Cotellic

Qatar · access guide

How to access Cotellic (with Zelboraf and optionally Tecentriq) for BRAF V600E/V600K metastatic melanoma from Qatar: 2026 pathway via NCCCR Hamad Medical Corporation and combination supply | Reserve Meds

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

Qatar's adult medical oncology reference is the National Center for Cancer Care and Research (NCCCR) at Hamad Medical Corporation in Doha. NCCCR runs a comprehensive medical oncology service including melanoma and dermato-oncology with active BRAF V600 molecular diagnostics through HMC's pathology service and reference-lab partnerships. Sidra Medicine is paediatric-only and is not the relevant centre for adult Cotellic; the BRAF V600E/V600K-mutant melanoma indication is adult and routes to NCCCR. Private-sector adult oncology in Qatar is limited; complex cases or IMspire150 triplet-eligible patients may route cross-border to KFSHRC Riyadh, CCAD, or KHCC Amman. 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). Qatar Ministry of Public Health (MOPH) registration is verified at intake; 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 Qatar-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 QAR for the combined regimen, what to monitor on therapy, and how the multi-month course settles into a Qatari family's life.

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 (which drives the keratoacanthoma and cutaneous squamous cell carcinoma signal of BRAF monotherapy) 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. Adds a PD-L1 checkpoint inhibitor (Tecentriq) to the BRAF/MEK backbone for selected first-line patients.

The October 2022 expanded approval covers histiocytic neoplasms. The Qatar melanoma practice in 2026 is the main use case.

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 synchronised to the Cotellic cycle. Triplet patients add Tecentriq infusions at NCCCR's infusion suite or the cross-border centre's suite.

Eligibility at a Qatar 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). Sidra Medicine paediatric-only and not the relevant centre. 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. Serous retinopathy and retinal vein occlusion are recognised Cotellic class effects. 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. Qatar's UV-intense climate amplifies the burden. 10. Pregnancy and contraception planning.

The Qatar prescribing and supply picture, plainly

In 2026 the Qatar pathway runs through NCCCR at HMC. The pathway:

1. Diagnosis and BRAF V600 molecular confirmation at HMC pathology or a regional reference lab. 2. Multidisciplinary melanoma tumour board review at NCCCR documenting BRAF V600 status, the doublet versus triplet choice, and the treatment plan. Complex or triplet cases may add a cross-border tumour board reviewer at KFSHRC Riyadh, CCAD, or KHCC Amman. 3. Insurance pre-authorisation or institutional pathway for BOTH Cotellic AND Zelboraf in a single combined-rationale submission. Qatari nationals route through the public-sector pathway. Expatriate residents route through commercial covers (AXA Gulf, NEXtCARE, MSH, Bupa Global, Allianz Care) and Qatar's National Health Insurance Programme where applicable. Pre-authorisation typically takes 7 to 14 days. 4. Named-patient supply through MOPH 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 through HMC pharmacy or partnered specialty pharmacy. Triplet patients add Tecentriq infusions. 6. 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 QAR 800,000 to QAR 1.02 million 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 (oncology consults, monitoring labs every 2 weeks for the first 6 months then monthly, ophthalmology at month 1 and quarterly, echocardiogram at week 4 and quarterly, dermatology every 8 weeks, imaging every 8 to 12 weeks) add 8 to 18 percent to the combined drug cost base.

What to expect on Cotellic, week-by-week

Three distinctive adverse events:

- **Photosensitivity**: severe and onset early, often within the first 1 to 2 weeks. Qatar's UV climate amplifies the operational 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 NCCCR at HMC (and cross-border tumour board reviewer at KFSHRC, CCAD, or KHCC where the case calls for it), coordinate insurance or institutional pre-authorisation for Cotellic AND Zelboraf in parallel, support MOPH 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 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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Composite case examples. This document is for general information only and does not constitute medical advice. Please consult your treating physician.
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