Cibinqo

United Arab Emirates · access guide

How to access Cibinqo for moderate-to-severe atopic dermatitis from the UAE: 2026 pathway via UAE dermatology and pharmacy supply

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

The UAE has one of the deepest dermatology service networks in the wider region. Cleveland Clinic Abu Dhabi dermatology, Mediclinic City and Mediclinic Parkview, American Hospital Dubai dermatology, NMC Specialty and Aster Hospitals, Burjeel Medical City, Saudi German Hospital Dubai, the Dr Sulaiman Al Habib UAE network, and Magrabi Dermatology all run programmes that treat moderate-to-severe atopic dermatitis (AD) through the full therapeutic ladder: topical corticosteroids and calcineurin inhibitors, phototherapy where access permits, conventional systemic immunomodulators (ciclosporin, methotrexate, mycophenolate, azathioprine), the IL-4 receptor alpha and IL-13 biologic era (Dupixent / dupilumab, Adbry / tralokinumab, Ebglyss / lebrikizumab), and into the oral JAK1 inhibitor era. Cibinqo (abrocitinib, Pfizer Inc) is the selective oral JAK1 inhibitor approved for refractory moderate-to-severe AD in adults and in adolescents 12 to 17. For a UAE-resident adolescent or adult with moderate-to-severe AD that has plateaued on prior systemic or biologic therapy, the operational question is no longer whether selective oral JAK1 blockade is reachable: it is whether Cibinqo is the right fit, how the prescription is dispensed, what insurance will and will not cover, and how the family handles the JAK boxed-warning monitoring routine over a multi-year treatment course.

This page explains how the pathway works in 2026 for a UAE-resident patient: who qualifies, where the prescribing dermatologist conversation happens, how Cibinqo is dispensed, what the dosing schedule looks like, what the realistic out-of-pocket exposure band is in AED, what to monitor, and how the longer-term treatment course fits into a UAE family's life. It is concierge documentation written for a family already in conversation with a treating dermatologist who wants the operational reality laid out plainly.

Why Cibinqo, and why now

Cibinqo is abrocitinib, an oral once-daily small-molecule inhibitor that selectively blocks Janus kinase 1 (JAK1). JAK1 sits downstream of the IL-4, IL-13, IL-31, and thymic stromal lymphopoietin signalling that drives the AD itch-inflammation loop. By blocking JAK1, Cibinqo dampens the cytokine signal that keeps AD skin inflamed and that drives the itch which sustains the scratch-flare cycle. Developed by Pfizer.

The FDA approved Cibinqo for refractory moderate-to-severe AD in adults in January 2022, and expanded the label to adolescents 12 to 17 in February 2023. This adolescent inclusion is clinically meaningful: Cibinqo is one of the few oral JAK inhibitors with a paediatric-adolescent label, and is often the practical oral option for an adolescent who has failed Dupixent or who cannot tolerate the every-two-week subcutaneous injection routine.

The pivotal head-to-head against Dupixent was JADE COMPARE: at week 2 the 200 mg dose of Cibinqo produced numerically faster itch reduction than dupilumab, with EASI-75 response at week 12 broadly comparable between the 200 mg arm and dupilumab. This speed-of-itch-relief is the talking point families bring to the clinic.

Reserve Meds does not promote one JAK inhibitor over another. The page describes the Cibinqo pathway because Cibinqo is the drug the patient has asked about. The same class includes Rinvoq (upadacitinib, AbbVie). Competing biologics for AD include Dupixent, Adbry, and Ebglyss; Reserve Meds also carries Adbry in catalog.

What Cibinqo is, in plain language

Cibinqo is an oral tablet taken once a day. It is not an injection and does not require an infusion centre. The tablet comes in 50 mg, 100 mg, and 200 mg strengths. The starting dose is 100 mg once daily; if response is inadequate after a few weeks the dermatologist may titrate up to 200 mg once daily. Patients with moderate renal impairment or those on a strong CYP2C19 inhibitor (fluvoxamine, fluconazole) take a reduced 50 mg dose.

This is not a one-shot or short-course therapy. Cibinqo is taken for as long as it controls the disease. Patients who achieve a meaningful response typically stay on Cibinqo for years, with periodic reassessment by the prescribing dermatologist.

Eligibility at a UAE dermatologist clinic

For UAE-resident patients, the dermatology services apply the FDA and EMA criteria with local insurance adaptation:

1. Confirmed indication and severity. EASI 16 or greater, or moderate-to-severe disease by Investigator Global Assessment, with substantial BSA involvement and elevated DLQI / cDLQI indicating quality-of-life impact. 2. Treatment history. Biologic-experienced (prior Dupixent, Adbry, or Ebglyss with inadequate response or intolerance) or biologic-refractory or biologic-intolerant patients are the typical Cibinqo candidates. Some insurers require prior biologic trial-and-failure before approving an oral JAK inhibitor. 3. Age 12 or older. Cibinqo is approved for adolescents 12 to 17 and for adults. 4. Tuberculosis screening. IGRA plus chest imaging per institutional standard. 5. HIV, hepatitis B, and hepatitis C screening. 6. Baseline laboratory panel: CBC with differential, complete metabolic panel including LFTs and creatinine, fasting lipid panel. 7. Pregnancy testing and contraception planning for women of childbearing potential. 8. Drug-drug interaction review. Strong CYP2C19 inhibitors (fluvoxamine, fluconazole) trigger a 50 mg dose; strong CYP3A4 inducers reduce exposure. Antiplatelet or anticoagulant co-therapy requires caution given the thrombocytopenia signal. 9. Cardiovascular risk assessment. The JAK class boxed warning includes MACE and thrombosis. Patients aged 50 and older with one or more cardiovascular risk factors warrant a documented benefit-risk discussion. 10. Herpes zoster vaccination consideration. Cibinqo carries a distinctive elevated herpes simplex and herpes zoster rate within the JAK class; recombinant zoster vaccine before starting is reasonable for older adults.

A UAE patient should arrive at the JAK conversation with the most recent dermatology documentation: current EASI / IGA / BSA / DLQI scores, photographs of involved skin, complete treatment history, prior biologic-trial documentation if applicable, TB and viral hepatitis screening history, baseline labs, and the insurance preauthorisation paperwork that the prescribing office typically initiates.

The UAE prescribing and supply picture, plainly

UAE EDE (Emirates Drug Establishment) registration status for Cibinqo is verified at intake. Pfizer's MENA commercial supply runs through regional distributors. Where in-country registration is complete, in-country pharmacy dispensing applies. Where registration has not yet caught up with the FDA or EMA label, a named-patient European or US import pathway covers the case. The pathway is:

1. Prescribing physician: a board-certified UAE dermatologist at Cleveland Clinic Abu Dhabi, Mediclinic City, American Hospital Dubai dermatology, NMC Specialty, Aster, Burjeel Medical City, Saudi German Hospital Dubai, Dr Sulaiman Al Habib network, or Magrabi Dermatology. Public sector dermatology at SKMC, Tawam, and DHA hospitals handles the same role for Emirati nationals. 2. Pharmacy dispensing: hospital outpatient pharmacy or community pharmacy with the prescribing physician's order. Cibinqo is a room-temperature oral tablet with no cold-chain requirement. 3. Insurance pre-authorisation: Thiqa coverage for Emirati nationals has historically extended to AD systemic therapy with documented severity and prior-therapy failure. Daman and the major commercial insurers (Oman Insurance, AXA Gulf, MetLife, Cigna, others) require similar documentation. Some require prior biologic trial-and-failure (typically Dupixent) before approving Cibinqo; this is the most common pre-authorisation friction point. 4. Patient training: the prescribing office reviews dosing schedule, adherence importance, sick-day rules, and the herpes-zoster vigilance posture at first dispensing. 5. Ongoing monitoring: dermatology follow-up at weeks 4, 12, then quarterly. CBC at 4 weeks then quarterly. Fasting lipid panel rechecked at 4 weeks then quarterly. LFTs rechecked at 4 weeks then quarterly.

Cost band and insurance positioning

US list price for Cibinqo is approximately USD 4,200 to 6,000 per month at WAC for the 200 mg dose. Annual cost at list price is approximately USD 50,000 to 72,000 for adult dosing. The 100 mg dose is roughly half this band.

At 2026 indicative cross rates, the AED-equivalent annual cost band is approximately AED 184,000 to 264,000 at list price for the 200 mg dose. Insurance preauthorisation reduces out-of-pocket exposure substantially for covered patients; cash-pay exposure depends on the dispensing pharmacy's regional pricing.

For Emirati nationals with Thiqa coverage, the financial pre-authorisation conversation needs to start before the first dispensing, not after. Daman and other commercial covers vary; the prescribing dermatologist's office is the gating step.

What to expect on Cibinqo, week-by-week

Onset of itch reduction is fast: many patients report meaningful itch relief by days 2 to 3. EASI-50 response is typically achieved by week 4. EASI-75 response in pivotal trials clusters at week 12 to 16; some patients reach EASI-90 by week 16. Patients who do not respond by week 12 are reassessed; the prescribing dermatologist may titrate from 100 mg to 200 mg, or switch to an alternative drug class.

The first month is the highest-vigilance window: thrombocytopenia is most pronounced in the first month, then trends toward stabilisation. The CBC at 4 weeks is the gating monitoring step.

What to monitor: the JAK boxed warning

Cibinqo carries the JAK class boxed warning: serious infections, mortality, malignancy, major adverse cardiovascular events (MACE), and thrombosis. This is the defining clinical-vigilance posture for the entire JAK class and applies equally to Cibinqo. The boxed warning derives from the ORAL Surveillance study of tofacitinib in rheumatoid arthritis; the FDA extended the language to the JAK class.

Distinctive Cibinqo signals: herpes simplex and herpes zoster reactivation rates are elevated compared with other JAK inhibitors in the AD class. Thrombocytopenia is most pronounced in the first month. Hyperlipidemia (LDL and HDL both rise) is typical; the lipid panel at 4 weeks is the gating step. Transaminase elevation can occur. GI events including pancreatitis have been reported.

Patients should be counselled to call the prescribing dermatologist promptly for: new fever or signs of serious infection, new herpes outbreak (oral, genital, or shingles distribution), unexplained bruising or bleeding, chest pain or new shortness of breath, calf pain or swelling, new skin lesion that looks unusual. Sick-day rule: hold Cibinqo during serious infection until cleared by the treating physician.

When Cibinqo is the wrong drug

For a UAE patient with active serious infection, with recent MACE or high cardiovascular risk burden, with active malignancy other than treated non-melanoma skin cancer, with active TB or untreated viral hepatitis, or during pregnancy, the operational pathway shifts:

- IL-4 receptor or IL-13 biologics (Dupixent, Adbry, Ebglyss): no JAK boxed warning; the established first-biologic class for moderate-to-severe AD. - Rinvoq (upadacitinib): the other oral JAK1 inhibitor in AD; carries the same JAK boxed warning. - Continued conventional systemic therapy (ciclosporin, methotrexate, mycophenolate, azathioprine). - Phototherapy (narrowband UVB).

Reserve Meds does not promote one JAK inhibitor over another. If the conversation with the treating dermatologist points toward a biologic, an alternative oral JAK, or continued conventional therapy, the operational pathway shifts accordingly.

What Reserve Meds does on this case

We are a US-based concierge coordinator. We are not the prescriber and not the dispensing pharmacy. On a UAE Cibinqo case we build the documentation pack with the treating dermatologist office, confirm UAE EDE registration status and the appropriate dispensing pathway, run the insurance pre-authorisation conversation alongside the clinical pre-authorisation conversation, coordinate the supply logistics for ongoing maintenance dispensing, organise the JAK-class baseline screening, and stay with the case through the first year of dosing with handoff to the local prescriber for ongoing surveillance. Clinical decisions remain with your treating dermatologist.

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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reserved for you.

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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