Inrebic

United Arab Emirates · access guide

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

By Reserve Meds, Clinical and regulatory team. Last reviewed 2026-05-13.

A UAE patient with intermediate-2 or high-risk primary or secondary (post-polycythemia vera or post-essential thrombocythemia) myelofibrosis (MF) may receive a prescription for Inrebic (fedratinib) from their treating hematologist. Inrebic is FDA-approved in the United States and manufactured by Bristol Myers Squibb. It is an oral selective JAK2 inhibitor administered by capsule. Local availability of Inrebic in the UAE can be inconsistent: the drug may not be on every specialty pharmacy's standing formulary, the specific indication may not match what is locally registered, or the strength required may be back-ordered. When that happens, a named-patient import pathway through MoHAP remains a legitimate route for the patient whose physician has already prescribed the drug.

This guide explains the pathway, the documentation your physician needs, typical costs and indicative timing, and where Reserve Meds fits in.

The clinical situation

Inrebic is an oral selective JAK2 inhibitor. Mechanism: a small-molecule kinase inhibitor with selectivity for JAK2 over JAK1, JAK3, and TYK2, blocking constitutive JAK/STAT signaling in the myeloproliferative neoplasm clone. Dosing: 400 mg orally once daily, per FDA labeling. Baseline workup per FDA labeling includes CBC with differential, comprehensive metabolic panel, amylase and lipase, thiamine level, and assessment for prior or active Wernicke encephalopathy risk factors. Other important warnings include serious and fatal encephalopathy including Wernicke encephalopathy (boxed warning), anemia, thrombocytopenia, gastrointestinal toxicity, hepatic toxicity, amylase and lipase elevations, and embryo-fetal toxicity. Thiamine assessment and supplementation are required before and during therapy. Your hematologist will discuss the risk-benefit profile and schedule monitoring before initiating therapy.

Is Inrebic legally importable into the UAE?

Yes, through the UAE Ministry of Health and Prevention (MoHAP) named-patient and personal-use import framework, coordinated through a UAE-licensed treating facility's pharmacy. The UAE has an established pathway for specialty medicines approved by reference authorities (US FDA, EMA, MHRA) but not stocked or registered for the specific indication locally.

The MoHAP named-patient route allows a UAE-licensed physician to request import of a medicine when: (a) the medicine is approved by a recognised reference authority, (b) no clinically equivalent locally registered alternative is suitable for the patient's indication and history, (c) the treating physician takes clinical responsibility for use, and (d) chain of custody is documented from the US source to the administering facility. Applications are typically filed through the dispensing institution's import pharmacy on the physician's behalf, with approval issued on a per-patient, per-cycle quantity basis.

How the pathway works, step by step

1. **Consultation with your treating hematologist.** The prescribing decision is clinical. Your hematologist documents the MF diagnosis (primary or secondary), risk stratification (intermediate-2 or high-risk per DIPSS or DIPSS-Plus), prior JAK inhibitor exposure where relevant, and rationale for Inrebic.
2. **Baseline screening.** CBC with differential, comprehensive metabolic panel, amylase and lipase, thiamine level, and assessment for Wernicke encephalopathy risk factors are confirmed and documented. Thiamine repletion is initiated where indicated.
3. **MoHAP named-patient application.** Your hematologist or the facility's import pharmacy files the application with clinical rationale, patient reference, product strength, quantity requested, and chain-of-custody plan.
4. **US-side sourcing.** Reserve Meds coordinates with our US-licensed specialty wholesale partner to secure product from Bristol Myers Squibb's authorised distribution under DSCSA chain-of-custody.
5. **Arrival and first dose.** The dispensing pharmacy releases product against the physician's prescription, and your hematologist initiates therapy with thiamine surveillance in place.

What documentation your physician needs

Your physician will typically need to provide:

- A clinical rationale letter confirming the MF diagnosis (primary, post-PV, or post-ET), DIPSS or DIPSS-Plus risk score, prior JAK inhibitor exposure where relevant, and Inrebic as the indicated next step
- Verification of their UAE medical licence
- A patient identifier, anonymised reference where privacy is preferred
- Documented pre-treatment screening consistent with FDA labeling (see above), including thiamine assessment
- The planned dosing regimen (400 mg orally once daily, per FDA labeling)
- A monitoring plan covering CBC at regular intervals, thiamine level surveillance, amylase and lipase monitoring, hepatic function, and neurologic surveillance for Wernicke encephalopathy symptoms

Reserve Meds provides a physician documentation kit tailored for JAK inhibitor therapies, including the templates MoHAP reviewers commonly request and the thiamine-surveillance protocol expected for Inrebic initiations.

Typical costs and indicative timing

Reserve Meds gives you a drug-only reference range plus a transparent delivered quote at intake. As an illustrative composite case, the US cash-pay reference range for a typical month of Inrebic at 400 mg daily sits in an indicative 2026 band of approximately USD 22,000 to 26,000. International logistics, MoHAP documentation handling, and concierge coordination add incremental cost. The delivered quote we issue at intake shows each line separately.

Indicative timing for first dose after cohort intake opens is approximately 2 to 5 weeks from the moment a complete application is submitted, assuming the documentation package is clean on first pass. Refills ship on a rolling cadence aligned to the dosing schedule.

Reserve Meds is a US-based concierge coordinator for cross-border specialty medicine. We are not a pharmacy, not the prescriber, and not the manufacturer. All clinical decisions remain with your treating physician.

Where Reserve Meds fits in

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 from manufacturer to export.
- **Documentation.** Regulatory package tailored for your physician and for MoHAP review, including JAK inhibitor class templates and the thiamine-surveillance protocol.
- **Logistics.** Internationally tracked shipment to your named dispensing facility with tamper-evident packaging.
- **Concierge case lead.** A named point of contact for your family and your physician across the full case arc.

We are a coordinator. We are not the prescriber, not a pharmacy, and not a dispensing facility. All clinical decisions remain with your treating hematologist, and dispensing sits with the licensed UAE pharmacy of record. Reserve Meds operates on cash-pay only and does not bill insurance.

Frequently asked

Is this legal in UAE? Yes, when executed through the MoHAP named-patient and personal-use framework with appropriate documentation, clinical rationale, and a licensed dispensing facility. The pathway is routinely used across oncology, rare disease, and immunology at UAE tertiary centers.

Will my private health insurance cover this? Cash-pay is the default posture. Some UAE private insurers (Daman, AXA, Mednet-administered plans) reimburse named-patient imports on a case-by-case basis when the documentation package is strong. We supply documentation for your submission but do not process insurance claims.

How does Inrebic compare to ruxolitinib? Ruxolitinib (Jakafi) is a JAK1/JAK2 inhibitor and is the most commonly used JAK inhibitor in MF. Inrebic is more JAK2-selective and is positioned for patients intolerant of or refractory to ruxolitinib, as well as for first-line use in selected patients. The boxed warning for Wernicke encephalopathy is specific to Inrebic and shapes the baseline workup and ongoing monitoring. Choice between them is a clinical decision your hematologist will make.

What if my physician has not filed a named-patient request before? Named-patient import is an institutional process most major UAE tertiary centers (Cleveland Clinic Abu Dhabi, Sheikh Shakhbout Medical City, American Hospital Dubai, and Mediclinic City Hospital) have encountered. Our documentation kit is written for first-time applicants and tracks what MoHAP reviewers commonly ask for.

Start your intake

Reserve Meds is opening to a limited first cohort in 2026. Submit your case and our concierge case lead will reach out when we are ready to enter intake for Inrebic coordination in UAE.

Submit my Inrebic intake

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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