

Alunbrig

Qatar · access guide

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

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

If your lung cancer is ALK positive, the treatment plan pivots from generic chemotherapy 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 Qatar.

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. The ALK inhibitor with the strongest published evidence of brain-metastasis response (78 percent intracranial response rate in the ALTA-1L pivotal trial for patients with measurable CNS disease at baseline).

Regulatory status

Brigatinib is recognised by Qatar's Ministry of Public Health Department of Pharmacy and Drug Control (MoPH DPDC) under the prescription oncology specialty medicines pathway. Hamad Medical Corporation procurement and registered specialty importers are the two operational supply routes.

The regulatory gate is not the bottleneck. The bottleneck is matching you to the thoracic oncology service at NCCCR, confirming the molecular workup is reproducible, and getting the pharmacy supply chain lined up before treatment day.

Where adult ALK+ NSCLC is treated in Qatar

Brigatinib is an oral therapy. You need a thoracic oncology service with NGS for ALK testing and neuro-oncology coverage for CNS surveillance. The depth bench in Qatar:

- **National Center for Cancer Care and Research (NCCCR), part of Hamad Medical Corporation, Doha.** Qatar's adult oncology referral. Dedicated thoracic oncology service with molecular pathology, NGS access, and a multidisciplinary tumour board. Radiation oncology and neuro-oncology on site. - **Hamad General Hospital and Al Wakra Hospital** within the HMC network handle continuing care and follow-up where appropriate. - **Sidra Medicine** is paediatric-led and is not the destination for adult ALK+ NSCLC. The Reserve Meds team is explicit about this routing to avoid the cross-referral confusion that has historically affected cell-therapy procurement decisions in the GCC. - **Aspetar, Doha Clinic Hospital, Al-Ahli Hospital, Al Emadi Hospital:** private-sector secondary services with oncology continuity. Not the first-line destination for ALK+ NSCLC initial workup. - **Cross-border alternative:** KFSHRC Riyadh, KFSH Jeddah, KAMC Riyadh, Cleveland Clinic Abu Dhabi, and King Hussein Cancer Center Amman are the cross-border options when MoPH funded treatment-abroad pathway is used.

Reserve Meds books the introductory consultation at NCCCR as the standard first-line destination. Cross-border alternatives are arranged where MoPH treatment-abroad funding or patient preference applies.

Eligibility and the molecular workup

Alunbrig is approved for adults with ALK-positive metastatic NSCLC. The 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. NCCCR molecular pathology runs comprehensive NGS on the tumour block; this is the standard workup. FISH and IHC are acceptable.
3. First-line setting (no prior ALK inhibitor) or after crizotinib progression. Off-label use after alectinib failure is at the thoracic oncologist's discretion.

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

If your pathology workup is incomplete, NCCCR will arrange re-biopsy. The MoPH framework for genetic counselling and patient consent applies to NGS workup as it does to any molecular pathology pathway.

The supply picture

Three supply paths in Qatar:

1. **HMC institutional pharmacy supply.** NCCCR pharmacy carries brigatinib or orders on-demand from the registered importer for Qatar. This is the dominant path for NCCCR-treated patients.
2. **Registered specialty importer dispensing.** A handful of specialty pharmacy importers for the Qatar market carry brigatinib for private-sector dispensing.
3. **Named-patient cross-border procurement.** Where standard supply is constrained, Reserve Meds organises named-patient routes, adding 2 to 4 weeks. Used only when the standard paths cannot meet timing.

For routine first-line ALK+ NSCLC at NCCCR, the HMC institutional path is the working assumption.

Cost picture

Brigatinib at Qatar pharmacy list price for the 180 mg maintenance strength runs approximately QAR 91,000 to QAR 117,000 per month. Annualised cost of brigatinib therapy alone is approximately QAR 1.09 million to QAR 1.40 million per year at list price. Total cost of care including thoracic oncology follow-up and imaging surveillance adds on the order of QAR 75,000 to QAR 145,000 per year.

Coverage routes:

- **Qatari nationals:** HMC NCCCR care is typically covered for citizens. Specialty oncology cover is robust for documented ALK+ NSCLC. - **Residents with employer or private insurance:** Bupa Arabia, Cigna, AXA Gulf, Aetna International and other commercial covers reimburse brigatinib under specialty oncology benefit with pre-authorisation. - **Self-pay:** documented self-pay pathway exists for non-covered residents and visa cases. - **MoPH treatment-abroad funding:** documented for cases where in-country pathway is insufficient (rare for ALK+ NSCLC since NCCCR has the depth, but available for complex cases).

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 at NCCCR (or the cross-border destination where applicable). 3. Pre-authorisation by the thoracic oncologist's letter of medical necessity. 4. Pharmacy confirmation. HMC NCCCR 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. 8. Longitudinal continuity. Reserve Meds remains available for refill coordination.

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. Older patients and patients with a short interval (less than 7 days) between last crizotinib dose and start of brigatinib are at higher risk.

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 Qatari patients with documented diabetes, the hyperglycaemia profile is worth flagging to the diabetologist or family physician.

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 Qatari 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. If the oncologist recommends alectinib or lorlatinib, we open the access pathway to that drug instead.

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, 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 Qatar, contact Reserve Meds. Send the pathology report and prior treatment history. We respond within 24 hours with the recommended service, supply picture, and 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.

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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