

Retevmo access in Qatar

How patients in Qatar pursue selpercatinib, approximately manufactured by Eli Lilly, as a selective RET kinase inhibitor for RET fusion-positive non-small cell lung cancer and RET-altered thyroid cancers, via the Ministry of Public Health's named-patient pathway.

Last reviewed 2026-05-12 by Reserve Meds clinical & regulatory team. This page combines the Qatar country research module with the Retevmo drug module to describe the path patients actually walk.

Quick orientation

Retevmo (selpercatinib) is a highly selective oral kinase inhibitor that targets the RET (rearranged during transfection) tyrosine kinase. The US Food and Drug Administration granted accelerated approval to selpercatinib in May 2020 for RET fusion-positive non-small cell lung cancer (NSCLC) in adult patients with metastatic disease, for RET-mutant medullary thyroid cancer (MTC) in adult and pediatric patients aged 12 years and older with advanced or metastatic disease, and for RET fusion-positive thyroid cancer in adult and pediatric patients aged 12 years and older with advanced or metastatic disease who require systemic therapy and are radioactive iodine refractory. Retevmo is approximately manufactured and commercialised by Eli Lilly. The drug is supplied as 40 mg and 80 mg oral capsules. For a Qatar patient with a RET-altered cancer, the practical question is rarely the science. It is the access path for an FDA-approved precision-oncology agent that may not be on Qatar's local formulary. Reserved for you.

Why this drug is hard to source in Qatar

RET-altered cancers are biomarker-defined and relatively uncommon. RET fusions occur in approximately 1 to 2 percent of NSCLC, and RET mutations in medullary thyroid cancer occur in nearly all hereditary cases (MEN2 syndromes) and in 50 to 65 percent of sporadic MTC. The eligible Qatar patient population is small in absolute numbers each year. Qatar's National Center for Cancer Care and Research (NCCCR) within Hamad Medical Corporation routinely orders broad genomic profiling for advanced NSCLC and thyroid cancers, so RET alterations are increasingly identified at the diagnostic workup stage. When a RET fusion or activating mutation is found, the clinical recommendation in current international guidelines is a RET-selective inhibitor, with selpercatinib as a first-in-class option. Whether Retevmo is locally stocked at NCCCR or another Qatar institution is the variable. Manufacturer commercial strategy in smaller Gulf markets often lags FDA approval, and

even where Retevmo holds Qatar registration, dispensing inventory is typically pulled on order rather than maintained on the shelf.

The clinical urgency in NSCLC and MTC is real. Metastatic NSCLC progresses on a timeline measured in months. Aggressive medullary thyroid cancer behaves similarly. Each week of access lag is a week of disease progression, and the precision-oncology argument for switching from a non-selective kinase inhibitor or a chemotherapy regimen to selpercatinib rests on a clean RET-pathway match.

The MOPH-PDCD named-patient pathway

The federal pathway for a Qatar-licensed physician to obtain a medicine that is not registered or not stocked locally is the named-patient import permit, administered by the Pharmacy and Drug Control Department (PDCD) within the Ministry of Public Health. The framework allows hospitals and licensed pharmaceutical establishments to import a specific medicine for a specific patient when the medicine is approved by a recognised reference authority such as the US FDA and a clinically equivalent locally registered alternative is not suitable.

A complete PDCD application for a Retevmo case typically includes the clinical justification letter from the treating medical oncologist (cancer diagnosis with histology, stage, RET fusion or RET mutation confirmation on next-generation sequencing of tumour tissue or liquid biopsy with the specific fusion partner or mutation documented, prior systemic therapy outcomes, current performance status, and the rationale for RET-selective inhibition now), the treating physician's Qatar Council for Healthcare Practitioners (QCHP) license verification, an anonymised patient identifier or Qatar ID where the PDCD submission allows, full product details for selpercatinib (brand name Retevmo, 40 mg and 80 mg oral capsules, pack size, weight-based or body-weight-band dose, quantity requested, intended treatment duration), the destination dispensing facility name with MOPH pharmacy license number, and an ambient-temperature chain-of-custody plan. For oncology cases through NCCCR, approval timelines are typically 2 to 4 weeks for routine cases; first-of-kind precision-oncology submissions can extend to 4 to 6 weeks.

Real costs in QAR and USD

Retevmo US wholesale acquisition cost falls broadly in the USD 22,000 to USD 28,000 per month range at typical adult dosing of 160 mg twice daily for patients weighing 50 kg or more, with dose banding for lower body weight. In QAR at the 3.64 peg, that converts to approximately QAR 80,000 to QAR 102,000 per month. Annualised, a Retevmo course typically lands in the USD 260,000 to USD 340,000 range, or approximately QAR 950,000 to QAR 1,240,000. Therapy continues so long as the patient is responding and tolerating, which in RET-altered cancers can mean multiple years.

International logistics for ambient-shipped oral oncology medication runs USD 400 to 1,500 per shipment depending on quantity and urgency, or approximately QAR 1,500 to QAR 5,500. Reserve Meds quotes the actual logistics line on every firm quote. Qatar customs and PDCD permit fees are nominal relative to the drug cost. For Qatari nationals receiving cancer care at NCCCR, public-sector subsidy is the dominant financial mechanism and the patient's out-of-pocket exposure is typically limited. For expatriate patients, employer-sponsored insurance through carriers such as Qatar Insurance Company, Allianz Care, Cigna, AXA, Bupa Global, or MetLife handles precision-oncology agents case by case. We supply the documentation set that lets your insurer assess the case. We do not promise coverage from any insurer.

Timing — what to expect

For a Qatar patient initiating Retevmo, the timing question has two distinct windows. The PDCD permit window for a NCCCR oncology case typically processes in 2 to 4 weeks for routine RET-altered submissions; cases through private hospitals run 3 to 6 weeks. International shipping from the US, including chain-of-custody documentation and customs clearance into Doha, runs approximately 5 to 10 business days for ambient shipments. The treating physician's clinical workup, including the molecular pathology confirmation of the specific RET alteration, baseline laboratory studies (liver function, complete blood count, electrolytes, QTc on ECG), and the patient's informed-consent conversation about hepatotoxicity, hypertension, QT prolongation, hemorrhage, and the food-effect on absorption, occurs in parallel. Reserve Meds frames the working assumption as a 4 to 8 week first-shipment window from intake to dispense, with re-supply cycles thereafter running shorter because the documentation history is on file.

What your physician needs

The clinical justification letter for a Retevmo PDCD submission addresses the patient's diagnosis (RET fusion-positive NSCLC, RET-mutant medullary thyroid cancer, or RET fusion-positive radioactive-iodine-refractory thyroid cancer), the molecular pathology report documenting the specific RET alteration on a validated next-generation sequencing panel or comparable molecular assay, the documented disease burden and stage (typically metastatic or locally advanced), prior systemic therapy outcomes (platinum-based chemotherapy and immunotherapy in NSCLC, vandetanib or cabozantinib in MTC, multikinase inhibitors such as lenvatinib or sorafenib in differentiated thyroid cancer), and the rationale for a RET-selective inhibitor at this point. The dose calculation (body-weight banded, typically 160 mg twice daily for patients 50 kg or more) is included, along with the monitoring plan for liver function, blood pressure, QTc, and tumour response on imaging.

The treating physician's QCHP license must be in active standing. For RET-altered oncology cases in Qatar, the natural treating physician is a medical oncologist at the National Center for Cancer Care and Research (NCCCR) within Hamad Medical Corporation. For thyroid cancer cases, endocrine oncology subspecialists at HMC also handle these patients. Pediatric MTC cases aged 12 and older fall to Sidra Medicine's pediatric oncology service or to HMC pediatric oncology, in coordination with adult endocrine oncology. The QCHP license number, the institutional pharmaceutical-establishment license of the dispensing pharmacy, and the patient's informed-consent record sit alongside the clinical letter in the PDCD submission.

Hamad Medical Corporation and Sidra Medicine specialty dispensing

Retevmo dispensing in Qatar is concentrated at the National Center for Cancer Care and Research (NCCCR) within Hamad Medical Corporation. NCCCR holds the deepest oncology pharmacy infrastructure in Qatar, with cytotoxic and targeted-therapy compounding, dose verification, and patient counseling capacity. For pediatric and adolescent cases, Sidra Medicine's pediatric oncology service handles patients aged 12 and older, in coordination with NCCCR adult oncology for the molecular pathology referrals. Private hospital oncology services at Al Ahli Hospital or Doha Clinic Hospital can dispense imported targeted therapies through their own pharmacy infrastructure or through specialty importers, although the majority of Qatar cancer patients on advanced precision-oncology agents are managed in the HMC system.

The dispensing pharmacy receives the imported stock under the chain-of-custody packet, verifies lot and expiry against the PDCD permit, and dispenses to the patient on the treating physician's prescription. Re-supply for ongoing therapy is built into the PDCD permit framework at the application stage. Reserve Meds typically structures shipments to land monthly so that the pharmacy holds approximately four weeks of capsules at any given time.

Pharmacovigilance and cold-chain

Retevmo is an ambient-shipped oral medication, not a cold-chain biologic. The chain-of-custody documentation tracks lot, expiry, and storage conditions across the shipment. PDCD pharmacovigilance reporting obligations remain with the treating physician and the dispensing facility. Serious adverse drug reactions (hepatotoxicity with transaminase elevation, hypertension, QT prolongation, hemorrhage, hypersensitivity, embryo-fetal toxicity, tumour lysis syndrome, or any serious unexpected event) are reportable to PDCD's Pharmacovigilance Center within 15 calendar days. The drug carries known interactions

with strong CYP3A inhibitors and inducers, and the treating oncologist verifies the current medication list before initiating selpercatinib.

Reserve Meds supplies the US-side release documentation, the chain-of-custody packet, and the shipping temperature trace to the Qatar importer and to the hospital pharmacy on receipt. We do not file adverse-event reports on the physician's behalf; that obligation sits with the treating physician and the dispensing facility under the PDCD framework.

Common questions about Retevmo in Qatar

Will my Qatar national insurance or employer plan cover Retevmo? For Qatari nationals receiving cancer care at NCCCR, public-sector subsidy is the dominant financial mechanism for precision-oncology agents, and out-of-pocket exposure is typically limited. For expatriates, employer-sponsored plans through Qatar Insurance Company, Allianz Care, Cigna, AXA, Bupa Global, or MetLife handle targeted-therapy agents case by case, frequently with prior-authorisation and biomarker-confirmation requirements. We do not promise coverage from any insurer.

Why selpercatinib and not pralsetinib? Pralsetinib (Gavreto) is a second RET-selective inhibitor with overlapping indications. The clinical choice rests with the treating oncologist based on tolerability profile, dose schedule, and the patient's history of intolerance to similar agents. Reserve Meds does not steer the clinical decision.

Is Retevmo a controlled substance? No. Selpercatinib is not a DEA scheduled substance. The PDCD pharmacovigilance framework applies; no controlled-substance handling is required.

What molecular evidence does PDCD expect? A current next-generation sequencing report from a validated assay that identifies the specific RET fusion partner (for NSCLC and thyroid cancer) or the specific RET activating mutation (for medullary thyroid cancer) is the cornerstone of the application. Liquid biopsy NGS is acceptable when tissue is insufficient.

Where Reserve Meds fits in Retevmo cases

Reserve Meds is a US-based concierge coordinator. We do not replace the treating oncologist, PDCD, the dispensing pharmacy, or the QCHP-licensed institution. For a Retevmo case specifically, our work is the documentation kit assembly, the US-side DSCSA-compliant specialty wholesaler sourcing, the ambient shipment plan, the customs and import-permit coordination with the Qatar importer, and one named coordinator through the case. We hold the same coordinator across re-supply cycles so that the patient does not re-explain the case at every shipment. Reserved for you.

Next step

If a treating oncologist in Qatar is weighing Retevmo for a patient with a RET-altered cancer, the waitlist is the first step. We respond within 24 to 48 hours with an eligibility confirmation and a documentation kit for the physician.

Reserved for you.

Related

- [Retevmo clinical resource](#)
- [Retevmo in the UAE](#)
- [Retevmo in Saudi Arabia](#)
- [Qatar country page](#)

Sources

1. FDA approval, Retevmo (selpercatinib), approximately Eli Lilly, accelerated approval May 2020 for RET fusion-positive NSCLC and RET-altered thyroid cancers; subsequent full approvals and label expansions.
2. Qatar Ministry of Public Health, Pharmacy and Drug Control Department (PDCCD), published guidance on named-patient and unregistered-medicine import permits.
3. Qatar Council for Healthcare Practitioners (QCHP), licensing framework and physician registration requirements.