

Alunbrig

Saudi Arabia · access guide

How to access Alunbrig for ALK-positive metastatic non-small cell lung cancer from Saudi Arabia: 2026 pathway via KFSHRC Riyadh, KAMC, and certified thoracic oncology centres

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

If you have been told that your lung cancer is ALK positive, the treatment plan changes. ALK positive non-small cell lung cancer (NSCLC) is a genetic-driver disease, not a smoking-history disease, and the standard of care is a class of oral targeted therapies known as ALK inhibitors. Alunbrig is one of them.

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

This page is the Reserve Meds operational guide for accessing Alunbrig from the Kingdom of Saudi Arabia.

Regulatory status

Brigatinib is recognised by the Saudi Food and Drug Authority (SFDA) under the prescription oncology specialty medicines pathway. The SFDA Drug List includes brigatinib under the chronic-care oncology category, and SFDA Gene Therapy Products Registration Guidelines do not apply (brigatinib is a small-molecule oral therapy, not a gene or cell therapy).

What this means in practice for a Saudi resident with ALK+ NSCLC: institutional pharmacy supply at the major tertiary centres is the working assumption, with named-patient cross-border procurement available as a backup when the host institution's pharmacy is not directly stocked. Verify at intake.

Where adult ALK+ NSCLC is treated in Saudi Arabia

The Kingdom has the deepest molecular oncology infrastructure in the GCC. For ALK+ NSCLC specifically, the depth bench includes:

- **King Faisal Specialist Hospital and Research Centre (KFSHRC) Riyadh.** The deepest regional thoracic oncology and molecular diagnostics programme. Routine NGS for ALK, ROS1, EGFR, KRAS, RET, MET, BRAF, NTRK. Dedicated thoracic oncology service line with neuro-oncology and radiation oncology coverage. KFSHRC opened the Kingdom's first in-house point-of-care CAR-T manufacturing facility in late 2025, signalling the depth of its specialty oncology investment. - **KFSH Jeddah.** Second KFSH campus with full ALK+ NSCLC pathway. Same molecular workup capability. - **King Abdulaziz Medical City (KAMC) Riyadh.** National Guard Health Affairs flagship. Thoracic oncology with multidisciplinary tumour board. - **King Fahad Specialist Hospital Dammam.** Tertiary thoracic oncology in the Eastern Province. - **King Khalid University Hospital and King Saud University Medical City Riyadh.** Academic tertiary services with thoracic oncology depth. - **Dr Sulaiman Al Habib Medical Group, Saudi German Hospital Group, Magrabi Hospital Group.** Private-sector tertiary services with NGS access and brigatinib-experienced thoracic oncologists.

For Saudi National Guard, military, and government insurance pathways, KAMC and KFSHRC are the typical destinations. For Bupa Arabia, Tawuniya, MedGulf, AXA Cooperative, and other commercial-cover patients, the private-sector services and KFSHRC are the typical destinations.

Eligibility and the molecular workup

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

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. In Saudi Arabia, comprehensive NGS on the tumour block is the standard at tertiary centres. FISH and IHC are acceptable supporting modalities. KFSHRC Riyadh runs its molecular pathology with international accreditation.
3. First-line setting or after crizotinib progression. Brigatinib has off-label use after alectinib progression in some KSA centres; the call is the thoracic oncologist's.

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

If your molecular workup is incomplete, the receiving service (typically KFSHRC Riyadh, KFSH Jeddah, or KAMC) will arrange re-biopsy and re-testing on a current tumour block before initiating brigatinib.

The supply picture

Three supply paths in Saudi Arabia:

1. **In-hospital pharmacy supply.** KFSHRC Riyadh, KFSH Jeddah, KAMC Riyadh, and the major private-sector groups carry brigatinib in stock or via on-demand local importer order. This is the dominant path for new starts.
2. **Specialty importer dispensing.** Registered specialty pharmacy importers in the Kingdom carry brigatinib. The hospital orders against your prescription and the importer delivers.
3. **Named-patient cross-border procurement.** Where standard supply is constrained, Reserve Meds organises named-patient routes. This adds 2 to 4 weeks and is reserved for situations where standard supply cannot meet timing.

The in-hospital path is the default working assumption.

Cost picture

Brigatinib at Saudi pharmacy list price for the 180 mg maintenance strength runs approximately SAR 94,000 to SAR 120,000 per month. Annualised cost of brigatinib therapy alone is approximately SAR 1.13 million to SAR 1.44 million per year at list price. Total cost of care including thoracic oncology follow-up and imaging surveillance adds on the order of SAR 80,000 to SAR 150,000 per year.

Coverage routes:

- **Citizens (Saudi nationals):** care at MOH and Saudi National Guard or military institutions is typically covered for citizens. Specialty oncology cover is generally robust for documented ALK+ NSCLC at KFSHRC, KAMC, and the major military hospitals. - **Council of Cooperative Health Insurance (CCHI) plans for expatriates and residents:** Bupa Arabia, Tawuniya, MedGulf, AXA Cooperative, and similar carriers reimburse brigatinib under specialty oncology benefit with pre-authorisation. Out-of-pocket spend varies by plan and tier. - **Self-pay:** a documented self-pay pathway exists for non-covered residents and visa cases.

Reserve Meds documents the coverage path at intake and confirms pre-authorisation with the insurer before the first prescription.

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 the recommended service (typically KFSHRC Riyadh or KFSH Jeddah for the first-time consultation; private-sector services where appropriate). 3. Pre-authorisation by the thoracic oncologist's letter of medical necessity. Reserve Meds coordinates with the insurer or with you on cash-pay. 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. 8. Longitudinal continuity. Reserve Meds remains available for refill coordination and cross-country 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. 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 on the 8 to 12 week cadence

For Saudi patients with documented diabetes (regional prevalence is high), the hyperglycaemia profile is worth flagging to the diabetologist managing your other care.

Religious-ethical framing

Adult oncology drugs do not raise the same religious-ethical questions as gene therapies. 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 Saudi Council of Senior Scholars and the Islamic Fiqh Academy 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 and communicates only with the family designate. 2. Prognosis: that conversation belongs with the thoracic oncologist, not Reserve Meds. We coordinate access; the oncologist provides medical guidance.

The Saudi family-decision model typically includes the patient, the spouse, a senior family member (often the father or eldest brother for unmarried patients, the spouse for married patients), and the treating oncologist. Reserve Meds intake conversations respect that.

When Alunbrig is not the right call

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 may be preferred for the safer first-week profile. 3. First-line case with no brain mets and oncologist's preference for alternative: alectinib or lorlatinib. 4. Non-ALK driver mutation: different targeted therapy class. 5. Patient declines targeted therapy: chemo-immunotherapy or clinical trial enrollment.

Reserve Meds does not promote Alunbrig over its peers. If the oncologist recommends alectinib or lorlatinib, we open the access pathway to that drug instead. Access to the right ALK inhibitor for your case is the goal.

What Reserve Meds is and is not

Reserve Meds is a Dubai-registered concierge service that coordinates patient access to specialty oncology medicines across the GCC. 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; that is the thoracic oncologist's call.

What we do is the access layer: 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 Saudi Arabia, contact Reserve Meds. Send us the pathology report and prior treatment history. We will respond within 24 hours with our recommended service, the supply picture, and the cash-pay or insurance 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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