Cinqair

Bahrain · access guide

How to access Cinqair for severe eosinophilic asthma from Bahrain: 2026 pathway via pulmonology/respirology and infusion supply | Reserve Meds

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

Bahrain operates a compact but capable pulmonology service network under NHRA (National Health Regulatory Authority) licensing. Salmaniya Medical Complex chest medicine is the largest public-sector pulmonology referral service. King Hamad University Hospital (KHUH) handles a high-volume internal medicine and respiratory caseload. Bahrain Defence Force (BDF) Hospital pulmonology serves military and dependant populations and accepts referrals from civilian services. Bahrain Specialist Hospital and Royal Bahrain Hospital in the private sector handle adult severe asthma cases. Cinqair (reslizumab, Teva Pharmaceuticals) is the anti-IL-5 humanized monoclonal antibody delivered by IV infusion every 4 weeks for adults with severe eosinophilic asthma whose disease is not adequately controlled on inhaled corticosteroid plus add-on therapy. For a Bahrain-resident adult who has cycled through the standard severe-asthma ladder and continues to flare with elevated blood eosinophils, the operational question is no longer whether IL-5 blockade is reachable in Manama: it is which anti-IL-5 agent fits the case best, where the infusion is delivered, what insurance will and will not cover, and how the every-4-week infusion schedule fits into the family's working life.

This page explains how the pathway works in 2026 for a Bahrain-resident patient: who qualifies, where the prescribing pulmonologist conversation happens, how Cinqair is procured and infused, what the loading and maintenance schedule looks like, what the realistic out-of-pocket exposure band is in BHD, what to monitor (anaphylaxis being the boxed-warning event), and when Cinqair is the wrong drug. It is concierge documentation written for a Bahrain family already in conversation with a treating pulmonologist who wants the operational reality laid out plainly.

Why Cinqair, and why now

Cinqair is reslizumab, a humanized IgG4-kappa monoclonal antibody that binds interleukin-5 (IL-5) and blocks its interaction with the IL-5 receptor on the eosinophil surface. Developed by Teva Pharmaceuticals. The mechanism: IL-5 is the principal cytokine driving eosinophil maturation, recruitment, and survival; blocking IL-5 reduces circulating and airway eosinophil numbers, and in patients whose severe asthma is eosinophil-driven, the reduction translates into fewer exacerbations, lower oral corticosteroid dependence, and improved lung function.

The anti-IL-5 class in 2026 has four agents that a Bahrain pulmonologist may choose among: Cinqair (reslizumab, Teva, IV infusion every 4 weeks, weight-based dosing 3 mg/kg), Nucala (mepolizumab, GSK, subcutaneous injection every 4 weeks, fixed 100 mg), Fasenra (benralizumab, AstraZeneca, anti-IL-5 receptor alpha, subcutaneous injection every 8 weeks after loading), and Dupixent (dupilumab, anti-IL-4 receptor alpha, broader Type 2 inflammation pathway, subcutaneous every 2 weeks). Tezspire (tezepelumab, anti-TSLP) sits upstream and is the alternative when the eosinophil count is borderline.

The FDA approved Cinqair for severe eosinophilic asthma in March 2016 for adults aged 18 and over. The EMA approval is contemporaneous. NHRA registration status in Bahrain is verified at intake. Where in-country registration is current, hospital pharmacy and infusion centre dispensing applies. Where registration has lapsed or distribution gaps exist, a named-patient European-import or US-import pathway covers the case, and cross-border referral to KFSHRC Riyadh or to UAE centres may be considered through the MoH international patient pathway.

For a Bahrain patient with severe eosinophilic asthma whose blood eosinophil count is 400 cells per microlitre or higher and who continues to exacerbate despite maximum inhaled therapy, Cinqair is the IV-infusion anti-IL-5 option. The conversation about whether to start with Cinqair as first biologic, switch to Cinqair from Nucala or Fasenra for inadequate response, or consider Dupixent or Tezspire instead is the central clinical decision that belongs to the treating pulmonologist. This page is the operational layer underneath that conversation.

Reserve Meds does not promote one anti-IL-5 over another. The page describes the Cinqair pathway because Cinqair is the biologic the patient or the physician has raised.

What Cinqair is, in plain language

Cinqair is an intravenous infusion, not a self-administered injection. There is no home-injection device. The dose is weight-based: 3 mg per kilogram of patient body weight, administered as an IV infusion over approximately 20 to 50 minutes, every 4 weeks. The infusion is given at an infusion centre, a day-care unit, or a hospital outpatient infusion bay; it is not given at home.

Cinqair carries a boxed warning for anaphylaxis. Anaphylactic reactions have occurred during or within 20 minutes after the infusion in approximately 0.3 percent of patients in the pivotal trials. Cinqair must be administered in a healthcare setting prepared to manage anaphylaxis; the patient must be observed for an appropriate period after infusion. This is the most important operational difference between Cinqair and the subcutaneous anti-IL-5 alternatives, and it is the reason Cinqair is delivered in an infusion centre rather than at home.

This is a long-term therapy. Cinqair is taken for as long as it controls the disease. Patients who achieve a meaningful response typically stay on Cinqair for years.

Eligibility at a Bahrain pulmonologist clinic

For Bahrain-resident patients, the pulmonology services apply the FDA and EMA criteria with local NHRA and insurance adaptation:

1. Severe persistent asthma per GINA step 4 or 5 despite high-dose inhaled corticosteroid plus long-acting beta-agonist and an additional controller. 2. Blood eosinophil count of 400 cells per microlitre or higher documented within the previous 6 weeks before starting Cinqair. 3. Documented exacerbation history. Typically two or more exacerbations requiring systemic corticosteroid in the prior 12 months, or one exacerbation requiring hospitalisation. 4. Adult, 18 years or older. Cinqair is not approved for paediatric use. 5. Anaphylaxis history screen. Prior anaphylactic reaction to reslizumab, to other monoclonal antibodies, or to excipients is a contraindication. 6. Pregnancy planning discussion for women of childbearing potential. 7. Confirmation of body weight, since dosing is weight-based. 8. Treatment history documentation, including any prior anti-IL-5 or anti-IL-4Ra trial.

A Bahrain patient should arrive at the biologic conversation with the most recent pulmonology documentation: current asthma control test (ACT) score, FEV1 trend, recent blood eosinophil count, complete exacerbation and hospitalisation history with dates, current inhaler regimen, oral corticosteroid exposure history, prior biologic-trial documentation if applicable, anaphylaxis history if any, and the insurance preauthorisation paperwork that the prescribing office initiates.

The Bahrain prescribing and supply picture

Cinqair NHRA registration status is verified at intake. Teva's MENA commercial supply runs through regional distributors with cross-Gulf supply links. Where NHRA registration and distribution are current, in-country hospital pharmacy and infusion centre dispensing applies. Where registration has lapsed or supply has gapped, a named-patient European-import or US-import pathway covers the case, and cross-border referral to KFSHRC Riyadh, KAMC, or UAE centres through the MoH international patient pathway is a documented alternative. The pathway is:

1. **Prescribing physician**: an NHRA-licensed pulmonologist (consultant chest physician), commonly co-managed with an allergy and immunology consultant. Services that handle this work include Salmaniya Medical Complex chest medicine, King Hamad University Hospital (KHUH), Bahrain Defence Force (BDF) Hospital pulmonology, Bahrain Specialist Hospital, and Royal Bahrain Hospital. 2. **Infusion delivery**: hospital outpatient infusion bay or accredited day-care infusion centre. Cinqair must be infused in a setting prepared to manage anaphylaxis. The infusion takes approximately 20 to 50 minutes, with post-infusion observation per institutional protocol. 3. **Pharmacy supply**: hospital pharmacy holds the cold-chain stock (refrigerated at 2 to 8 degrees Celsius). The infusion centre draws and administers from the hospital pharmacy supply. 4. **Insurance pre-authorisation**: government coverage for Bahraini nationals through MoH and BDF runs through institutional formulary. Private commercial insurers (Bahrain National Insurance, GIG Gulf, AXA Gulf, others) require biologic pre-authorisation. The most common pre-authorisation friction point is the demand for prior anti-IL-5 trial-and-failure before Cinqair. 5. **Ongoing monitoring**: pulmonology follow-up at week 4, week 16, then quarterly. ACT, FEV1, eosinophil count tracked. Anaphylaxis-history check at each visit.

Cost expectation in BHD

US list price for Cinqair runs approximately USD 35,000 to 45,000 per year at maintenance dosing, depending on patient body weight.

At 2026 indicative cross rates, the BHD-equivalent annual cost band is approximately BHD 13,200 to 16,950 at list price. Insurance preauthorisation reduces out-of-pocket exposure substantially for covered patients; cash-pay exposure depends on the dispensing pharmacy and the import route in effect.

For Bahraini nationals with government coverage, the financial pre-authorisation conversation goes through the institutional formulary committee. For private commercial insurance patients, the pre-authorisation conversation needs to start before the first infusion, not after.

What to expect, week-by-week

Week 0 to 1: Reserve Meds builds the documentation pack with the treating pulmonologist's office.

Week 1 to 4: Insurance preauthorisation.

Week 4 to 6: First infusion at the prescribing centre's infusion bay. The dose is calculated from patient weight at 3 mg/kg. The infusion runs over approximately 20 to 50 minutes. Post-infusion observation with explicit anaphylaxis monitoring.

Week 8: Second infusion.

Week 12: Third infusion. Initial response assessment at the pulmonology clinic.

Week 16 onwards: Continuing every-4-week infusion schedule. Response assessment at minimum at week 16.

Ongoing: Every-4-week infusion for as long as Cinqair controls the disease. Quarterly pulmonology follow-up at minimum during the first year.

When Cinqair is the wrong drug

For a Bahrain patient with eosinophil-low asthma (blood eosinophil count below 300 to 400 cells per microlitre), with allergic-pathway-dominant disease where IL-4 and IL-13 blockade (Dupixent) or anti-TSLP (Tezspire) is a better mechanistic fit, with prior anaphylactic reaction to Cinqair or another monoclonal antibody, with active untreated parasitic infection, or during pregnancy when the risk-benefit calculus has not been resolved, the operational pathway shifts:

- **Subcutaneous anti-IL-5 alternatives (Nucala / mepolizumab; Fasenra / benralizumab)**: home or clinic subcutaneous injection, no infusion-centre requirement, no boxed warning for anaphylaxis. - **Dupixent (dupilumab)**: broader Type 2 inflammation blockade (IL-4Ra), preferred where allergic disease, atopic dermatitis, or chronic rhinosinusitis with nasal polyposis is the dominant phenotype. - **Tezspire (tezepelumab)**: anti-TSLP, useful where the eosinophil count is borderline. - **Continued maximum inhaler therapy**: where biologic therapy is contraindicated.

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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 Bahrain Cinqair case we build the documentation pack with the treating pulmonologist's office, confirm NHRA registration status and the appropriate dispensing pathway, run the insurance pre-authorisation conversation alongside the clinical pre-authorisation conversation, coordinate the supply logistics through the in-country hospital pharmacy, the named-patient import route, or the cross-border referral to a KSA or UAE centre where applicable, organise the infusion-centre scheduling and the anaphylaxis-monitoring protocol confirmation, 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 pulmonologist.

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.

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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