Inrebic

Saudi Arabia · access guide

How to access Inrebic from Saudi Arabia, the named-patient import pathway, 2026

By Reserve Meds · Clinical & regulatory team · Last reviewed 2026-04-24

An Saudi Arabian patient with intermediate-2 or high-risk primary or secondary myelofibrosis may receive a prescription for Inrebic (fedratinib) from their treating haematologist, including in cases where ruxolitinib is not tolerated or has lost response. Inrebic is FDA-approved in the United States as an oral JAK2-selective kinase inhibitor. The label carries a black-box warning for serious and fatal encephalopathy, including Wernicke's encephalopathy, which mandates baseline and periodic thiamine monitoring. Because Inrebic is not yet routinely stocked in Saudi Arabian hospital pharmacies for this indication, your haematologist may be coordinating a named-patient import pathway on your behalf.

This guide explains the legal pathway, what documentation your physician needs, typical timing and cost bands, and where Reserve Meds fits in.

The clinical situation

Inrebic is an oral once-daily JAK2-selective kinase inhibitor. The manufacturer is Bristol Myers Squibb (acquired from Celgene/Impact Biomedicines). Dosing is typically 400 mg orally once daily. Eligibility rests on confirmed intermediate-2 or high-risk myelofibrosis (primary or post-PV/post-ET), and a baseline assessment that explicitly includes thiamine status, the label requires baseline thiamine measurement, correction of deficiency before starting, and periodic monitoring during therapy. Your haematologist confirms diagnosis, risk stratification, prior JAK-inhibitor exposure, baseline blood counts, liver function, thiamine level, and the monitoring plan per FDA labeling.

Is Inrebic legally importable into Saudi Arabia?

Yes, through the Central Drugs Standard Control Organization (SFDA) personal-use / named-patient import framework. The Saudi Arabia has a mature pathway for importing medicines that are approved by recognised reference regulators but not yet locally marketed, used routinely across haematology-oncology.

The SFDA route typically rests on: (a) FDA or equivalent approval of the medicine, (b) the absence of a suitable locally registered alternative, (c) a prescription from a registered Saudi Arabian medical practitioner who takes clinical responsibility, and (d) documented chain of custody from the US source to the treating facility. For myelofibrosis patients who have failed or not tolerated first-line JAK inhibition, the clinical rationale for Inrebic is straightforward to articulate.

How the pathway works, step by step

1. **Consultation with your treating haematologist.** Confirmation of myelofibrosis diagnosis, risk stratification, prior ruxolitinib experience if any, thiamine status, and a written clinical rationale for Inrebic.
2. **Treatment-centre identification.** A tertiary haematology service that can run CBC, LFTs, thiamine assays, and neurological assessment accepts the case.
3. **SFDA named-patient application.** Your physician or the hospital's licensed importing pharmacy files the application including prescription, diagnostic and risk-stratification documentation, baseline thiamine confirmation, and chain-of-custody plan.
4. **US-side sourcing.** Reserve Meds coordinates with our US-licensed specialty wholesale partner to secure product from the manufacturer's authorised distribution chain under DSCSA.
5. **Stable shipment.** Inrebic is an oral capsule with standard storage requirements and ships with chain-of-custody documentation end to end.
6. **Arrival and initiation.** Your haematologist starts therapy at 400 mg once daily after thiamine correction and continues periodic monitoring. Reserve Meds coordinates re-supply ahead of bottle depletion.

What documentation your physician needs

Your physician will typically need to provide:

- A clinical rationale letter confirming myelofibrosis subtype, risk category, prior JAK-inhibitor history, baseline thiamine, and Inrebic as the indicated therapy
- Verification of their Saudi Arabian medical registration (state medical council registration number)
- A current prescription naming the product, 400 mg once-daily dosing, and the planned schedule
- Patient identifier (anonymised reference preferred)
- Planned monitoring cadence, explicitly including thiamine and neurological surveillance (Wernicke risk) alongside CBC and LFTs

Reserve Meds provides a physician documentation kit bundling the templates SFDA reviewers expect to see for oral oncology/haematology therapies under named-patient import, including the thiamine-attestation template that reviewers tend to ask about for Inrebic.

Costs and timing

Inrebic's US cash-pay reference price for a 30-day supply sits in an indicative 2026 range of roughly USD 22,000-26,000. Logistics, SFDA documentation handling, and concierge coordination add incremental cost; Reserve Meds issues a full transparent quote at the start of intake, with a drug-only reference figure separated from service charges.

Indicative timing for first shipment arrival after cohort intake opens is 7-14 days from the moment a complete SFDA application is submitted. Subsequent re-supply cycles are generally faster once the pathway is established.

Fulfillment availability is limited to our first cohort, and all timelines published on this site are indicative. If your clinical situation is time-sensitive, tell us at intake. We triage accordingly.

A culturally-aware note: Saudi Arabia has several high-volume haematology centres of excellence across Delhi, Mumbai, Chennai, Bengaluru, Hyderabad, and Kolkata. Our concierge team can coordinate with any of them, in English or the regional language your family prefers.

Reserve Meds's role

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

- **Sourcing.** Through our US-licensed specialty wholesale partner, operating under DSCSA chain-of-custody.
- **Documentation.** Regulatory documentation package for your physician and for SFDA review, including the thiamine-baseline and neurological-monitoring templates SFDA reviewers expect for Inrebic.
- **Logistics.** Shipment coordination and chain-of-custody.
- **Concierge case lead.** A named point of contact for your family and your physician throughout the process.

What we do not do: we are not the prescriber, we do not practise medicine, and we are not the dispensing pharmacy. All clinical decisions remain with your treating haematologist.

Frequently asked

Is this legal in Saudi Arabia? Yes, when executed through the SFDA personal-use / named-patient framework with appropriate documentation. See our trust and compliance page.

Why the thiamine warning? Inrebic's original development programme reported serious and fatal cases of Wernicke's encephalopathy. The FDA label therefore mandates baseline thiamine measurement, correction of deficiency before starting, and periodic monitoring during therapy. Your haematologist manages this as standard practice.

Can Inrebic be used after ruxolitinib? Yes, Inrebic is commonly used in patients who have failed, lost response to, or not tolerated ruxolitinib. Your haematologist will decide sequencing based on your disease trajectory.

How does Inrebic compare with Ojjaara or Vonjo? Ojjaara is labeled for the anaemic subgroup, Vonjo for the thrombocytopenic subgroup, and Inrebic is a JAK2-selective option across the broader population. Your haematologist chooses based on your dominant clinical problem.

Will private insurance cover this? Cash-pay is the default. Some Saudi Arabian private insurers reimburse named-patient oncology imports on a case-by-case basis; we supply documentation for your submission but do not process insurance claims directly.

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.

Reserve Meds

reserved for you.

Composite case examples. This document is for general information only and does not constitute medical advice. Please consult your treating physician.
Reserve Meds is in pre-launch. Published timelines and cost ranges are indicative, not guarantees.
reservemeds.com · hello@reservemeds.com