

## Cotellic

Bahrain · access guide

# How to access Cotellic (with Zelboraf and optionally Tecentriq) for BRAF V600E/V600K metastatic melanoma from Bahrain: 2026 pathway via medical oncology and combination supply | Reserve Meds

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

Bahrain's adult medical oncology infrastructure is anchored at Salmaniya Medical Complex (the country's main public referral centre), King Hamad University Hospital (KHUH) in Busaiteen, the Bahrain Defence Force (BDF) Royal Medical Services Hospital, and the Bahrain Oncology Center (the dedicated oncology facility under King Hamad University Hospital). For BRAF V600E or V600K-mutant unresectable or metastatic melanoma cases that need deeper molecular tumour board depth or the IMspire150 triplet supervised by a high-volume melanoma centre, cross-border referral to KFSHRC Riyadh (a 90-minute drive across the King Fahd Causeway) or to Cleveland Clinic Abu Dhabi / SSMC is the standard route. Cotellic (cobimetinib) is the Genentech / Roche oral MEK1/2 inhibitor approved by the FDA only in combination with vemurafenib (Zelboraf), with or without atezolizumab (Tecentriq). Bahrain National Health Regulatory Authority (NHRA) registration is verified at intake and the named-patient pathway is available where commercial supply lags. Reserve Meds does not promote one BRAF/MEK combination over another; this page describes the Cotellic combination because that is what the patient or family is asking about.

This page explains how the pathway works in 2026 for a Bahrain-resident adult: who qualifies, where the molecular diagnostics, baseline ophthalmologic exam, baseline echocardiogram, and baseline liver and creatine kinase workup happen, where the prescriptions for Cotellic AND Zelboraf are written and filled together, what the realistic out-of-pocket exposure band is in BHD for the combined regimen, what to monitor on therapy, and how the multi-month course settles into a Bahraini family's life with cross-border logistics where they apply.

## Why Cotellic, and why now

Cotellic is cobimetinib, an oral, highly selective, reversible inhibitor of MEK1 and MEK2. Discovered at Exelixis; developed by Genentech (Roche Group); first FDA approval November 2015. The MAPK pathway logic: BRAF V600E or V600K mutation produces a constitutively active mutant BRAF kinase driving MEK and ERK independently of normal RAS regulation. MEK inhibition downstream of BRAF blocks the paradoxical pathway activation in BRAF wild-type cells (which drives the keratoacanthoma and cutaneous squamous cell carcinoma signal of BRAF monotherapy) and improves overall survival relative to BRAF monotherapy.

Pivotal melanoma approvals:

- **coBRIM doublet (Nov 2015; Cotellic 60 mg QD oral, 21 on / 7 off, plus Zelboraf 960 mg BID continuous)**: median PFS 12.3 versus 7.2 months; median OS 22.3 versus 17.4 months. - **IMspire150 triplet (Jul 2020; Cotellic plus Zelboraf plus atezolizumab)**: median PFS 15.1 versus 10.6 months.

The October 2022 histiocytic neoplasm expansion is a separate use case. The Bahrain melanoma practice in 2026 is the focus of this page.

The Cotellic plus Zelboraf doublet is one of three FDA-approved BRAF/MEK doublets (alongside Tafinlar plus Mekinist and Braftovi plus Mektovi). Reserve Meds does not promote one BRAF/MEK combination over another.

## What Cotellic is, in plain language

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Cotellic is an oral 20 mg tablet. Three tablets (60 mg) once daily for 21 days, then 7 days off, every 28 days. Zelboraf is an oral 240 mg tablet, four tablets (960 mg) twice daily continuously. Both dispensed on a 28-day refill cycle.

## Eligibility at a Bahrain medical oncologist's clinic

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1. Histologically confirmed unresectable or metastatic cutaneous melanoma. 2. Confirmed BRAF V600E or V600K mutation by NGS, PCR, or IHC with molecular confirmation. 3. Adult patient (18 or older). 4. Staging workup with contrast CT, PET-CT where indicated, and brain MRI. 5. Baseline ophthalmologic examination including slit-lamp, dilated funduscopy exam, and OCT. 6. Baseline echocardiogram with documented LVEF. 7. Baseline LFTs, CK, CBC, comprehensive metabolic panel. 8. Drug interaction screen for CYP3A4 inhibitors and inducers. 9. Photosensitivity counsel for the Gulf climate. 10. Pregnancy and contraception planning.

## The Bahrain prescribing and supply picture, plainly

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In 2026 the Bahrain pathway typically combines an in-country medical oncologist of record at Salmaniya, KHUH, BDF, or Bahrain Oncology Center with a cross-border tumour board review and supply chain in Saudi Arabia or the UAE for complex or triplet cases. The pathway:

1. Diagnosis and BRAF V600 molecular confirmation at the diagnosing centre's pathology lab or sent to a regional reference lab. 2. Multidisciplinary melanoma tumour board review (in-country at Bahrain Oncology Center, or cross-border at KFSHRC Riyadh, CCAD, or SSMC). 3. Insurance pre-authorisation for BOTH Cotellic AND Zelboraf in a single combined-rationale submission. NHRA-supervised local insurers and commercial covers (AXA Gulf, NEXtCARE, MSH, Bupa Global, Allianz Care) handle the combination on a case-by-case basis. For Bahraini nationals the public-sector pathway runs through the institutional formulary at Salmaniya or BDF. 4. Named-patient supply through NHRA where commercial supply lags. Reserve Meds supports the documentation pack and Roche regional liaison. 5. Synchronised pharmacy dispense of Cotellic and Zelboraf on a 28-day refill cycle. For cross-border patients the supply is filled in the country of treatment. 6. Ongoing monitoring labs, ophthalmologic surveillance, and echocardiogram per the schedule below.

## Cost band

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The Cotellic plus Zelboraf doublet US list price is approximately USD 20,000 to USD 23,000 per month, with an annual combined cost of approximately USD 220,000 to USD 280,000. At indicative 2026 cross rates, this is approximately BHD 83,000 to BHD 105,000 per year. The IMspire150 triplet adds Tecentriq at approximately USD 14,000 to USD 16,000 per 21-day cycle. Monitoring and ancillary costs add 8 to 18 percent.

## What to expect on Cotellic, week-by-week

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- **Photosensitivity:** severe and onset early, often within the first 1 to 2 weeks. Gulf climate amplifies the burden. - **Retinopathy:** serous retinopathy can appear as early as the first cycle. Any new visual symptom prompts urgent ophthalmology review with OCT. - **Cardiomyopathy:** asymptomatic LVEF decline at the week-4 echo in a meaningful minority. Echo at baseline, week 4, then quarterly.

Other recognised toxicities include diarrhoea, nausea, fever, peripheral oedema, rash, hepatotoxicity, rhabdomyolysis with CK elevation, and hemorrhage.

## When Cotellic is the wrong drug

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Cotellic plus Zelboraf is not the right answer for BRAF wild-type melanoma, prior clinically significant retinopathy, baseline LVEF below institutional threshold, severe photosensitivity intolerance, concurrent strong CYP3A4 inhibitors or inducers without dose adjustment, severe hepatic impairment, pregnancy, or a patient for whom the treating medical oncologist prefers Tafinlar plus Mekinist or Braftovi plus Mektovi. Reserve Meds does not promote one BRAF/MEK combination over another.

## What Reserve Meds does on this case

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We are a US-based concierge coordinator. We build the document pack, submit first-review requests to the chosen Bahrain centre (Salmaniya, KHUH, BDF, Bahrain Oncology Center) and the cross-border tumour board reviewer (KFSHRC Riyadh, CCAD, SSMC) where appropriate, coordinate insurance pre-authorisation for Cotellic AND Zelboraf in parallel, support NHRA named-patient regulatory liaison, set up the first synchronised dispense, and stay with the case through the refill cycle. Clinical decisions remain with your treating medical oncologist and the multidisciplinary melanoma tumour board.

Start your case at [reservemed.com](https://reservemed.com). We respond within one business day in English or Arabic.

### *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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### 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.  
reservemeds.com · hello@reservemeds.com