

Alunbrig

Bahrain · access guide

How to access Alunbrig for ALK-positive metastatic non-small cell lung cancer from Bahrain: 2026 pathway via Bahrain Oncology Center and cross-border centres

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 Kingdom of Bahrain.

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

Brigatinib is subject to the National Health Regulatory Authority (NHRA) of Bahrain registration pathways under the prescription oncology specialty medicines framework. NHRA's 2019 advanced therapy and specialty oncology regulatory framework is mature; brigatinib does not require special-pathway treatment because it is a small-molecule oral therapy.

What this means in practice for a Bahrain resident with ALK+ NSCLC: where local pharmacy supply is registered, in-country dispensing applies. Where local supply is not yet registered, named-patient cross-border procurement applies or treatment proceeds at a regional cross-border centre under MoH treatment-abroad funding.

Where adult ALK+ NSCLC is treated in Bahrain and regional alternatives

Brigatinib is an oral therapy. You need a thoracic oncology service with ALK testing access and neuro-oncology coverage. The depth bench in Bahrain plus the cross-border default:

In-country

- **Bahrain Oncology Center (BOC) at King Hamad American Mission Hospital.** Dedicated oncology campus with thoracic oncology service and access to molecular pathology. The closest thing to an in-country tertiary oncology destination. - **King Hamad University Hospital (KHUH) Muharraq.** Oncology and pathology; pulmonology and thoracic surgery on site. - **Salmaniya Medical Complex (SMC).** Public-sector tertiary; oncology service. - **Bahrain Defence Force (BDF) Hospital.** Military-affiliated tertiary; oncology continuity. - **Bahrain Specialist Hospital and the Aster network:** private-sector secondary services with oncology continuity.

NGS for ALK testing is available in Bahrain through BOC and KHUH with referrals to regional reference laboratories where on-site capacity is insufficient.

Cross-border (the default for complex ALK+ NSCLC workup)

- **KFSHRC Riyadh and KFSH Jeddah.** The deepest molecular oncology programmes in the GCC. The longstanding cross-border default for complex Bahrain oncology cases. - **NCCCR Hamad Medical Corporation Doha.** 90-minute flight from Manama. Qatar's adult oncology referral with full NGS and thoracic oncology depth. - **Cleveland Clinic Abu Dhabi and SSMC.** UAE-based options for cross-border ALK+ NSCLC workup, particularly for Bahrain residents with employment or family ties in the UAE. - **King Hussein Cancer Center Amman.** Regional reference cancer centre; longstanding cross-border destination for GCC patients.

Bahrain's MoH has a documented treatment-abroad funding pathway that covers cross-border specialty oncology care where in-country supply or service is insufficient. ALK+ NSCLC is an established use case.

Reserve Meds books the introductory consultation at BOC for in-country workup, with cross-border referral arranged where the case complexity or supply constraints warrant.

Eligibility and the molecular workup

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. Comprehensive NGS on the tumour block is the preferred workup. Where in-Bahrain NGS access is constrained, the tumour block is sent to a regional reference laboratory (KFSHRC Riyadh, NCCCR Doha, or a CAP-accredited international laboratory).
3. First-line setting or after crizotinib progression.

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

If your molecular workup is incomplete, the receiving service will arrange re-biopsy and re-testing. The MoH framework for genetic counselling and patient consent applies.

The supply picture

Three supply paths in Bahrain:

1. **In-country pharmacy supply where registered.** BOC and KHUH pharmacy carry brigatinib where local supply is established with the registered importer. 2. **Specialty importer dispensing.** Registered specialty pharmacy importers for the Bahrain market can supply brigatinib. 3. **Named-patient cross-border procurement.** Where in-country supply is not yet established, named-patient routes via the receiving cross-border institution (KFSHRC Riyadh, NCCCR Doha) are the practical default. This is the standard pathway for many Bahraini patients with ALK+ NSCLC as of 2026.

Reserve Meds confirms the supply path at intake. Where cross-border treatment is the working assumption, we coordinate the institutional referral and the MoH treatment-abroad funding application in parallel.

Cost picture

Brigatinib at international pharmacy list price for the 180 mg maintenance strength runs approximately BHD 9,400 to BHD 12,100 per month. Annualised cost of brigatinib therapy alone is approximately BHD 113,000 to BHD 145,000 per year at list price. Total cost of care including thoracic oncology follow-up and imaging surveillance adds on the order of BHD 8,000 to BHD 15,000 per year.

Coverage routes:

- **Bahraini nationals:** MoH and Royal Medical Services pathways apply. Specialty oncology cover for documented ALK+ NSCLC is generally robust, and MoH treatment-abroad funding extends to cross-border care where indicated. - **Residents with employer or private insurance:** AXA Gulf, Bupa Arabia, GIG Gulf, Solidarity, and other commercial covers reimburse brigatinib under specialty oncology benefit with pre-authorisation. - **Self-pay:** documented pathway for non-covered residents. - **MoH Treatment Abroad Office:** covers cross-border specialty oncology where in-country access is insufficient. ALK+ NSCLC with brigatinib has documented precedent.

Reserve Meds documents the coverage path at intake.

Step-by-step pathway

1. Confirm molecular diagnosis. Send Reserve Meds the pathology report, chest CT, brain MRI, and prior treatment history. 2. Reserve Meds books the oncology consultation. BOC in-country if local pathway is the working assumption; KFSHRC Riyadh or NCCCR Doha if cross-border is the working assumption. 3. Pre-authorisation by the thoracic oncologist's letter of medical necessity. For cross-border cases, the MoH Treatment Abroad Office submission runs in parallel. 4. Pharmacy confirmation. Hospital pharmacy confirms in-stock or scheduled delivery. 5. Treatment initiation. 90 mg orally daily for 7 days. Daily symptom diary. Phone follow-up at day 7. 6. Dose escalation. 180 mg 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. CT every 8 to 12 weeks. Brain MRI per CNS burden. For cross-border patients, follow-up can be split: imaging and basic monitoring in Bahrain, oncology consultation at the host institution every 8 to 12 weeks. 8. Longitudinal continuity. Reserve Meds remains available for refill coordination and cross-border logistics during treatment.

Monitoring and safety

The 7-day lead-in is the critical window. Severe pulmonary adverse events including pneumonitis have been reported with brigatinib; most onset within the first 7 days, median onset 2 days. The 90 mg lead-in is designed to mitigate this risk.

For Bahraini patients on cross-border pathway, the practical implication is that the first 7 days are best spent within close access to the prescribing oncologist's service. If you have started at KFSHRC Riyadh or NCCCR Doha, plan to stay regionally for the lead-in week and the dose-escalation visit at week 2.

Ongoing monitoring: - Blood pressure each visit - Heart rate - Liver function tests - Creatine phosphokinase, amylase, lipase, glucose - Vision change reporting - CT or MRI imaging on the 8 to 12 week cadence

For Bahraini patients with documented diabetes, the hyperglycaemia profile is worth flagging to the diabetologist managing your other care.

Religious-ethical framing

Adult oncology drugs do not raise the religious-ethical questions that gene 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 treats oral oncology medication as standard medical intervention.

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.

The Bahraini family-decision model typically includes the patient, the spouse, a senior family member, and the treating oncologist. Reserve Meds intake conversations respect that family unit.

When Alunbrig is not the right call

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

1. Prior brigatinib failure: lorlatinib or chemo-immunotherapy next. 2. Severe baseline pulmonary disease: alectinib often preferred for safer first-week profile. 3. First-line case with oncologist preference for 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 promote Alunbrig over peers.

What Reserve Meds is and is not

Reserve Meds is a Dubai-registered concierge service. We are not a hospital, pharmacy, or medical practice. We do not prescribe, dispense, or administer medication. We do not provide medical advice on drug selection.

What we do: confirm molecular workup, book the oncology consultation, coordinate pharmacy supply, document pre-authorisation, coordinate the MoH treatment-abroad funding submission where applicable, and remain the operational backstop for follow-up care.

If you or a family member has been told that the lung cancer is ALK positive and you want to understand the brigatinib pathway from Bahrain, contact Reserve Meds. Send the pathology report and prior treatment history. We respond within 24 hours with the recommended service (in-country or cross-border), the supply picture, and the funding 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.

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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