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Jascayd access in Pakistan

The first new FDA-approved therapy for idiopathic pulmonary fibrosis in more than a decade, reached through the Drug Regulatory Authority of Pakistan Special Permission pathway.

Quick orientation

Jascayd (nerandomilast) is an oral preferential PDE4B inhibitor developed by Boehringer Ingelheim. The US FDA approved Jascayd on October 7, 2025 for the treatment of idiopathic pulmonary fibrosis (IPF) in adults and added an approval in December 2025 for progressive pulmonary fibrosis (PPF) in adults. It is the first new FDA-approved therapy for IPF in over a decade and the first and only preferential PDE4B inhibitor approved in either indication. The label permits monotherapy or, where clinically appropriate, combination with nintedanib or pirfenidone. For Pakistani patients diagnosed with IPF or PPF whose pulmonologist has exhausted or cannot use the two incumbent anti-fibrotics, or whose clinician seeks an add-on third mechanism, Jascayd is not yet registered with DRAP and is reached lawfully through the Drug Regulatory Authority of Pakistan Special Permission for Personal Use Import (the NOC), filed through the DRAP Online Import and Export System (OIES). Reserve Meds coordinates the US specialty pharmacy sourcing, the regulatory documentation kit your pulmonologist needs, and ambient-temperature international logistics, while clinical decisions stay with your treating physician. Reserved for you.

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

Pakistan's specialty pulmonology market sits in a familiar pattern for rare progressive lung disease: the two incumbent anti-fibrotics, nintedanib (Ofev, also Boehringer Ingelheim) and pirfenidone, have varying availability across the major tertiary centers, but a newly launched third-mechanism therapy with a US-only approval reaches Pakistan only through a named-patient channel. As of the module date, Jascayd is not registered with DRAP, the EMA and MHRA submissions are under review with decisions anticipated in 2026, and the PMDA Japan submission is also under review. The China NMPA has approved Jascayd for both IPF and PPF.

The structural reality compounding this gap is disease urgency. IPF carries a median survival of three to five years from diagnosis without effective anti-fibrotic therapy, and PPF carries a similar progressive trajectory. The clinical cost of waiting for in-country registration is loss of lung function that does not return. Pakistani families with the resources to coordinate cross-border access typically reach for Jascayd because the local registration timeline is not aligned with their disease timeline. Boehringer's CareConnect4Me support program and copay assistance are US-domestic and do not extend to international named-patient cases.

The DRAP named-patient pathway for Jascayd

DRAP, established under the Drug Regulatory Authority of Pakistan Act 2012 and reporting to the Federal Ministry of National Health Services, Regulations and Coordination, regulates the import of unregistered medicines through the QA< Division's Import and Export Section. For unregistered medicines required by a specific named patient, DRAP issues a Special Permission, also referred to as the No Objection Certificate (NOC) for Personal Use Import. Applications file

electronically through the Online Import and Export System (OIES). The patient or applicant submits a personal-use application directly on the portal; institutional applications are filed by the hospital pharmacy.

The application package for a Jascayd case typically includes the clinical justification letter from the treating pulmonologist on hospital letterhead, the pulmonologist's PMDC licence verification, the patient identifier (CNIC for adult patients or passport for foreign nationals receiving treatment in Pakistan), product details (Jascayd brand name, nerandomilast INN, manufacturer of record Boehringer Ingelheim Pharmaceuticals Inc., strength 9 mg or 18 mg film-coated oral tablet, requested quantity reflecting the 30-day or 90-day fill cadence), the destination dispensing facility licence, a US specialty pharmacy or wholesaler letter confirming DSCSA-compliant sourcing, and a chain-of-custody plan from the US source through international shipment to the dispensing facility.

The clinical-justification angle specific to Jascayd is the diagnostic confirmation, the prior-therapy documentation, and the combination plan where applicable. The letter typically documents the diagnosis (idiopathic pulmonary fibrosis or progressive pulmonary fibrosis in an adult patient), the diagnostic basis including high-resolution CT findings of usual interstitial pneumonia pattern and multidisciplinary discussion outcome where standard, the forced vital capacity (FVC) trajectory over time as the primary on-treatment response metric, the prior anti-fibrotic exposure with named medicines (nintedanib, pirfenidone) and the tolerability or response outcomes, and the clinical rationale for a preferential PDE4B inhibitor. The dosing plan reflects the FDA label: target maintenance dose 18 mg twice daily approximately twelve hours apart with or without food, with a dose reduction to 9 mg twice daily available for tolerability except where the patient is concomitantly receiving pirfenidone (the label restricts dose reduction in that combination). A reduction to 9 mg twice daily is also required when co-administering a strong CYP3A inhibitor. Moderate or strong CYP3A inducers are avoided.

Routine personal-use cases at DRAP typically clear in four to eight weeks from a complete submission, and complex cases can extend to ten to sixteen weeks. Reserve Meds plans on the longer end and treats any faster turnaround as upside. DRAP reserves discretion at every step. Reserve Meds is not the filer and does not promise DRAP timelines.

Where Jascayd gets dispensed in Pakistan

Jascayd is an ambient-temperature oral tablet with no cold-chain dependency, no reconstitution, and no REMS program. The dispensing facility profile is therefore the licensed import pharmacy plus the pulmonology service capability for ongoing FVC measurement, gastrointestinal tolerability assessment, and liver function monitoring. The Pakistani institutions that routinely handle DRAP named-patient imports and have established interstitial lung disease practice include Aga Khan University Hospital in Karachi (with pulmonology and chest medicine service, 24/7 institutional pharmacy, and outpatient follow-up infrastructure), Shifa International Hospital in Islamabad (with established import pharmacy workflow), the Indus Hospital and Health Network in Karachi (with chest and pulmonology referral capability), Liaquat National Hospital in Karachi, the Combined Military Hospitals network with tertiary pulmonology at CMH Rawalpindi and CMH Lahore, and the Pakistan Kidney and Liver Institute and Research Centre (PKLI) in Lahore for cases where the patient is also receiving organ-system specialty care.

For patients whose treating pulmonologist is at a smaller institution or in private practice in Peshawar, Quetta, Multan, Faisalabad, or other cities outside Karachi, Lahore, and Islamabad, the practical route is to partner with a Karachi-based or Lahore-based DRAP-licensed specialty importer that handles the OIES filing and FBR Customs clearance, with dispensing through a

licensed pharmacy and ongoing pulmonology care continuing with the treating physician. Tablets can be swallowed whole or, per the prescribing information, dispersed in water for patients with swallowing difficulty.

Real cost picture for Jascayd in Pakistan

Reserve Meds quotes Pakistani cases in USD and accepts USD wire transfers from any USD-accessible source. The transparent cost build for a Jascayd case has three line items.

First, the underlying US drug cost. The US list price (wholesale acquisition cost equivalent reported at launch) for Jascayd is approximately USD 16,219.68 per month, which annualises to approximately USD 194,636 per year at the manufacturer-stated list price. Jascayd is a chronic maintenance therapy with indefinite duration; the family plans around a monthly cadence and continuity of supply is mission-critical because interruption of an anti-fibrotic is associated with loss of accrued lung-function benefit. Second, international logistics from a US specialty pharmacy to a Karachi, Lahore, or Islamabad dispensing facility, typically USD 200 to USD 400 per shipment for an ambient-temperature oral product (lower than cold-chain biologics). Third, regulatory documentation handling at the Pakistani end and the Reserve Meds concierge fee, itemised on the firm quote.

Currency context. The Pakistani Rupee traded near PKR 278 to 280 per USD in early May 2026, with annual CPI inflation at 10.9 percent in April 2026. Because PKR has been volatile and inflation is rising, quoting in USD is the family's protection. Many Pakistani families with relatives in Saudi Arabia, the UAE, the UK, the US, and Canada pool USD before disbursing. On the insurer side, Adamjee Insurance, Jubilee General and Jubilee Life, EFU General and EFU Life, State Life Insurance Corporation, IGI, and Pak-Qatar Family Takaful operate in Pakistan. Most Pakistani health plans do not reimburse imported unregistered specialty anti-fibrotics as a routine matter; some assess on a case-by-case basis where IPF or PPF is documented. Sehat Sahulat's Rs. 1,000,000 per family per year ceiling is generally structured around in-hospital empaneled care rather than imported outpatient chronic therapy. Cash-pay is the default.

Typical timeline for Jascayd in Pakistan

End to end, a routine Jascayd case at a tertiary center with established DRAP personal-import workflow typically clears in six to twelve weeks from intake to first dose in the patient's hand. The DRAP OIES review takes four to eight weeks for routine cases, the US specialty pharmacy intake adds five to ten business days, and ambient-temperature international air freight plus FBR Customs clearance at Karachi, Lahore, or Islamabad adds three to five days. Because Jascayd is an ambient-temperature oral product, there is no cold-chain handling penalty. Refill cadence is monthly or every 90 days depending on destination-country import allowance and the family's funding rhythm; a 90-day cadence reduces logistics frequency for chronic patients on a stable maintenance dose.

What your physician needs to provide

The cornerstone document is the clinical justification letter, original and stamped on hospital letterhead, signed by the treating pulmonologist under their active PMDC licence. For Jascayd, the letter typically covers the IPF or PPF diagnosis with the diagnostic basis (high-resolution CT findings, multidisciplinary discussion outcome where applicable), the FVC trajectory over time as the primary on-treatment response metric, the prior anti-fibrotic exposure (nintedanib, pirfenidone) with documented tolerability or response outcomes, and the clinical rationale for a

preferential PDE4B inhibitor. The dosing plan is stated (target 18 mg twice daily approximately twelve hours apart with or without food, with reduction to 9 mg twice daily available for tolerability except in combination with pirfenidone, reduction to 9 mg twice daily when co-administered with a strong CYP3A inhibitor, and avoidance of moderate or strong CYP3A inducers).

The monitoring plan covers gastrointestinal tolerability assessment (diarrhea is the most common adverse event, reported in approximately 41 percent of patients on 18 mg twice daily and 31 percent on 9 mg twice daily in the FIBRONEER program, compared with 16 percent on placebo), liver function tests per the pulmonologist's discretion, and serial FVC on the cadence used in standard IPF and PPF management. The patient counseling acknowledges that supply continuity is mission-critical for a chronic anti-fibrotic and that interruption is associated with loss of accrued lung-function benefit. Where the patient is on combination therapy with nintedanib or pirfenidone, the letter explicitly states the combination and references the FIBRONEER trial design that permitted background nintedanib or pirfenidone, with the label-specified dose-reduction restriction when combined with pirfenidone. PMDC-licensed pulmonologists at major tertiary centers, military medical services, and provincial public-sector institutions have signing authority on Pakistan Personal Use Import applications.

Common questions about Jascayd in Pakistan

Will Adamjee, Jubilee, EFU, or State Life cover Jascayd?

Coverage of named-patient imports for unregistered specialty anti-fibrotics is uncommon across Pakistani health plans. Some insurers assess case-by-case where IPF or PPF is documented. Reserve Meds supplies the documentation a family or hospital needs to file a claim; the default operating posture is cash-pay.

How does Sehat Sahulat interact with this?

The Sehat Sahulat Program's Rs. 1,000,000 per family per year ceiling is generally structured around in-hospital empaneled treatment rather than imported outpatient chronic therapy. Families who qualify can use Sehat Sahulat for hospitalisation, supportive care, and procedures while Jascayd procurement runs cash-pay in parallel.

Will my PMDC-licensed pulmonologist's letter be sufficient if DRAP queries the case?

Yes. PMDC-licensed pulmonologists at the major tertiary centers, military medical services, and provincial public-sector institutions have signing authority on Personal Use Import applications. DRAP may request additional clarification on the diagnostic basis, FVC trajectory, or prior anti-fibrotic exposure; the treating pulmonologist answers those queries directly.

Why Jascayd versus nintedanib or pirfenidone?

The selection is clinical. Mechanism differs: nintedanib is a tyrosine kinase inhibitor and pirfenidone has multi-pathway action, while Jascayd is a preferential PDE4B inhibitor. Patients who progress on or cannot tolerate the incumbents now have a third mechanistic option. Combination with nintedanib or pirfenidone is permitted per the FIBRONEER design and the FDA label, subject to the dose-reduction restriction in pirfenidone combinations. The decision rests with your treating pulmonologist.

Can Jascayd be combined with nintedanib that we are already on?

Yes. The FIBRONEER trials permitted background nintedanib, and the combination is on label. The pulmonologist documents the combination plan in the DRAP application and continues to monitor for combined tolerability.

What about the side effects?

The most common adverse event in the FIBRONEER program was diarrhea (approximately 41 percent on 18 mg twice daily, 31 percent on 9 mg twice daily, 16 percent on placebo). Diarrhea is a known PDE4 class effect, and the B-subtype preference is designed to reduce, though not eliminate, the GI burden seen with non-selective PDE4 inhibitors. Permanent discontinuation rates in the trials were similar between Jascayd and placebo arms.

Is the course duration finite?

No. Both IPF and PPF are chronic, progressive interstitial lung diseases. Jascayd is intended as ongoing maintenance therapy taken indefinitely while clinical benefit and tolerability persist. There is no defined stop date in the label.

Where Reserve Meds fits in Jascayd cases

Reserve Meds is a US-based concierge coordinator. We do not replace your pulmonologist, we do not replace DRAP, we do not replace your dispensing institution or the in-country importer where one is involved. For a Jascayd case in Pakistan, we orchestrate the US specialty pharmacy procurement through a DSCSA-compliant channel with serialised chain-of-custody documentation back to Boehringer Ingelheim Pharmaceuticals Inc., prepare the documentation kit your pulmonologist needs for the DRAP Special Permission filing through the OIES portal (including the combination-therapy rationale where applicable), coordinate ambient-temperature international shipping and the FBR Customs interface at Karachi, Lahore, or Islamabad, and stay with the case through monthly or 90-day refills under a single named coordinator who speaks English and Urdu and can communicate with relatives pooling USD across the Gulf and the West. No prior Reserve Meds Jascayd case is on file at this date; standard NPP coordination applies, and the operational profile (small molecule, oral, room temperature, no REMS) is among the more straightforward in our catalog. Clinical decisions remain with your pulmonologist. Regulatory authority remains DRAP. Dispensing remains with the licensed Pakistani institution.

Next step

If your family is exploring Jascayd for an adult relative whose pulmonologist has documented idiopathic pulmonary fibrosis or progressive pulmonary fibrosis and the FVC trajectory and prior anti-fibrotic exposure that supports adding a preferential PDE4B inhibitor (as monotherapy or in combination with nintedanib or pirfenidone), the next step is to join the waitlist. We will confirm eligibility and case fit within 24 to 48 hours, send a documentation kit to your pulmonologist in English with Urdu-language family-facing summaries where requested, and align with your dispensing institution or a Karachi or Lahore-based DRAP-licensed importer on the OIES filing.

Reserved for you.

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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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