Brukinsa

Dubai · access guide

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

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

Dubai's adult haematology and lymphoma service base sits across the major private hospital network and Dubai Health Authority public service. Mediclinic City Hospital and Mediclinic Parkview, American Hospital Dubai haematology, King's College Hospital London Dubai, Saudi German Hospital Dubai, the Dr Sulaiman Al Habib Dubai branch, NMC Specialty, Aster Hospitals across Dubai, and Mohammed Bin Rashid University-affiliated programmes run adult haematology services that diagnose and treat B-cell malignancies. For complex multidisciplinary cases (transplant evaluation, CD19 CAR-T cell therapy candidacy), Dubai patients are cross-emirate referred to Cleveland Clinic Abu Dhabi, Sheikh Shakhbout Medical City, Burjeel Medical City, or Tawam Hospital in Al Ain. 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 a Dubai-resident adult: who qualifies, where the prescribing haematologist conversation happens, how Brukinsa is dispensed within Dubai-emirate DHA-regulated channels (with cross-emirate referral where applicable), what insurance pre-authorisation looks like in Dubai, 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; named-patient European-import supply covers any indication where in-country registration has not yet caught up with the FDA label.

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, no specialty-centre administration required. 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 a Dubai haematologist clinic

For Dubai-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, and where indicated FISH, IGHV mutation status, TP53 status, and bone marrow biopsy. 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 for Brukinsa. 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 for women of childbearing potential; effective contraception required during treatment and for at least 1 week after the last dose. 7. Drug-interaction review. Strong CYP3A inhibitors require dose reduction; strong CYP3A inducers should be avoided. Concomitant antiplatelet or anticoagulant therapy should be minimised where the underlying indication allows. 8. Second primary malignancy counselling. Annual dermatology surveillance is recommended.

A Dubai patient should arrive at the haematology conversation with the most recent diagnostic workup and the prescribing office's preauthorisation paperwork.

The Dubai prescribing and supply picture, plainly

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

1. **Prescribing haematologist**: a board-certified haematology or haematology-oncology specialist at Mediclinic City Hospital, Mediclinic Parkview, American Hospital Dubai, King's College Hospital London Dubai, Saudi German Hospital Dubai, the Dr Sulaiman Al Habib Dubai network, NMC Specialty, or an Aster Hospitals haematology service. Multidisciplinary tumour board discussion is standard. For transplant evaluation or CD19 CAR-T cell therapy candidacy, cross-emirate referral to Cleveland Clinic Abu Dhabi, SSMC, Burjeel Medical City, or Tawam Al Ain. 2. **Pharmacy dispensing**: hospital pharmacy at the prescribing centre for the first 1 to 3 months of supply; DHA-licensed community pharmacy thereafter. Monthly or 3-monthly dispensing rhythm is typical. Brukinsa is shelf-stable at room temperature. 3. **Insurance pre-authorisation**: DHA-regulated employer plans and major commercial insurers (Daman, Oman Insurance, AXA Gulf, MetLife, Cigna, others) require documented diagnosis and indication. 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 at each visit. Blood pressure check at every 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. DHA-regulated employer plans 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. Most patients tolerate the start well. Common early side effects: fatigue, bruising, mild infection.

Week 4 to 12: Response assessment begins. For CLL and WM, lymphocyte counts may rise transiently in the first 4 to 8 weeks (on-target lymphocytosis, not progression). For MCL, MZL, FL: response assessment by imaging at week 12.

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

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

When Brukinsa is the wrong drug

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

- **Venetoclax-based regimens (Venclexta with obinutuzumab or rituximab)**: BCL-2 inhibition with a fixed 12-month or 24-month treatment course in CLL. - **Acalabrutinib (Calquence) or pirtobrutinib (Jaypirca)**: alternative selective or non-covalent BTK inhibitors. - **Chemoimmunotherapy (FCR, BR)**: still appropriate 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 (cross-emirate referral to Abu Dhabi certified centres).

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What Reserve Meds does on this case

We are a US-based concierge coordinator. On a Dubai Brukinsa case we build the documentation pack with the treating haematologist's office, confirm EDE registration status and DHA dispensing pathway, run the 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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