

Alunbrig

United Arab Emirates · access guide

How to access Alunbrig for ALK-positive metastatic non-small cell lung cancer from the UAE: 2026 pathway via Cleveland Clinic Abu Dhabi, SSMC, and certified thoracic oncology centres

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

You have been told that your lung cancer is ALK positive. That single phrase changes the treatment plan. ALK positive non-small cell lung cancer (NSCLC) is a driver-mutation disease, not a smoker's-history disease, and the treatments are 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 is the ALK inhibitor with the strongest published evidence of brain-metastasis response in patients with measurable central nervous system disease, and the one with a recognised early pulmonary adverse-event profile that requires careful first-week monitoring.

This page is the Reserve Meds operational guide for accessing Alunbrig from the United Arab Emirates. It explains the regulatory status, where adult ALK+ NSCLC is treated in-country, what cost you should expect, and what we do as the concierge layer between you and the thoracic oncology service.

Regulatory status in the UAE

Brigatinib is on the Emirates Drug Establishment (EDE) registered specialty medicines list, the federal authority that took over import and registration authority from the legacy Ministry of Health and Prevention pharmacy regulator. Both routes can carry brigatinib into the UAE: 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.

There is no special enrollment process for adult ALK+ NSCLC patients beyond what is standard for any specialty oncology medicine in the UAE: a confirmed molecular diagnosis on FDA-recognised or CAP-accredited pathology, an oncology prescription from a licensed thoracic or medical oncologist, and a pre-authorisation submission to the patient's insurer or to the public coverage scheme.

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

Where adult ALK+ NSCLC is treated in the UAE

Brigatinib is an oral therapy. You do not need a cell therapy centre or a stem cell unit. You need a thoracic oncology service with two specific capabilities: routine ALK testing (next-generation sequencing is preferred and is widely available in UAE tertiary centres) and neuro-oncology coverage for CNS surveillance, because brain metastases are common in ALK+ disease and the imaging cadence matters.

The depth bench in the UAE for adult ALK+ NSCLC includes:

Abu Dhabi

- Cleveland Clinic Abu Dhabi runs 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. - Sheikh Shakhbout Medical City (SSMC) operates with an MD Anderson Cancer Center affiliation, with thoracic oncology and surgical pathology depth. - Tawam Hospital in Al Ain is the UAE's longstanding oncology referral, with a national-scale patient base and a multidisciplinary thoracic oncology programme. - Burjeel Medical City Abu Dhabi runs a private-sector oncology programme with NGS pipeline access. - Yas Clinic Hospital has expanded its oncology service following the 2026 cell therapy administration leadership and accepts targeted-therapy referrals. - Mafraq Hospital and the NMC Royal Khalifa City campus provide additional regional capacity.

Dubai

- Mediclinic City Hospital and Mediclinic Parkview run the dominant private-sector oncology services in Dubai with NGS access and brigatinib-experienced thoracic oncologists. - American Hospital Dubai's oncology service includes thoracic oncology with imaging and pharmacy depth. - King's College Hospital London Dubai runs a UK-trained oncology service with international protocol alignment. - Saudi German Hospital Dubai, NMC Specialty, and Aster Hospitals network provide additional capacity.

Northern Emirates

- Sharjah, Ras Al Khaimah, Ajman, and Fujairah patients typically refer to either Dubai or Abu Dhabi services for ALK+ NSCLC initial workup. The Sheikh Khalifa Specialty Hospital in Ras Al Khaimah and University Hospital Sharjah handle some continuing care.

Reserve Meds books the introductory consultation at the service that matches your profile (insurance, geography, prior treatments, brain-mets burden, and language preference). We do not steer you to any single hospital.

Eligibility and the molecular workup

Alunbrig is approved for adults with ALK-positive metastatic non-small cell lung cancer. Three eligibility criteria typically govern the pathway:

1. Histologically confirmed non-small cell lung cancer, stage IV (metastatic) or unresectable locally advanced.
2. ALK rearrangement confirmed by an FDA-approved or equivalent test. The most reliable workup in 2026 UAE practice is comprehensive NGS on the tumour block, with FISH and IHC as supporting modalities. 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 also has off-label experience after alectinib failure in some MENA centres; that call is the oncologist's.

Brigatinib is not approved for paediatric or adolescent patients. The minimum age in the FDA label is 18 years. There is no UAE-specific exception to this.

If your molecular workup is incomplete or the block is unavailable, Reserve Meds will help you coordinate a re-biopsy at the receiving institution. The most common re-biopsy site in the UAE is Cleveland Clinic Abu Dhabi or Mediclinic City Hospital Dubai depending on geography and the lesion location.

The supply picture

Brigatinib supply in the UAE follows one of three paths depending on the hospital and the year:

1. **In-hospital pharmacy supply.** The largest tertiary centres carry brigatinib in stock or order on-demand from the local importer. If you are being treated at Cleveland Clinic Abu Dhabi, SSMC, Tawam, Mediclinic City Hospital, American Hospital Dubai, or King's College Hospital London Dubai, this is usually the path. 2. **Specialty importer dispensing.** A handful of registered specialty pharmacy importers carry brigatinib for the UAE market. The dispensing hospital orders against your prescription and the importer delivers under cold-chain (brigatinib does not require cold-chain but the importer logistics are the same as for cell therapy products). 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 is the slower path and 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

Brigatinib at US wholesale list is approximately USD 20,826 per 30-tablet bottle of the 180 mg maintenance strength. At UAE 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 at list price is approximately AED 1.10 million to AED 1.42 million for the drug alone. 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.

Thiqa coverage for Emirati nationals applies. Daman, AXA Gulf, Bupa Arabia, Cigna, Aetna International, and other commercial covers reimburse brigatinib under specialty oncology benefit when pre-authorization is submitted with the molecular pathology report and the thoracic oncologist's letter of medical necessity. Out-of-pocket spend varies sharply between plans; confirm at intake.

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, but Takeda's regional access channels do operate.

Step-by-step pathway

1. Confirm the molecular diagnosis. Send Reserve Meds the pathology report, the imaging study (chest CT and brain MRI), and the prior treatment history. We review with the receiving thoracic oncology service and confirm the case fit. 2. Reserve Meds books the oncology consultation. We arrange the appointment, the hospital paperwork, and the molecular tumour board review if it is needed. We do not bill you for the consultation; you pay the hospital directly per their standard rate. 3. Pre-authorisation. The thoracic oncologist writes the letter of medical necessity. Reserve Meds works with your insurer (or with you on the cash-pay arrangement) to pre-authorise the prescription before treatment day. 4. Pharmacy confirmation. The hospital pharmacy confirms in-stock or scheduled delivery from the importer. We confirm the first prescription date. 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 at 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

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

Religious-ethical framing

Adult oncology drugs do not raise the same religious-ethical questions as gene therapies or ex-vivo cell therapies. Brigatinib is a once-daily oral tablet; it does not involve genetic editing, autologous cell processing, or 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 often come up in family conversations:

1. The diagnostic information is private to the patient and the family unit, in keeping with the cultural norm. Reserve Meds operates under strict confidentiality; we communicate with whichever family member the patient designates as the decision partner. 2. The prognosis conversation should happen with the thoracic oncologist, not with Reserve Meds. We are the access layer, not the medical decision layer. We coordinate; the oncologist decides.

For Emirati patients, 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

Alunbrig is not for everyone with ALK+ NSCLC. Five common scenarios where the thoracic oncologist will recommend a different ALK inhibitor or a different therapy entirely:

1. Patient already received brigatinib in a prior line of therapy and progressed. The next move is typically lorlatinib (third-generation) or chemo-immunotherapy. 2. Patient has a documented severe pulmonary disease at baseline that makes the early-onset pulmonary adverse event profile of brigatinib higher-risk. Alectinib (alecensa) is often preferred in this scenario. 3. Patient is a never-treated first-line case with no brain metastases and a clear preference for an alternative ALK inhibitor with a different adverse-event profile. The thoracic oncologist may pick alectinib or, in some centres, lorlatinib. 4. Patient has a non-ALK driver mutation. ROS1, EGFR, KRAS G12C, RET, MET, BRAF, NTRK each have their own targeted therapy class. Brigatinib has activity against ROS1 in some contexts but is not the first-line ROS1 inhibitor; that is entrectinib or crizotinib. 5. Patient declines targeted therapy. There are other paths (chemo-immunotherapy, clinical trial enrollment) and the oncologist will work through them.

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. The point is access to the right ALK inhibitor for your case, not promotion of any single product.

What Reserve Meds is and is not

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 whether brigatinib (or any ALK inhibitor) is the right drug for any specific patient; that determination is the thoracic oncologist's.

What we do is the access layer. We 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 that a chronic-care oral oncolytic requires.

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 the UAE, contact Reserve Meds. Send us the pathology report and the prior treatment history. We will tell you within 24 hours which UAE thoracic oncology service we recommend booking the introductory consultation with, what the supply picture looks like, and what the cash-pay or insurance authorisation pathway is.

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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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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