Brukinsa

Abu Dhabi · access guide

How to access Brukinsa for chronic lymphocytic leukaemia, mantle cell lymphoma, Waldenstrom macroglobulinaemia, marginal zone lymphoma, and follicular lymphoma from Abu Dhabi: 2026 emirate pathway via DoH-coordinated haematology and pharmacy supply

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

Abu Dhabi is the centre of the UAE's adult haematology depth. Cleveland Clinic Abu Dhabi haematology and medical oncology, Sheikh Shakhbout Medical City (MD Anderson affiliation), Burjeel Medical City, Tawam Hospital Al Ain (oncology centre of excellence), NMC Royal Khalifa City, Mediclinic Airport Road, and Sheikh Khalifa Medical City run adult haematology services that diagnose and treat B-cell malignancies across the full therapeutic ladder, including transplant evaluation and CD19 CAR-T cell therapy administration. Brukinsa (zanubrutinib, BeiGene) is the second-generation, more selective BTK inhibitor on the prescribing physician's shortlist for patients with CLL, SLL, MCL, WM, MZL, or FL (in combination with obinutuzumab) where chronic BTK inhibition is the preferred long-term strategy.

This page explains how the pathway works in 2026 for an Abu Dhabi-resident adult: who qualifies, where the prescribing haematologist conversation happens, how Brukinsa is dispensed within Abu Dhabi-emirate DoH-regulated channels, what insurance pre-authorisation looks like, what the realistic annual cost band is in AED, what to monitor across the first 6 months, and how the years-long treatment course fits into family life.

Why Brukinsa, and why now

Brukinsa is zanubrutinib, an oral, selective, second-generation Bruton tyrosine kinase inhibitor developed by BeiGene Ltd. The mechanism is covalent inhibition of BTK, the kinase that sits downstream of the B-cell receptor and that is essential to the survival of malignant B-cells in CLL, MCL, WM, MZL, and FL. What separates Brukinsa from the first-generation BTK inhibitor ibrutinib (Imbruvica) is selectivity: ibrutinib hits a wider range of off-target kinases, which translates into a higher rate of atrial fibrillation, bleeding, hypertension, and infection over the years of chronic therapy. Brukinsa's narrower kinase footprint translated into the ALPINE head-to-head trial in relapsed or refractory CLL: lower rate of atrial fibrillation, lower bleeding signal, and superior progression-free survival versus ibrutinib at 30 months.

The FDA approved Brukinsa for mantle cell lymphoma in November 2019 (accelerated), Waldenstrom macroglobulinaemia in August 2021, marginal zone lymphoma in September 2021, chronic lymphocytic leukaemia and small lymphocytic lymphoma in January 2023, and follicular lymphoma in combination with obinutuzumab in March 2024. UAE EDE registration status is verified at intake.

Reserve Meds does not promote one BTK inhibitor over another.

What Brukinsa is, in plain language

Brukinsa is an oral capsule. There is no infusion centre, no inpatient stay. The patient takes the capsules at home. The standard dose is 160 mg twice daily (BID), or 320 mg once daily (QD); both schedules are FDA-approved and produce equivalent steady-state exposure. The capsules can be taken with or without food.

This is not a short course. Brukinsa is taken continuously for as long as it controls the disease.

Eligibility at an Abu Dhabi haematologist clinic

For Abu Dhabi-resident patients, the haematology services apply the FDA and EMA criteria with local insurance adaptation:

1. Confirmed indication. CLL/SLL, MCL (typically after at least one prior line for FDA-accelerated label), WM, MZL after anti-CD20 therapy, or FL after two prior lines (in combination with obinutuzumab). Diagnosis confirmed by flow cytometry, immunohistochemistry, FISH, IGHV mutation status, TP53 status, and bone marrow biopsy where indicated. 2. Treatment history. First-line eligible in CLL and WM; later-line eligible in MCL, MZL, FL. 3. Adult (18 years or older). No paediatric label. 4. Hepatitis B screen. HBsAg and anti-HBc both checked. HBV-positive patients need hepatology co-management and antiviral prophylaxis before starting. 5. HIV screen. 6. Pregnancy planning; effective contraception required. 7. Drug-interaction review. Strong CYP3A inhibitors require dose reduction; strong inducers should be avoided. Concomitant antiplatelet or anticoagulant therapy should be minimised where possible. 8. Second primary malignancy counselling. Annual dermatology surveillance is recommended.

The Abu Dhabi prescribing and supply picture, plainly

Brukinsa UAE EDE registration status is verified at intake; Abu Dhabi-emirate dispensing is coordinated through DoH Abu Dhabi. BeiGene's MENA commercial supply runs through regional distributors. The pathway is:

1. **Prescribing haematologist**: a board-certified haematology or haematology-oncology specialist at Cleveland Clinic Abu Dhabi, SSMC, Burjeel Medical City, Tawam Al Ain, NMC Royal Khalifa City, Mediclinic Airport Road, or SKMC. Multidisciplinary tumour board discussion is standard. Transplant evaluation and CD19 CAR-T cell therapy candidacy assessed at Cleveland Clinic Abu Dhabi or SSMC. 2. **Pharmacy dispensing**: hospital pharmacy at the prescribing centre for the first 1 to 3 months of supply; DoH-licensed community pharmacy thereafter. Monthly or 3-monthly dispensing rhythm. Brukinsa is shelf-stable at room temperature. 3. **Insurance pre-authorisation**: Thiqa for Emirati nationals has historically extended to BTK inhibitors for documented haematological malignancy. Daman and the major commercial insurers require similar documentation. Prior-line documentation is required for MCL, MZL, and FL indications. 4. **Baseline labs**: complete blood count, comprehensive metabolic panel, hepatitis B serology, HIV, ECG, blood pressure measurement. 5. **Ongoing monitoring**: haematology follow-up monthly for the first 3 months, then quarterly. CBC and blood pressure at each visit. Annual dermatology surveillance.

Cost band and insurance positioning

US list price for Brukinsa is approximately USD 14,000 to 16,500 per month at WAC. Annual cash list price is approximately USD 165,000 to 200,000.

At 2026 indicative cross rates, the AED-equivalent annual cost band is approximately AED 605,000 to 735,000 at list price. Thiqa and major commercial insurance preauthorisation substantially reduce out-of-pocket exposure for covered patients.

What to expect on Brukinsa, week-by-week

Week 1 to 4: First weeks on Brukinsa. CBC, blood pressure, and side-effect check at the first follow-up. Common early side effects: fatigue, bruising, mild infection.

Week 4 to 12: Response assessment begins. CLL and WM patients may show transient lymphocytosis (on-target, not progression). MCL, MZL, FL: imaging response assessment at week 12.

Month 3 to 6: Continued tolerability check. Watch for atrial fibrillation, hypertension, infections, bruising or bleeding.

Month 6 and beyond: Quarterly haematology follow-up. Annual dermatology surveillance.

When Brukinsa is the wrong drug

For an Abu Dhabi patient with active hepatitis B not yet under hepatology management, severe hepatic impairment, active serious bleeding, chronic strong CYP3A inhibitor therapy that cannot be substituted, during pregnancy, or a strong preference for fixed-duration therapy, the operational pathway shifts:

- **Venetoclax-based regimens (Venclexta with obinutuzumab or rituximab)**: fixed-duration BCL-2 inhibition in CLL. - **Acalabrutinib (Calquence) or pirtobrutinib (Jaypirca)**: alternative selective or non-covalent BTK inhibitors. - **Chemoimmunotherapy (FCR, BR)**: for selected fit younger patients with mutated IGHV CLL. - **CD19 CAR-T cell therapy or bispecific antibodies**: for relapsed or refractory disease after multiple lines.

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What Reserve Meds does on this case

We are a US-based concierge coordinator. On an Abu Dhabi Brukinsa case we build the documentation pack with the treating haematologist's office, confirm EDE registration status and DoH dispensing pathway, run the Thiqa or commercial insurance pre-authorisation conversation, coordinate supply logistics, organise baseline screening, and stay with the case through the first year of dosing with handoff to the local haematologist. Clinical decisions remain with your treating haematologist.

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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