC is generally robust through the SEHA and DoH-licensed prescribing centres. - **Daman** and other commercial covers (AXA Gulf, Bupa Arabia, Cigna, Aetna International, NEXtCARE, MSH, Allianz Care) reimburse brigatinib under specialty oncology benefit with pre-authorization. The documentation requirement is documented ALK rearrangement, MDT recommendation, and a clinical rationale letter from the prescribing oncologist. - **Self-pay**: documented pathway for non-covered residents.

For uncovered or under-covered patients, Reserve Meds documents the cash-pay alternative path and the Takeda patient access programmes that exist in some markets. The US copay-assistance programme does not extend to UAE residents.

## Step-by-step pathway

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1. Confirm the molecular diagnosis. Send Reserve Meds the pathology report, the imaging study (chest CT and brain MRI), and the prior treatment history. 2. Reserve Meds books the oncology consultation. We arrange the appointment, the hospital paperwork, and the molecular tumour board review. We do not bill you for the consultation; you pay the hospital directly per their standard rate. 3. Pre-authorization. The thoracic oncologist writes the letter of medical necessity. Reserve Meds works with your insurer (Thiqa or Daman or commercial) to pre-authorise the prescription before treatment day. 4. Pharmacy confirmation. The hospital pharmacy confirms in-stock or scheduled delivery from the importer. 5. Treatment initiation. 90 mg orally daily for 7 days. Daily symptom diary. Phone call follow-up at day 7. The 7-day lead-in is designed to flag early pulmonary adverse events; do not skip it. 6. Dose escalation. 180 mg orally daily from day 8 if tolerated. Oncology follow-up at week 2 and week 4. 7. Maintenance. Oncology follow-up every 4 to 8 weeks initially. CT surveillance every 8 to 12 weeks. Brain MRI surveillance based on baseline CNS burden. 8. Longitudinal continuity. Reserve Meds remains available for refill coordination, traveling-patient pharmacy coverage, and any cross-emirate or cross-country logistics during treatment.

## Monitoring and what to watch for

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The 7-day lead-in is the critical window. Severe pulmonary adverse events including pneumonitis have been reported with brigatinib, with most onset within the first 7 days of treatment and a median onset of 2 days. The standard protocol mitigates this risk: 90 mg daily for the first week, then escalate to 180 mg. Older patients and patients with a short interval (less than 7 days) between the last dose of crizotinib and the start of brigatinib are at higher risk.

Beyond the pulmonary window, ongoing monitoring includes:

- Blood pressure at each visit (brigatinib causes hypertension in a substantial minority) - Heart rate (bradycardia is a recognised adverse event) - Liver function tests at baseline and at follow-up - Creatine phosphokinase, amylase, lipase, glucose at follow-up - Vision change reporting - CT or MRI imaging on the 8 to 12 week cadence the oncologist sets

For Abu Dhabi patients with documented diabetes, the hyperglycaemia profile is worth flagging to the diabetologist or family physician who manages your other care.

## **Religious-ethical framing**

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Adult oncology drugs do not raise the religious-ethical questions that gene therapies or ex-vivo cell therapies raise. Brigatinib is a once-daily oral tablet; no genetic editing, no autologous cell processing, no fetal-tissue derivation. Established Islamic medical-ethics guidance from the GCC councils treats oral oncology medication as a standard medical intervention with no special ruling required.

Two practical points:

1. Diagnostic privacy: the information is private to the patient and the family unit. Reserve Meds operates under strict confidentiality. 2. Prognosis: that conversation belongs with the thoracic oncologist, not Reserve Meds.

For Emirati patients in Abu Dhabi, the family-decision-making norm is typically: the patient, the spouse, and a senior family member (parent, sibling, or eldest child) make the call together with the oncologist. Reserve Meds copy and our intake conversations respect that family unit.

## **When Alunbrig is not the right call**

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Five common scenarios where the thoracic oncologist will recommend a different ALK inhibitor or a different therapy:

1. Prior brigatinib failure: lorlatinib or chemo-immunotherapy next. 2. Severe baseline pulmonary disease: alectinib often preferred for the safer first-week profile. 3. First-line case with oncologist preference for an alternative: alectinib or lorlatinib. 4. Non-ALK driver mutation: different targeted therapy class. 5. Patient declines targeted therapy: chemo-immunotherapy or trial enrollment.

Reserve Meds does not steer you toward Alunbrig. If the oncologist says alectinib or lorlatinib is the better fit for your case, Reserve Meds opens the access pathway to that drug instead.

## **What Reserve Meds is and is not**

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Reserve Meds is a Dubai-registered concierge service that coordinates UAE-resident and cross-border patient access to specialty oncology medicines. We are not a hospital, a pharmacy, or a medical practice. We do not prescribe, dispense, or administer medication. We do not provide medical advice on drug selection.

What we do: confirm the molecular workup, book the oncology consultation, coordinate the pharmacy supply chain, document pre-authorisation, and remain the operational backstop for the year-plus of follow-up care.

If you or a family member has been told that the lung cancer is ALK positive and you want to understand what the brigatinib pathway looks like from Abu Dhabi, contact Reserve Meds. Send the pathology report and prior treatment history. We respond within 24 hours with the recommended Abu Dhabi oncology service, the supply picture, and the authorisation pathway.

Clinical decisions remain with your treating thoracic 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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### **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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