Aimovig access in Pakistan: the DRAP named-patient pathway

How families and patients in Pakistan obtain Aimovig (erenumab) for migraine prevention through the Drug Regulatory Authority of Pakistan Personal Use Import framework.

Last reviewed 2026-05-12 by Reserve Meds clinical and regulatory team.

Quick orientation

Aimovig is the Amgen and Novartis brand name for erenumab-aooe, a fully human IgG2 monoclonal antibody. Of the four CGRP-pathway monoclonal antibodies on the market for migraine prevention, Aimovig is the only one that targets the calcitonin gene-related peptide receptor itself; the other three (fremanezumab, galcanezumab, eptinezumab) bind the CGRP ligand. The US FDA approved Aimovig in May 2018 for the preventive treatment of migraine in adults, the first CGRP-pathway monoclonal antibody on the US market and the first FDA-approved antibody therapeutic against any G-protein-coupled receptor. For Pakistani migraine patients whose neurologist has decided CGRP-class prevention is the right next step but local CGRP monoclonal antibody access is very limited, the DRAP Special Permission for Personal Use Import is the operative pathway.

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Why patients in Pakistan reach for Aimovig through NPP

Pakistan's CGRP monoclonal antibody access for migraine prevention is very limited. Erenumab is not broadly registered with DRAP at the standard commercial level, and the practical pattern is that patients access Aimovig through Personal Use Import on the basis of a treating neurologist's prescription. The wider CGRP class faces the same general gap: the four approved CGRP monoclonal antibodies (Aimovig, Ajovy, Emgality, Vyepti) are uneven in their Pakistani availability, and intermittent at best where present. For a patient with episodic or chronic migraine who has failed multiple older oral preventives (topiramate, propranolol, amitriptyline, candesartan), the local choices are narrow.

Three patterns drive Aimovig demand through the named-patient route in Pakistan. First, the underlying class-access gap. CGRP monoclonal antibodies sit in a cost segment that is uncommon for Pakistani retail neurology prescribing, and the named-patient route is the practical bridge for cash-pay patients. Second, prior-response continuity. Patients who responded to Aimovig in earlier treatment (often initiated abroad, in the US, the UK, or the Gulf, during a period of overseas residence or extended family stay) prefer to continue on the same product rather than switch class members. The class lacks head-to-head superiority evidence, so the clinical preference for continuity has weight. Third, the operational profile. Aimovig's label permits a single excursion of up to 7 days at room temperature, which is genuinely useful for international cold-chain transit through hot-climate corridors and customs holds; it provides real operational buffer that stricter biologics do not have.

The DRAP Personal Use Import pathway for Aimovig

The Drug Regulatory Authority of Pakistan (DRAP) regulates the import of medicines through its Quality Assurance and Laboratory Testing (QA&LT) Division's Import and Export Section. For unregistered medicines required by a specific patient, DRAP issues a Special Permission, commonly referred to as the No Objection Certificate (NOC) for Personal Use Import. Applications are filed through DRAP's Online Import and Export System (OIES) portal.

For Aimovig the clinical justification angle is migraine-prevention-specific. A complete application typically includes:

- A clinical justification letter on hospital letterhead from the treating neurologist or headache specialist, documenting the FDA-approved on-label indication: preventive treatment of migraine in adults
- Documentation of migraine diagnosis per ICHD-3 criteria, distinguishing episodic migraine (fewer than 15 headache days per month) from chronic migraine (15 or more headache days per month, with at least 8 having migraine features); baseline monthly migraine day count and monthly headache day count, ideally over 3 consecutive months
- Documentation of prior preventive therapy attempted: oral preventives (topiramate, propranolol, amitriptyline, candesartan, divalproex) with dose, duration, response, and reason for discontinuation (lack of efficacy or intolerability); botulinum toxin injections for chronic migraine where applicable; other CGRP-class members where previously tried
- The clinical rationale for Aimovig specifically (over the alternative CGRP monoclonal antibodies or oral CGRP receptor antagonists), particularly where the rationale is prior-response continuity
- A recent prescription specifying brand name (Aimovig), generic name (erenumab-aooe), presentation (70 mg/mL or 140 mg/mL single-dose SureClick autoinjector, or prefilled syringe), quantity, and dosing schedule (70 mg monthly, 140 mg monthly as a single 140 mg autoinjector, or 140 mg monthly as two 70 mg injections given consecutively)
- The treating physician's PMDC license verification
- The patient identifier: CNIC for adult patients, passport for foreign nationals; Aimovig is not approved for pediatric patients, so the B-Form does not apply
- Product details: manufacturer Amgen Inc. (Thousand Oaks, California; co-developed and co-commercialized with Novartis), strength, dosage form, quantity, batch number where available
- The destination dispensing facility license
- A manufacturer or authorized distributor letter confirming the product is genuine Amgen-manufactured Aimovig with intact DSCSA pedigree (there is no REMS program, no patient registry, and no certified-prescriber or certified-pharmacy requirement that would complicate a cross-border named-patient pull)
- The chain-of-custody plan from the US source through international shipment, including validated 2 to 8 degree Celsius cold-chain handling with continuous temperature monitoring (the 7-day room-temperature excursion budget provides usable slack on customs holds and last-mile transit, but the primary lane remains validated cold-chain)

Routine personal-use cases for CGRP monoclonal antibodies typically clear in 5 to 10 weeks from a complete submission. Reserve Meds plans on the longer end and treats faster turnaround as upside.

Where Aimovig gets dispensed in Pakistan

Aimovig is a refrigerated biologic supplied as a single-dose prefilled SureClick autoinjector or prefilled syringe. The patient self-administers subcutaneously at home, typically in the abdomen, thigh, or upper arm, after a brief device-handling demonstration. The autoinjector is allowed to sit for 30 minutes at room temperature before injection to reduce sting. No reconstitution, no in-pharmacy compounding, no infusion suite is required. Dispensing facilities for Aimovig need validated 2 to 8 degree Celsius storage and patient-training capability. The natural homes for Aimovig in Pakistan are Aga Khan University Hospital in Karachi, with its tertiary neurology and headache services and pharmacy network with temperature-controlled storage; Shifa International Hospital in Islamabad; Liaquat National Hospital in Karachi; the Combined Military Hospitals network at CMH Rawalpindi and CMH Lahore; Shaukat Khanum Memorial Cancer Hospital in Lahore where the neurology consult workflow integrates with the import pharmacy; and the Indus Hospital network.

For patients in secondary cities, the practical pattern is to coordinate with a Karachi or Lahore-based DRAP-licensed specialty importer that handles the OIES filing and arranges dispensing through one of the major-city tertiary facilities. The 7-day room-temperature stability allowance is genuinely useful here: it tolerates the in-country last-mile from a Karachi or Lahore dispensing pharmacy to a patient address in the Delta, Upper Sindh, southern Punjab, or KP without requiring a continuous cold-chain at the family level. Once the patient is trained on the SureClick autoinjector or prefilled syringe, monthly self-administration at home is the standard.

Real cost picture for Aimovig in Pakistan

Reserve Meds quotes Pakistani patients in US dollars and accepts USD wire transfers from any USD-accessible source. The Pakistani Rupee is in the 278 to 280 range against USD in May 2026 with April 2026 CPI inflation at 10.9 percent. Quoting in USD insulates the family from intra-case currency drift across the ongoing monthly prevention regimen.

US wholesale acquisition cost for Aimovig is approximately USD 767 per single-dose autoinjector at the 70 mg/mL or 140 mg/mL strength per Amgen's 2025 published list pricing. Patient list pricing is published as approximately USD 575 per monthly injection on the manufacturer's patient-facing pricing page, with an annual list of approximately USD 6,900 for monthly dosing. US-side rebates and copay assistance are restricted to US-resident patients and do not extend to international named-patient cases. International 2 to 8 degree Celsius cold-chain logistics from US source to Karachi, Lahore, or Islamabad typically runs USD 300 to USD 900 per shipment, with multi-month supply windows reducing per-month logistics cost amortization. On the insurance side, Adamjee Insurance, Jubilee General Insurance and Jubilee Life Insurance, EFU General Insurance, State Life Insurance Corporation, IGI Insurance, and Pak-Qatar Family Takaful each assess named-patient imports case by case, but coverage for CGRP monoclonal antibodies in migraine prevention is uncommon in Pakistani health plans, which typically require step-therapy failure on multiple older oral preventives first. The realistic default is cash-pay. Reserve Meds quotes case-by-case based on dose (70 mg or 140 mg monthly), destination city, and supply-window size.

Typical timeline for Aimovig in Pakistan

For an established migraine patient with documented diagnosis, prior-preventive-therapy history, and a neurology or headache-specialist referral, the typical end-to-end cycle for the first dose is 6 to 11 weeks. The DRAP NOC step generally runs 5 to 10 weeks for biologics with limited local class presence. US-side sourcing through specialty wholesalers (Aimovig is distributed through open specialty-pharmacy channels rather than a closed limited-distribution network, which simplifies procurement) adds 1 week. International 2 to 8 degree Celsius cold-chain transit, FBR Customs clearance, and final delivery to the dispensing hospital pharmacy are typically 4 to 7 days; the 7-day room-temperature excursion budget tolerates customs holds without compromising product integrity. Recurring fills on 3-month or 6-month supply windows run materially faster once the first fill is complete and the file is on record. Most clinicians reassess Aimovig effectiveness at 3 months for episodic migraine and at 3 to 6 months for chronic migraine; patients who do not achieve a clinically meaningful reduction in monthly migraine days are typically discontinued or rotated to a CGRP ligand antibody. Timelines are typical ranges, not promises.

What your physician needs to provide

The clinical justification letter for Aimovig is the centerpiece of the DRAP package. For this product the letter typically includes:

- The confirmed indication: preventive treatment of migraine in adults, with ICHD-3 diagnostic confirmation and distinction between episodic and chronic migraine
- Baseline monthly migraine day count and monthly headache day count, ideally documented over 3 consecutive months via headache diary
- Documentation of prior preventive therapy attempted: oral preventives (topiramate, propranolol, amitriptyline, candesartan, divalproex) with dose, duration, response, and reason for discontinuation; botulinum toxin injections for chronic migraine where applicable; other CGRP-class members where previously tried
- Baseline blood pressure measurement, with documentation of any pre-existing hypertension; the 2024 FDA label update added warnings for hypertension (new-onset or worsening of pre-existing hypertension, most commonly within 7 days of the first dose) and Raynaud's phenomenon, so blood pressure should be monitored before initiation and during therapy, particularly after the first dose
- Constipation history; patients with constipation-prone gastrointestinal histories require discussion of this risk before starting Aimovig (constipation is among the most common adverse reactions)
- The dosing plan: 70 mg by subcutaneous injection once monthly, with titration to 140 mg once monthly administered as a single 140 mg autoinjector or as two 70 mg injections given consecutively for patients who may benefit from a higher dose; no loading dose, no taper, therapy open-ended
- The monitoring plan: blood pressure monitoring before initiation and during therapy with close monitoring after the first dose, especially in patients with pre-existing hypertension; vigilance for new or worsening constipation, signs of Raynaud's (cold-induced color change in fingers or toes), or hypersensitivity symptoms (rash, angioedema); 3-month reassessment

for episodic migraine and 3 to 6 month reassessment for chronic migraine, with continuation contingent on meaningful response (typically 50 percent or greater reduction in monthly migraine days)

The treating physician's PMDC license verification anchors the application. Neurologists, headache specialists, and internal medicine physicians with migraine-management experience at the major tertiary centers all have signing authority on Personal Use Import clinical justification letters.

Common questions about Aimovig in Pakistan

Why is CGRP monoclonal antibody access in Pakistan so limited? The class is registered unevenly with DRAP and stocked inconsistently when registered. The combination of cost, intermittent local stocking, and a step-therapy expectation on multiple older oral preventives in many Pakistani health plans means that retail and insurance access for CGRP monoclonal antibodies is narrow. Cash-pay named-patient import is the practical bridge for patients who have failed older oral preventives and want CGRP-class prevention.

Will Adamjee, Jubilee, EFU, or State Life cover Aimovig? Coverage for CGRP monoclonal antibodies in migraine prevention is uncommon across Pakistani health plans, which typically require documented step-therapy failure on multiple older oral preventives. Some plans pay a partial percentage on a case-by-case basis. We supply the documentation the insurer needs to assess the claim; the realistic default is cash-pay.

Is there a competitor or alternative? Yes. The CGRP-pathway monoclonal antibody class includes three competitors: Ajovy (fremanezumab, Teva), Emgality (galcanezumab, Eli Lilly), and Vyepti (eptinezumab, Lundbeck). Aimovig is the only CGRP-receptor antibody; the other three bind the CGRP ligand. Oral CGRP receptor antagonists (gepants) such as Nurtec ODT (rimegepant) and Qulipta (atogepant) are also available for prevention. There is no head-to-head trial that establishes one CGRP monoclonal antibody as clinically superior to the others. The choice within the class is typically driven by prior treatment response, route preference (subcutaneous monthly versus IV quarterly), constipation risk profile, and local availability.

What is the safety profile? The most common adverse reactions in clinical trials were injection site reactions and constipation. Post-marketing surveillance led to FDA label updates in August 2024 adding warnings for hypertension (new-onset or worsening of pre-existing hypertension, most commonly within 7 days of the first dose) and Raynaud's phenomenon. Hypersensitivity reactions including rash and angioedema have been reported. Patients with constipation-prone gastrointestinal histories should discuss this risk with their physician before starting Aimovig.

Can Aimovig be self-administered at home? Yes. The SureClick autoinjector and the prefilled syringe are designed for patient self-administration after a brief device-handling demonstration. We coordinate training with your prescribing neurologist or headache specialist prior to first shipment. The dispensing facility must still be Pakistani-licensed; the carton is handed to the patient from the hospital pharmacy or specialty importer pharmacy, and the patient self-administers at home monthly.

What is the typical course duration? Therapy is open-ended. Most clinicians reassess at 3 months and again at 6 months; patients who are responding (typically defined as 50 percent or greater reduction in monthly migraine days) continue. Some guidelines recommend a treatment holiday after 12 months of sustained response to assess whether prevention is still needed.

Where Reserve Meds fits in Aimovig cases

Reserve Meds is a US-based concierge coordinator. We do not replace your neurologist or headache specialist, do not replace DRAP, and do not replace the dispensing hospital pharmacy or the in-country importer. For Aimovig specifically we orchestrate the US-side sourcing through open specialty-pharmacy channels with DSCSA-compliant pedigree, prepare the regulatory documentation kit your physician needs for the DRAP Personal Use Import filing through OIES (migraine-prevention indication letter template, ICHD-3 diagnostic documentation, prior-preventive-therapy summary, baseline blood pressure documentation, monitoring plan including the 2024 hypertension and Raynaud's label updates), coordinate the international 2 to 8 degree Celsius cold-chain logistics with continuous temperature monitoring and 7-day excursion documentation to Karachi, Lahore, or Islamabad, and run a single named coordinator throughout the case in English and Urdu. For ongoing monthly prevention, we structure recurring fill cadence on 3-month or 6-month supply windows so the next shipment is on its way before the current supply runs out.

Next step

If your neurologist or headache specialist has decided Aimovig is the right next step for your migraine prevention and local CGRP access is the bottleneck, the named-patient pathway through DRAP is the route. Join the waitlist below and we will confirm eligibility within 24 to 48 hours and route the documentation kit to your physician and to the dispensing hospital pharmacy.

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Review & oversight. Content on this page is reviewed by Reserve Meds's clinical and regulatory team. A US-licensed pharmacist reviews every prescription before dispensing. Regulatory posture is informational, not legal advice; case-specific questions route to retained outside counsel. Review methodology ›

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