Ebglyss

Bahrain · access guide

How to access Ebglyss for moderate-to-severe atopic dermatitis in adults and adolescents 12 and older from Bahrain: 2026 pathway via Salmaniya Medical Complex, BDF Hospital, King Hamad University Hospital, and Bahrain NHRA coordination | Reserve Meds

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

Bahrain operates a compact dermatology specialty network for moderate-to-severe atopic dermatitis. Salmaniya Medical Complex (the MOH national referral hospital), Bahrain Defence Force Hospital, King Hamad University Hospital, Royal Bahrain Hospital, American Mission Hospital, and Bahrain Specialist Hospital all run dermatology services covering moderate-to-severe atopic dermatitis in adults and adolescents. Complex paediatric subspecialty cases (younger paediatric AD, complex comorbid presentations) cross-border to KFSHRC Riyadh or HMC Doha when warranted. Ebglyss (lebrikizumab-lbkz, Eli Lilly and Company) is the humanized IgG4 monoclonal antibody that binds soluble IL-13 with high affinity and blocks IL-13 receptor signalling. FDA approval landed in September 2024 for moderate-to-severe atopic dermatitis in adults and adolescents 12 years and older weighing at least 40 kg. Bahrain NHRA registration for Ebglyss is in early rollout in 2026; most Bahrain patients access Ebglyss via the named-patient European or US import pathway while in-country registration catches up.

This page leads with the Ebglyss pathway for adult and adolescent (12 and older, at least 40 kg) AD and includes an explicit vs-Dupixent positioning section. It is concierge documentation written for a family already in conversation with a treating dermatologist who wants the operational reality laid out plainly.

Why Ebglyss, and why now

Ebglyss is lebrikizumab, a humanized IgG4 monoclonal antibody held by Eli Lilly and Company. The molecule binds soluble IL-13 with high affinity and blocks IL-13Ra1 / IL-4Ra heterodimer signalling. Lebrikizumab does NOT bind IL-4 (the central mechanistic distinction versus Dupixent, which targets IL-4Ra and blocks both IL-4 and IL-13 signalling).

EASI-75 response in approximately 50 to 60 percent of patients at week 16 monotherapy; approximately 70 percent in combination with topical corticosteroids.

FDA approval September 2024. EMA approval November 2023. Bahrain NHRA registration in early rollout. September 2024 FDA approval places Ebglyss in the less-than-24-month NPP-pathway-primary framing window for Bahrain in 2026: named-patient European or US import is the primary access mechanism.

Reserve Meds does not promote one biologic over another. Competing class includes Dupixent, Adbry (tralokinumab adult only), Cibinqo (abrocitinib), Rinvoq (upadacitinib), and Nemluvio (nemolizumab). JAK inhibitor class carries class black-box warning.

What Ebglyss is, in plain language

Subcutaneous injection. Pre-filled pen or pre-filled syringe at 250 mg per device. Self-administered at home after training; caregivers can administer for adolescents. Cold-chain storage at 2 to 8 degrees Celsius; room-temperature stability up to 7 days unopened (shorter than Dupixent at 14 days).

Dosing: - Week 0: 500 mg loading (two 250 mg injections). - Week 2: 500 mg. - Week 4 to week 14: 250 mg q2w. - Week 16 response assessment: responders move to 250 mg q4w maintenance; partial or non-responders continue q2w through week 24.

Chronic therapy.

Eligibility at a Bahrain dermatology clinic

1. **Moderate-to-severe atopic dermatitis** confirmed by IGA, EASI, BSA, DLQI. Inadequate response to topical therapies. 2. **Age 12 years or older**. 3. **Body weight at least 40 kg**. Younger or lower-weight paediatric patients route toward Dupixent (FDA-approved down to 6 months for AD). 4. **Treatment history**. Documented prior failure of (or contraindication to) appropriate topical therapy. Many insurers require documented prior systemic therapy or prior biologic / JAK inhibitor trial. 5. **Baseline laboratory panel**. CBC with eosinophil count, comprehensive metabolic panel, total IgE (informative), pregnancy test for women of reproductive potential. 6. **Helminth screen** for patients with epidemiologic risk. 7. **Active serious infection**: defer initiation. 8. **Vaccination status review**. Live vaccines not recommended during therapy; inactivated permitted. 9. **Conjunctivitis history review**. Approximately 7 percent develop conjunctivitis on Ebglyss in pivotal trials (lower than Dupixent at approximately 10 to 20 percent). 10. **Pregnancy and lactation discussion** for women of reproductive potential.

A Bahrain patient should arrive with the most recent dermatology documentation, complete treatment history, baseline screening labs, vaccination record, and the insurance pre-authorisation paperwork.

The Bahrain prescribing and supply picture, plainly

Bahrain NHRA (National Health Regulatory Authority) governs the regulatory pathway. Ebglyss registration in early rollout. Where registration progresses, in-country pharmacy dispensing applies. Where it has not (the majority case in 2026), named-patient European import covers the case.

1. **Prescribing physician**: Salmaniya Medical Complex (MOH national referral, dermatology and paediatric dermatology), BDF Hospital (military and civilian), King Hamad University Hospital (university), Royal Bahrain Hospital, American Mission Hospital, Bahrain Specialist Hospital. Complex paediatric subspecialty cases cross-border to KFSHRC Riyadh or HMC Doha when warranted. 2. **Pharmacy dispensing**: hospital pharmacy or licensed community pharmacy with cold-chain handling. Ebglyss requires 2 to 8 degree Celsius transport and storage. 3. **Insurance pre-authorisation**: MOH coverage at Salmaniya for nationals; commercial covers (BUPA Arabia, AXA, Cigna Bahrain, GIG, others) for residents. Pre-authorisation patterns for Ebglyss in 2026 still establishing because of recency of FDA approval. 4. **Self-injection training**: at the prescribing dermatologist's clinic or via Lilly-coordinated nurse educator visit. 5. **Ongoing monitoring**: dermatology follow-up at week 4, 12, 16, then quarterly through year one. Conjunctivitis surveillance at every visit. Eosinophil count at baseline and periodically.

The 2026 pathway, step by step

Week 0 to 1: documentation pack assembled with the treating dermatologist's office. Named-patient import paperwork initiated where applicable.

Week 1 to 6: pre-authorisation review and import processing.

Week 6 to 8: first dispensing. 500 mg loading dose and self-injection training.

Week 2 of therapy: second 500 mg loading dose.

Week 4 to week 14: 250 mg q2w.

Week 16: response assessment. Responders to 250 mg q4w maintenance; partial or non-responders continue q2w through week 24.

Week 24 and beyond: q4w maintenance for responders.

Cost band and insurance positioning

US WAC list price approximately USD 3,400 per 250 mg device. Induction-and-loading phase (10 injections) approximately USD 34,000 at list. q4w maintenance phase for responders approximately USD 44,000 per year at list.

BHD-equivalent annual cost band for q4w maintenance responder regimen approximately **BHD 54,500 to 75,000** at list price. Induction-and-loading phase adds approximately BHD 13,000 to 15,000 in the first year. Pre-authorisation reduces out-of-pocket exposure.

The annual q4w maintenance cost band is roughly one-half of the Dupixent every-2-week adult regimen on an annual basis.

What to expect on Ebglyss

Itch reduction often noticeable within 2 weeks. EASI-75 in approximately 50 to 60 percent at week 16 monotherapy; approximately 70 percent with TCS. Responders on q4w maintenance maintained EASI-75 in approximately 80 percent through week 52.

What to monitor

Conjunctivitis at approximately 7 percent (lower than Dupixent). Ophthalmology referral at first sign that does not resolve within 48 hours.

Eosinophil count at baseline and periodically. Transient eosinophilia common and usually benign.

Injection-site reactions, hypersensitivity (rare anaphylaxis), helminth surveillance, live vaccines avoided during therapy.

Long-term safety approximately 2 years post-FDA-approval; profile reassuring.

Ebglyss versus Dupixent

Both appropriate first-line biologics. Reserve Meds does not promote one over the other.

- Mechanism: Ebglyss IL-13 selective; Dupixent IL-4Ra blocks both IL-4 and IL-13. - Indication breadth: Dupixent six indications; Ebglyss AD-only. - Age range: Dupixent down to 6 months; Ebglyss 12 and older at 40 kg. - Conjunctivitis rate: approximately 7 percent on Ebglyss vs 10 to 20 percent on Dupixent. - Maintenance dosing: Ebglyss q4w from week 16; Dupixent adult AD q2w throughout. - Cost band: Ebglyss q4w roughly half annual list of Dupixent q2w. - Long-term safety dataset: Dupixent 7-plus years; Ebglyss approximately 2 years post-FDA. Both reassuring. - Bahrain access pathway: Dupixent broadly registered; Ebglyss in early Bahrain NHRA registration rollout, most 2026 patients access via named-patient European or US import.

The clinical decision sits with the treating dermatologist.

Religious, ethical, and family-logistics framing

Ebglyss is a humanized IgG4 monoclonal antibody produced in mammalian cell culture. No donor element, no human or animal source material in the active ingredient. The classical analogy to vaccines and other recombinant biologics holds in Bahrain Islamic medical ethics.

Self-injection at home is the standard; clinic-administered dispensing available.

Cold-chain storage in the Bahrain summer climate: home refrigerator placement, insulated cold-chain bag for travel, 7-day room-temperature allowance.

Moderate-to-severe AD carries psychosocial-burden dimensions. Lebrikizumab itself has no CNS or mood signal; psychosocial burden is from the underlying chronic AD.

Ramadan: q2w and q4w regimens unaffected by fasting.

When Ebglyss is the wrong drug

- Age under 12 or weight under 40 kg. - Mild AD: Ebglyss for moderate-to-severe with topical-therapy failure. - Active conjunctivitis with poor ophthalmology support: ophthalmology co-management plan first. - Active helminth infection: treat first. - Hypersensitivity to lebrikizumab or excipients. - Active serious infection: defer. - Need for live vaccination in near term. - Pregnancy: limited data; individualised decision. - Comorbid type 2 inflammation conditions: may favour Dupixent.

Alternatives: dupilumab, tralokinumab (adult), nemolizumab; abrocitinib, upadacitinib (JAK class black-box warning).

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 Ebglyss case we build the documentation pack with the treating dermatologist's office, confirm Bahrain NHRA registration status (and the appropriate dispensing pathway including named-patient European or US import where required), run the insurance pre-authorisation conversation alongside the clinical conversation, coordinate the cold-chain supply logistics, organise self-injection training and the baseline screening, set up the ophthalmology co-management plan where indicated, and stay with the case through the first year of dosing with handoff to the local prescriber. 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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