Tafinlar

Egypt · access guide

How to access Tafinlar from Egypt, the named-patient import pathway, 2026

By Reserve Meds, Clinical and regulatory team. Last reviewed 2026-05-13.

An Egyptian patient with unresectable or metastatic melanoma carrying a BRAF V600E or V600K mutation, BRAF V600E metastatic non-small cell lung cancer, BRAF V600E anaplastic thyroid cancer, BRAF V600E low-grade glioma in pediatric patients age one year and older, or other BRAF V600E solid tumors with no satisfactory alternative, may receive a prescription for Tafinlar (dabrafenib) from their treating oncologist. Tafinlar is FDA-approved in the United States and manufactured by Novartis. It is given orally and almost always in combination with Mekinist (trametinib) to suppress paradoxical MAP kinase pathway activation. Local availability of Tafinlar in Egypt can be inconsistent: the drug may not be on every cancer center's standing formulary, the specific indication may not match what is locally registered, or the strength required may be back-ordered. When that happens, a named-patient import pathway through the Egyptian Drug Authority (EDA) remains a legitimate route for the patient whose physician has already prescribed the drug.

This guide explains the pathway, the documentation your physician needs, typical costs and indicative timing, and where Reserve Meds fits in.

The clinical situation

Tafinlar is a small-molecule BRAF kinase inhibitor that selectively targets the V600-mutant BRAF protein. Standard adult dosing is 150 mg orally twice daily, typically combined with trametinib 2 mg orally once daily. Confirmation of a BRAF V600E or V600K mutation by an FDA-approved companion diagnostic, or an equivalent locally accredited test, is required before initiation. Baseline workup per FDA labeling includes complete blood count, hepatic function, renal function, glucose (hyperglycemia is a known adverse event), ECG and LVEF assessment (echocardiogram, given trametinib's known cardiomyopathy signal), ophthalmologic exam, dermatologic exam (cutaneous malignancies surveillance), and pregnancy testing where applicable. Important warnings include new primary malignancies (cutaneous and non-cutaneous), tumor promotion in BRAF wild-type tumors, hemorrhage, cardiomyopathy, uveitis, serious febrile reactions, hyperglycemia, hemolytic anemia in G6PD-deficient patients, and embryo-fetal toxicity. Your oncologist will discuss the risk-benefit profile and schedule monitoring before initiating therapy.

Is Tafinlar legally importable into Egypt?

Yes, through the Egyptian Drug Authority (EDA) named-patient and personal-use import framework, coordinated with the treating facility's pharmacy. Egypt has an established pathway for specialty oncology medicines approved by reference authorities (US FDA, EMA, MHRA) but not stocked or registered for the specific indication locally.

The EDA named-patient route allows an Egypt-licensed physician to request import of a medicine when: (a) the medicine is approved by a recognised reference authority, (b) no clinically equivalent locally registered alternative is suitable for the patient's indication and history, (c) the treating physician takes clinical responsibility for use, and (d) chain of custody is documented from the US source to the administering facility.

How the pathway works, step by step

1. **Consultation with your treating oncologist.** The prescribing decision is clinical. Your oncologist documents the indication, BRAF V600 mutation status, prior therapies, and rationale for Tafinlar (most commonly with Mekinist).
2. **Baseline screening.** CBC, LFTs, renal function, glucose, ECG, echocardiogram for LVEF, ophthalmologic and dermatologic exam, and pregnancy testing where applicable are confirmed and documented.
3. **EDA named-patient application.** Your oncologist or the hospital's import pharmacy files the application with clinical rationale, mutation status documentation, patient reference, product strength (50 mg or 75 mg capsules), quantity requested, and chain-of-custody plan.
4. **US-side sourcing.** Reserve Meds coordinates with our US-licensed specialty wholesale partner to secure product from Novartis's authorised distribution under DSCSA chain-of-custody.
5. **Shipment.** Tafinlar is an oral capsule with controlled-room-temperature storage requirements. Shipments include temperature-monitored packaging and tamper-evident seals.
6. **Arrival and first dose.** The dispensing pharmacy releases product against the physician's prescription, and your oncologist initiates therapy with scheduled follow-up for monitoring.

What documentation your physician needs

Your physician will typically need to provide:

- A clinical rationale letter confirming diagnosis, BRAF V600E or V600K mutation status (with companion diagnostic report), prior therapy history, and Tafinlar as the indicated next step
- Verification of their Egyptian medical licence
- A patient identifier, anonymised reference where privacy is preferred
- Documented pre-treatment screening (CBC, LFTs, renal function, ECG, echocardiogram, ophthalmologic and skin exam) consistent with FDA labeling
- The planned dosing strength and schedule (typically 150 mg twice daily with Mekinist 2 mg once daily)
- A discussion note on the cutaneous malignancy surveillance plan and cardiomyopathy monitoring (when combined with Mekinist)

Reserve Meds provides a physician documentation kit that bundles the templates EDA reviewers expect to see for BRAF/MEK inhibitor combination therapy.

Typical costs and indicative timing

Reserve Meds gives you a drug-only reference range plus a transparent delivered quote at intake. As an illustrative composite case, the US cash-pay reference range for a 30-day supply of Tafinlar sits in an indicative 2026 band of roughly USD 13,500 to 16,500, with Mekinist adding a similar increment if combined. International logistics, EDA documentation handling, shipping, and concierge coordination add incremental cost. The delivered quote we issue at intake shows each line separately.

Indicative timing for first dose after cohort intake opens is approximately 2 to 5 weeks from the moment a complete application is submitted to EDA, assuming the documentation package and BRAF mutation report are clean on first pass. Refills ship on a rolling cadence aligned to your monthly supply.

Service availability is limited to our first cohort. All timelines are indicative, not guarantees.

Where Reserve Meds fits in

Reserve Meds is a US-based concierge coordinator for cross-border specialty medicine. For Tafinlar specifically, we provide:

- **Sourcing.** Through our US-licensed specialty wholesale partner, operating under DSCSA chain-of-custody from manufacturer to export.
- **Documentation.** Regulatory package tailored for your physician and for EDA review, including BRAF/MEK combination monitoring templates.
- **Logistics.** Temperature-monitored, internationally tracked shipment to your named dispensing facility.
- **Concierge case lead.** A named point of contact for your family and your physician across the full case arc.

We are a coordinator. We are not the prescriber, not a pharmacy, and not a dispensing facility. All clinical decisions remain with your treating oncologist, and dispensing sits with the licensed Egyptian pharmacy of record. Reserve Meds operates on cash-pay only and does not bill insurance.

Frequently asked

Is this legal in Egypt? Yes, when executed through the EDA named-patient and personal-use framework with appropriate documentation, clinical rationale, and a licensed dispensing facility. The pathway is routinely used across Egyptian oncology.

Do I need Mekinist as well? In most FDA-approved indications, Tafinlar is given in combination with Mekinist. Your oncologist makes that determination. Reserve Meds can coordinate sourcing of both products on the same case if your physician prescribes the combination.

What about secondary skin cancers? Cutaneous squamous cell carcinoma and other secondary malignancies are a known class effect of BRAF inhibition. Your oncologist will perform baseline and periodic dermatologic exams. Reserve Meds does not make that clinical judgement, your physician does.

Will my private health insurance cover this? Cash-pay is the default posture. Some Egyptian private insurers reimburse named-patient oncology imports on a case-by-case basis when the documentation package is strong. We supply documentation for your submission but do not process insurance claims.

What if my oncologist has not filed a named-patient request before? Named-patient import is an institutional process most major Egyptian cancer centers (Nasser Institute, NCI Cairo, Maadi Military Medical Compound, As-Salam International, Dar Al Fouad) have encountered. Our documentation kit is written for first-time applicants and tracks what EDA reviewers commonly ask for.

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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