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Dupixent access in Pakistan

How patients in Pakistan reach Dupixent (dupilumab) across atopic dermatitis, asthma, CRSwNP, eosinophilic esophagitis, prurigo nodularis, and COPD with type 2 inflammation, via the DRAP Special Permission and Personal Use Import NOC.

Quick orientation

Dupixent (dupilumab) is co-marketed by Sanofi and Regeneron and carries one of the broadest type 2 inflammation labels in modern dermatology, respiratory medicine, and gastroenterology. It is registered in Pakistan for principal adult indications, yet stocking gaps in pediatric pen presentations, in newer adult indications, and in payer-denied cash-pay cases continue to drive families toward US-sourced supply. The Drug Regulatory Authority of Pakistan (DRAP) operates a Personal Use Import framework, often referred to as the Special Permission or No Objection Certificate (NOC), through its Online Import and Export System (OIES). For Pakistani families whose physician has documented Dupixent as the right next step, Reserve Meds coordinates US-side sourcing, cold-chain logistics, and the documentation kit your treating physician needs for the DRAP filing. **Reserved for you.**

Why patients in Pakistan need Dupixent via the named-patient pathway

Pakistan's specialty drug market has matured around tertiary private hospitals in Karachi, Lahore, and Islamabad, yet three structural patterns leave families without on-shelf access to specific specialty therapies: drugs registered but not stocked, drugs registered for one indication but not the patient's, and drugs not registered at all. Dupixent sits in the first two categories more often than the third. AbbVie's Sanofi and Regeneron partners have local registrations through DRAP, but local agents do not always carry every pen presentation, particularly the weight-banded pediatric strengths needed for a 25 kg child with atopic dermatitis, or the under-six-year-old pediatric pen launched in the US in June 2022. Newer indications, including the pediatric eosinophilic esophagitis extension for children one to eleven years that the FDA approved in January 2024 and the COPD with type 2 inflammation approval from September 2024, often reach local registration twelve to thirty-six months after FDA approval.

The second driver is payer denial. Pakistan's private health insurance market is small relative to the population, and even among insured families the major plans from Adamjee, EFU, Jubilee, State Life, and IGI rarely cover named-patient imports of specialty biologics. Families fund care cash-pay, and Pakistan's diaspora pattern means many households pool USD from relatives in Saudi Arabia, the UAE, the United Kingdom, the United States, and Canada to finance treatment. Heavy US direct-to-consumer advertising means many Pakistani families arrive at Reserve Meds asking for Dupixent by brand name, having seen it on cable, streaming, and social channels viewed across the diaspora.

The DRAP named-patient pathway for Dupixent

DRAP regulates the import of medicines through the Quality Assurance and Laboratory Testing (QA and LT) Division's Import and Export Section, under the Drug Regulatory Authority of Pakistan Act 2012 and reporting to the Federal Ministry of National Health Services, Regulations

and Coordination. For unregistered medicines or for registered medicines not available in the required form, DRAP issues a Special Permission, also called the No Objection Certificate (NOC) for Personal Use Import. Three sub-pathways exist: Personal Use Import or Export by an individual patient on physician prescription, Special Permission for Import of Unregistered Therapeutic Goods by hospitals or institutions, and Donation Imports by Government or NGO entities (not the Reserve Meds path). Applications file through DRAP's Online Import and Export System (OIES), an electronic portal that lets applicants and DRAP communicate digitally.

The application package for a Dupixent case typically includes the treating physician's clinical justification letter (diagnosis, severity, prior therapies attempted, reason this specific drug and weight-band is required), the physician's PMDC license verification, patient identifier (CNIC for adult patients, B-Form for minors, passport for foreign nationals), product details with the specific pen presentation (300 mg/2 mL, 200 mg/1.14 mL, 100 mg/0.67 mL, or 150 mg/1 mL), the destination dispensing facility license, a manufacturer or authorized distributor letter confirming the product is genuine and was sourced through the legitimate Sanofi and Regeneron supply chain, and a chain-of-custody plan from the US source through international shipment including cold-chain handling at 2 to 8 degrees Celsius.

Routine personal-use cases typically clear in four to eight weeks from a complete submission, with complex or off-label cases extending to ten to sixteen weeks. For Dupixent, the clinical justification angle that DRAP reviewers look for is indication-specific: for under-six atopic dermatitis cases, weight-banded dosing rationale; for adolescent or adult cases failing first-line treatment, documentation of prior topical or systemic therapy; for eosinophilic esophagitis, endoscopy and biopsy evidence; for severe asthma, eosinophil count and corticosteroid-dependence documentation; for prurigo nodularis, prior antihistamine and topical failure; for COPD with type 2 inflammation, blood eosinophil count and prior optimized inhaled therapy. Dupixent does not carry a tuberculosis screening requirement because it is not a T-cell or IL-23 suppressing biologic, but the FDA label does include a helminth-infection precaution that DRAP reviewers in TB-and-parasite-endemic Pakistan will expect addressed for patients with relevant exposure history.

Where Dupixent gets dispensed in Pakistan

The institutions that handle named-patient imports as an established workflow are concentrated in Karachi, Lahore, and Islamabad and each has the cold-chain infrastructure required for a 2 to 8 degrees Celsius biologic. Aga Khan University Hospital in Karachi operates 24/7 temperature-controlled pharmacy storage and has dermatology, pulmonology, allergy, and pediatric oncology faculty experienced with biologic prescriptions. Shaukat Khanum Memorial Cancer Hospital in Lahore handles biologic imports for its patient population including dermatologic and respiratory comorbidities. Indus Hospital and Health Network in Karachi covers allergy, pulmonology, and pediatric care across its network. Liaquat National Hospital in Karachi and Shifa International Hospital in Islamabad both maintain established import-pharmacy workflows. The Children's Hospital and Institute of Child Health in Lahore is the major pediatric tertiary center for the Punjab region and routinely handles named-patient imports for children with severe atopic dermatitis or pediatric EoE. The Combined Military Hospitals network at CMH Rawalpindi and CMH Lahore serves military families and civilian patients on referral.

For physicians at smaller institutions, the practical route is to coordinate with one of these centers as the dispensing facility while the treating physician retains clinical oversight, or to partner with a DRAP-licensed specialty importer in Karachi or Lahore who handles the OIES filing, FBR customs clearance, and chain-of-custody documentation.

Real cost picture for Dupixent in Pakistan

US WAC for Dupixent is approximately USD 3,993 per 300 mg pen carton (two-pack) as disclosed by Sanofi in January 2025, which translates to an annual WAC in the USD 37,000 to USD 43,000 range for the most common adult atopic dermatitis regimen of 300 mg every two weeks. International cash-pay patients typically face headline list pricing closer to US WAC than to US net-of-rebate pricing, because the DUPIXENT MyWay copay card and US patient assistance programs do not extend internationally. A typical Pakistan cost stack for adult atopic dermatitis works out to: drug cost across twelve months in the USD 37,000 to USD 43,000 band, international cold-chain logistics in the USD 400 to USD 1,500 band per shipment depending on temperature-monitoring intensity, regulatory documentation handling, and the Reserve Meds concierge fee. For pediatric weight-banded regimens, the dose count and pen size shift the drug-cost line.

Reserve Meds quotes in USD because the Pakistani Rupee has been volatile and Pakistan's annual CPI inflation reached 10.9 percent in April 2026. The USD to PKR rate sat at 278.67 on 8 May 2026 and in the 278 to 280 band across early May 2026. We accept wire transfers from any USD-accessible source, which matters for families consolidating funds from relatives in Saudi Arabia (the largest single remittance corridor at roughly USD 4.4 billion annually), the UAE, and the United Kingdom.

Typical timeline for Dupixent in Pakistan

The DRAP routine range of four to eight weeks applies to most Dupixent personal-use applications when the file is complete on first submission. Cold-chain biologics add two to three days of staging time at the US end relative to ambient small-molecule drugs because the validated thermal packout, temperature-logger placement, and bonded air-freight booking all need to align with the DRAP NOC arrival. The 14-day room-temperature excursion allowance on the FDA Dupixent label gives meaningful operational flexibility for Karachi seaport or Karachi, Lahore, or Islamabad airport handoffs, but the chain-of-custody discipline still favors lanes where the cold chain is unbroken end-to-end. Plan on four to eight weeks for routine cases and six to ten weeks for first-time pediatric weight-banded cases where DRAP may request additional clinical clarification. Resupply cases run shorter once the initial documentation set is on file with both DRAP and Reserve Meds.

What your physician needs to provide

The clinical justification letter is the cornerstone of the DRAP package. For Dupixent, the letter should state the indication being treated (atopic dermatitis adult or pediatric, asthma with phenotype documentation, CRSwNP, EoE with biopsy evidence, prurigo nodularis, or COPD with type 2 inflammation), the patient's prior therapy history showing inadequate response or intolerance to first-line options, the proposed Dupixent regimen with the specific pen strength and dosing interval matched to the FDA label, the patient's weight (essential for pediatric weight-banded dosing), the planned response-assessment window typically at 16 to 24 weeks, and the monitoring plan. Helminth-infection screening should be addressed for patients with relevant exposure history before initiating therapy. Patients on systemic or topical corticosteroids should not abruptly discontinue them when starting Dupixent.

Documentation alongside the letter includes the PMDC license verification, the dispensing facility's institutional license, patient identification (CNIC, B-Form for minors, or passport), and the manufacturer or authorized distributor confirmation that Reserve Meds provides for the US-

side sourcing. Reserve Meds supplies a documentation kit pre-formatted to the OIES portal requirements so the physician's time goes to the clinical content rather than the regulatory packaging.

Common questions about Dupixent in Pakistan

Will Adamjee, Jubilee, EFU, or State Life cover this? Coverage for named-patient imports of specialty biologics is uncommon across Pakistani health plans. Most plans treat Dupixent as outside formulary for the cross-border named-patient context, although some pay a partial percentage case by case. We supply the documentation the insurer needs to assess a claim; the claim itself is yours or your hospital's to file. The realistic default is cash-pay.

How does Sehat Sahulat interact with a Dupixent case? The Sehat Sahulat Program's Rs. 1,000,000 per family per year ceiling does not stretch to cover annual Dupixent drug cost, and the program is generally structured around in-network empaneled hospital treatment rather than imported drug procurement. Families who qualify for Sehat Sahulat can still use it for inpatient or supportive care while Dupixent is procured separately on a cash-pay basis.

What if my child is under six? The FDA approved Dupixent for atopic dermatitis in children six months and older in June 2022 and for EoE in children one to eleven years (at least 15 kg) in January 2024. The Children's Hospital and Institute of Child Health in Lahore and the pediatric services at Aga Khan University Hospital and Indus handle these cases. Dosing is weight-banded; the clinical letter must include accurate current weight.

What is the safety profile? Common reactions include injection-site reactions, conjunctivitis (especially in atopic dermatitis), oral herpes, eosinophilia, and arthralgia. Serious hypersensitivity reactions including anaphylaxis have been reported but are rare. Pakistan's TB burden is high, but Dupixent does not act on T-cell function the way IL-23 or TNF inhibitors do and therefore the label does not require TB screening. The helminth-infection precaution does apply.

Is there a comparator? In atopic dermatitis, alternatives include tralokinumab (Adbry), lebrikizumab (Ebglyss), and oral JAK inhibitors such as upadacitinib (Rinvoq) and abrocitinib. In asthma, alternatives include omalizumab, mepolizumab, reslizumab, benralizumab, and tezepelumab. The choice between agents is a clinician decision; Reserve Meds coordinates the drug your prescribing physician has named.

Can I receive Dupixent at home? The dispensing facility must be locally licensed. For Dupixent's prefilled pen and prefilled syringe, the hospital outpatient pharmacy or a specialized licensed import pharmacy dispenses, and the patient or caregiver self-administers after training. Direct-to-home delivery without a licensed dispensing facility in the chain is not the model.

Where Reserve Meds fits in Dupixent cases

Reserve Meds is a US-based concierge coordinator. We do not replace your physician, DRAP, your hospital pharmacy, or the in-country importer. For Dupixent specifically, we orchestrate US-side sourcing from Sanofi and Regeneron's authorized channels, the documentation kit your physician needs for the OIES portal application, the validated cold-chain shipment with continuous temperature logging through the Karachi, Lahore, or Islamabad customs lane, and a single named coordinator who stays with your family from waitlist entry through dispense. Pediatric weight-banded pen selection, the helminth-infection precaution sign-off, and clear patient-side injection education are the operational fundamentals we plan for on every Dupixent case.

Next step

If your physician has identified Dupixent as the right therapy and the local stocking situation does not match, the path forward is the DRAP Special Permission / Personal Use Import NOC, filed through the OIES portal with Reserve Meds coordinating the US-side sourcing and documentation.

Reserved for you.

About Dupixent

Type 2 inflammation IL-4R α blocker

Manufacturer: Sanofi and Regeneron

Modality: Subcutaneous monoclonal antibody, prefilled pen or syringe, cold-chain 2-8°C

Full drug page →

About Pakistan

South Asia, DRAP Personal Use Import NOC, OIES portal

Tertiary network: AKUH, SKMCH&RC, Indus, Liaquat National, Shifa International, CMH,

Children's Hospital Lahore

Pakistan deep dive →

See also

Dupixent in Saudi Arabia

Dupixent in UAE

Dupixent in India

Skyrizi in Pakistan

Access pathways

Review and 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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