Cotellic

Kuwait · access guide

How to access Cotellic (with Zelboraf and optionally Tecentriq) for BRAF V600E/V600K metastatic melanoma from Kuwait: 2026 pathway via Kuwait Cancer Control Center and MoH Foreign Medical Treatment funding | Reserve Meds

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

Kuwait's adult medical oncology reference is the Kuwait Cancer Control Center (KCCC), the national oncology hub in Shuwaikh. KCCC runs a comprehensive medical oncology service including melanoma and dermato-oncology. Mubarak Al-Kabeer, Amiri, Sabah, and Ahmadi hospitals provide the surrounding adult internal medicine and supportive care depth. For complex BRAF V600E/V600K-mutant melanoma cases or IMspire150 triplet eligibility, cross-border referral to KFSHRC Riyadh, CCAD, NCCCR Doha, or KHCC Amman is the standard route, and Kuwait Ministry of Health Foreign Medical Treatment funding is available for Kuwaiti nationals where the case meets the MoH committee criteria. 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). Kuwait MoH Drug and Food Control (DFC) registration is verified at intake; the named-patient pathway under Ministerial Decree 361/2009 is the standard route 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 Kuwait-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 KWD for the combined regimen, what to monitor on therapy, and how the multi-month course settles into a Kuwaiti family's life, including the 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 produces a constitutively active mutant BRAF kinase driving MEK and ERK independently of normal RAS regulation. MEK inhibition downstream of BRAF blocks paradoxical pathway activation in BRAF wild-type cells and improves overall survival relative to BRAF monotherapy.

Pivotal FDA approvals in melanoma:

- **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 on Zelboraf monotherapy; 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 Kuwait melanoma practice in 2026 is the focus.

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

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 Kuwait medical oncologist's clinic

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 with slit-lamp, dilated funduscopic 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. Kuwait's UV-intense climate amplifies the burden. 10. Pregnancy and contraception planning.

The Kuwait prescribing and supply picture, plainly

In 2026 the Kuwait pathway runs through KCCC as the medical oncology centre of record, often paired with cross-border tumour board input or treatment at KFSHRC Riyadh, CCAD, NCCCR Doha, or KHCC Amman for complex or triplet cases. The pathway:

1. Diagnosis and BRAF V600 molecular confirmation at KCCC pathology, Mubarak Al-Kabeer pathology, or a regional reference lab. 2. Multidisciplinary melanoma tumour board review at KCCC documenting BRAF V600 status, the doublet versus triplet choice, and the treatment plan. Cross-border tumour board reviewer where the case calls for it. 3. Insurance or public-sector pathway pre-authorisation for BOTH Cotellic AND Zelboraf in a single combined-rationale submission. For Kuwaiti nationals the public-sector pathway runs through KCCC and MoH. For expatriate residents commercial covers (AXA Gulf, NEXtCARE, MSH, Bupa Global, Allianz Care) handle the combination on a case-by-case basis. Pre-authorisation typically takes 7 to 14 days. 4. Named-patient supply under Ministerial Decree 361/2009 through MoH DFC where commercial supply lags. Reserve Meds supports the documentation pack and Roche regional liaison. 5. MoH Foreign Medical Treatment (FMT) funding for Kuwaiti nationals where the case meets MoH committee criteria. The FMT pathway covers cross-border treatment at approved centres (KFSHRC Riyadh, CCAD, NCCCR, KHCC, and major US / UK / European centres). 6. Synchronised pharmacy dispense of Cotellic and Zelboraf on a 28-day refill cycle through KCCC pharmacy or the cross-border centre's pharmacy. Triplet patients add Tecentriq infusions. 7. Ongoing monitoring labs, ophthalmologic surveillance, and echocardiogram per the schedule below.

Cost band

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 KWD 67,000 to KWD 86,000 per year. The IMspire150 triplet adds Tecentriq at approximately USD 14,000 to USD 16,000 per 21-day cycle.

Total cost of care additions add 8 to 18 percent to the combined drug cost base. For Kuwaiti nationals on the MoH FMT pathway, the funding committee scope typically covers approved combination therapy and the associated monitoring at the approved cross-border centre.

What to expect on Cotellic, week-by-week

- **Photosensitivity**: severe and onset early, often within the first 1 to 2 weeks. Kuwait's 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 echocardiogram 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

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

We are a US-based concierge coordinator. We build the document pack, submit first-review requests to KCCC (and the cross-border tumour board reviewer at KFSHRC, CCAD, NCCCR, or KHCC where the case calls for it), coordinate the insurance or public-sector pre-authorisation for Cotellic AND Zelboraf in parallel, support the MoH DFC named-patient regulatory liaison under Ministerial Decree 361/2009, support MoH FMT funding application for Kuwaiti nationals where applicable, 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 reservemeds.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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