

[Skip to main content](#)

[Home](#) / [Drugs](#) / [Rinvoq](#) / [In Pakistan](#)

Rinvoq access in Pakistan

How patients in Pakistan reach Rinvoq (upadacitinib) across rheumatoid arthritis, psoriatic arthritis, axial spondyloarthritis, atopic dermatitis, ulcerative colitis, Crohn's disease, polyarticular juvenile idiopathic arthritis, and giant cell arteritis, via the DRAP Personal Use Import NOC.

Quick orientation

Rinvoq (upadacitinib) is AbbVie's JAK1-selective oral immunomodulator. It carries one of the broadest US labels in the JAK inhibitor class, with nine FDA-approved indications spanning rheumatoid arthritis, psoriatic arthritis, ankylosing spondylitis, non-radiographic axial spondyloarthritis, atopic dermatitis, ulcerative colitis, Crohn's disease, polyarticular juvenile idiopathic arthritis (via the LQ oral solution), and giant cell arteritis (April 2025). In Pakistan, local registration is uneven across the indication set, which is the gap that drives Reserve Meds named-patient demand. The Drug Regulatory Authority of Pakistan (DRAP) operates a Special Permission framework, also called the No Objection Certificate (NOC) for Personal Use Import, through its Online Import and Export System (OIES). Rinvoq is a small-molecule oral tablet, room-temperature stable, which simplifies logistics relative to cold-chain biologics. **Rinvoq carries the class-wide JAK inhibitor boxed warning**, and the documentation set reflects that. **Reserved for you.**

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

Pakistan's specialty drug market clusters around tertiary private hospitals in Karachi, Lahore, and Islamabad, and the three patterns of access gap (registered but not stocked, registered for a different indication, not registered locally) all apply to Rinvoq. AbbVie's local affiliate has Rinvoq listed for at least some indications in the Pakistan market through DRAP, but the indication breadth on the FDA label outpaces the locally registered indication set, particularly for ulcerative colitis, Crohn's disease, the spondyloarthritis indications, and the newest indications such as giant cell arteritis (2025). Rheumatologists at Aga Khan University Hospital, Liaquat National, and the Combined Military Hospitals network often see psoriatic arthritis, axial spondyloarthritis, and giant cell arteritis patients whose disease falls within the FDA label but outside the locally registered indication set. Gastroenterologists at Shifa International and AKUH see UC and Crohn's patients with similar gaps.

The second driver is payer reach. Pakistan's private health insurance market is small relative to the population, and even insured patients rarely find named-patient imports in formulary coverage. Adamjee, EFU, Jubilee, State Life, and IGI all treat specialty imports of FDA-approved-but-not-locally-registered drugs as outside formulary. Families fund cash-pay, with overseas relatives in Saudi Arabia, the UAE, the UK, the United States, and Canada often pooling USD. The third driver specific to Rinvoq is route preference. Patients who have failed or cannot tolerate self-injected TNF inhibitors or interleukin blockers value the once-daily oral route, and Rinvoq's broad indication label makes it a defensible clinical choice when biologic alternatives are exhausted or contraindicated.

The DRAP named-patient pathway for Rinvoq

DRAP regulates the import of medicines through the Quality Assurance and Laboratory Testing (QA and LT) Division's Import and Export Section. For Rinvoq the pathway is the Special Permission, also called the No Objection Certificate (NOC) for Personal Use Import, filed through DRAP's Online Import and Export System (OIES). The application package typically includes the treating physician's clinical justification letter, the physician's PMDC license verification, patient identifier (CNIC, B-Form for minors, or passport), product details specifying the 15 mg, 30 mg, or 45 mg extended-release tablet (or the LQ oral solution for pediatric JIA), the dispensing facility license, a manufacturer or authorized distributor letter, and the chain-of-custody plan. Because Rinvoq is room-temperature stable at 20 to 25 degrees Celsius (with excursions permitted 15 to 30 degrees), the chain-of-custody section is simpler than for cold-chain biologics.

The cell-specific clinical justification angle DRAP reviewers expect on a Rinvoq case is twofold. First, indication-specific rationale: the letter must map the patient's diagnosis to one of the nine FDA-approved indications, with disease severity scoring (DAS28 for RA, ASDAS for axial spondyloarthritis, EASI for atopic dermatitis, Mayo score for UC, endoscopic findings for Crohn's, ESR with temporal artery biopsy for giant cell arteritis) and a documented prior-line failure or intolerance to conventional therapy. Second, the JAK boxed warning workup: the FDA label carries a boxed warning for serious infections (including tuberculosis reactivation, invasive fungal infections, opportunistic pathogens), malignancy, major adverse cardiovascular events (MACE), thrombosis, and mortality, based on the ORAL Surveillance cardiovascular safety study with tofacitinib that informed JAK class labeling. Before initiation: **tuberculosis screening (interferon-gamma release assay or tuberculin skin test), hepatitis B and C screening, baseline complete blood count, baseline liver function tests, and a baseline lipid panel.** Pakistan's high TB burden makes the IGRA result particularly important and reviewable. Routine personal-use cases typically clear in four to eight weeks; complex cases involving recent approvals such as giant cell arteritis can extend to ten to sixteen weeks.

Where Rinvoq gets dispensed in Pakistan

Because Rinvoq is room-temperature stable, the institutional set is broader than for cold-chain biologics. Aga Khan University Hospital in Karachi, with its rheumatology, gastroenterology, and pharmacy infrastructure, is a primary dispensing center. Shifa International Hospital in Islamabad has established import-pharmacy workflow and rheumatology and gastroenterology capacity. Liaquat National Hospital and Indus Hospital and Health Network in Karachi both handle Rinvoq cases through their tertiary services. Shaukat Khanum Memorial Cancer Hospital in Lahore handles cases for patients with concurrent oncology or hematology care. PKLI in Lahore covers gastroenterology and hepatology cases. The Combined Military Hospitals network at CMH Rawalpindi and CMH Lahore serves military families and civilian patients on referral. The Children's Hospital and Institute of Child Health in Lahore handles polyarticular juvenile idiopathic arthritis cases requiring the RINVOQ LQ oral solution.

For physicians at smaller institutions, partnering with a DRAP-licensed specialty importer based in Karachi or Lahore handles the OIES filing, FBR customs clearance, and the chain-of-custody documentation. The patient's regular treating physician retains clinical oversight and prescribes refills.

Real cost picture for Rinvoq in Pakistan

US wholesale acquisition cost (WAC) for a 30-day supply of Rinvoq was approximately USD 7,090 as of early 2026, translating to an annual list-price reference near USD 85,000 per patient year on continuous daily dosing. Cash retail pricing at US pharmacies typically falls between USD 6,500 and USD 9,640 per month before insurance or coupon adjustment. For the ulcerative colitis and Crohn's induction phase at 45 mg daily, the first-month cost is higher than the steady-state maintenance phase at 15 mg daily. International logistics for room-temperature tablets typically falls in the USD 300 to USD 700 range per shipment because no validated cold-chain packout is required. Add regulatory documentation handling and the Reserve Meds concierge fee.

The RINVOQ Complete savings card, AbbVie's bridge supply program, and patient assistance foundation referrals operate exclusively for US-prescribed patients and do not extend internationally. Reserve Meds quotes in USD because Pakistan's annual CPI inflation reached 10.9 percent in April 2026 and the rupee has been volatile (USD to PKR 278.67 on 8 May 2026, 278 to 280 band early May). We accept wires from any USD-accessible source.

Typical timeline for Rinvoq in Pakistan

The DRAP routine range of four to eight weeks applies to a complete first submission. Because Rinvoq is a room-temperature small-molecule oral tablet rather than a cold-chain biologic, the US-end staging is faster than for biologics; thermal packaging, temperature-logger placement, and cold-chain bonded handoffs are not in the critical path. The cycle is mostly bounded by DRAP review and FBR customs clearance at Karachi seaport or Karachi, Lahore, or Islamabad airports. Plan on four to eight weeks for routine cases, six to ten weeks for first-time cases in recently approved indications (giant cell arteritis from 2025, Crohn's from May 2023) where DRAP may ask for clinical clarification. Resupply cycles run shorter once the initial case is on file.

What your physician needs to provide

The clinical justification letter is the cornerstone of the DRAP package. For Rinvoq the letter should name the indication (one of the nine FDA-approved uses), the patient's disease severity scoring, prior therapy history with conventional DMARDs and biologic options where relevant, the proposed Rinvoq regimen matched to the FDA label (15 mg once daily for RA, PsA, AS, nr-axSpA, GCA; 15 mg or 30 mg once daily for AD; 45 mg once daily induction then 15 mg or 30 mg maintenance for UC and Crohn's; weight-based oral solution for pediatric JIA), the planned response-assessment window (typically 12 weeks for atopic dermatitis at 30 mg, eight to twelve weeks induction for IBD), and the JAK boxed-warning monitoring plan.

The boxed-warning workup expected in the letter includes documented baseline tuberculosis screening (IGRA or PPD), hepatitis B and C serology, baseline CBC with lymphocyte, neutrophil, and hemoglobin levels, baseline liver function tests, and a baseline lipid panel. The ongoing monitoring plan should include periodic CBC and LFTs, lipid reassessment at 12 weeks, and an ongoing MACE risk-factor review (cardiovascular history, smoking, age, malignancy history). Dose adjustments for renal impairment, hepatic impairment, and strong CYP3A4 inhibitors or inducers, as detailed in the FDA label, should be addressed where relevant. Reserve Meds supplies a documentation kit pre-formatted to the OIES portal requirements.

Common questions about Rinvoq in Pakistan

What is the JAK boxed warning? Following the ORAL Surveillance cardiovascular safety study with tofacitinib, the FDA applied class-wide labeling to JAK inhibitors covering serious infections (tuberculosis, invasive fungal infections, opportunistic pathogens), malignancy (including lymphoma and non-melanoma skin cancer), major adverse cardiovascular events (myocardial infarction, stroke), thrombosis (deep vein thrombosis, pulmonary embolism, arterial thrombosis), and mortality. The boxed warning is mandatory disclosure in any clinical conversation about Rinvoq, and Pakistan's high TB burden makes the IGRA screening line particularly important.

Will Adamjee, Jubilee, EFU, or State Life cover this? Coverage for named-patient imports of specialty drugs is uncommon. Some plans pay a partial percentage case by case. The realistic default is cash-pay. We supply documentation a family or hospital can use to file a claim.

How does Sehat Sahulat interact with a Rinvoq case? The Sehat Sahulat Rs. 1,000,000 per family per year ceiling does not stretch to cover Rinvoq annual cost at WAC reference pricing. Families who qualify for Sehat Sahulat can still use it for hospitalization or supportive care while Rinvoq is procured separately on a cash-pay basis.

Is there a comparator? Direct JAK competitors include tofacitinib (Xeljanz) and baricitinib (Olumiant), which share the class boxed warning. Non-JAK alternatives depend on indication: TNF inhibitors (adalimumab, infliximab, etanercept), IL-17 blockers (secukinumab, ixekizumab), IL-23 blockers (risankizumab, guselkumab), and indication-specific biologic or integrin agents for inflammatory bowel disease.

Why this drug versus adalimumab? The SELECT-COMPARE trial compared upadacitinib 15 mg once daily against adalimumab 40 mg every other week in methotrexate-inadequate-responder RA, with upadacitinib showing superior ACR50 response at week 12. The choice between agents reflects clinician judgment on route preference, comorbidity profile, and risk-factor profile. Reserve Meds does not direct this choice.

What about dose adjustments? The FDA label specifies adjustments for renal and hepatic impairment and for strong CYP3A4 inhibitors and inducers. The treating physician calibrates dosing to the patient's clinical picture.

Where Reserve Meds fits in Rinvoq 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 Rinvoq specifically, we coordinate US-side sourcing from US-licensed wholesalers (McKesson, Cardinal Health, AmerisourceBergen) carrying AbbVie's Rinvoq inventory, the documentation kit your physician needs for the OIES portal application including the boxed-warning workup attestations, room-temperature international air freight through FBR customs at Karachi, Lahore, or Islamabad, and a single named coordinator who stays with your family across the chronic-therapy resupply cycle. The room-temperature stability profile makes the operational fundamentals simpler than for cold-chain biologics; the gating items are DRAP authorization and the prescriber's documented boxed-warning workup.

Next step

If your physician has identified Rinvoq as the right oral immunomodulator for your case and the local registration or payer rules do not cover the indication, the path forward is the DRAP Special Permission / Personal Use Import NOC, filed through OIES.

Reserved for you.

About Rinvoq

JAK1-selective oral inhibitor

Manufacturer: AbbVie

Modality: Oral extended-release tablet (15, 30, 45 mg) or LQ oral solution; room-temperature stable

Full drug page →

About Pakistan

South Asia, DRAP Personal Use Import NOC, OIES portal

JAK boxed warning workup required, including IGRA TB screening

Pakistan deep dive →

See also

Rinvoq in Saudi Arabia

Rinvoq in UAE

Rinvoq in India

Skyrizi in Pakistan

Humira in Pakistan

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 >

Last medically reviewed: 2026-05-12.