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Skyrizi access in Pakistan

How patients in Pakistan reach Skyrizi (risankizumab-rzaa) across plaque psoriasis, psoriatic arthritis, Crohn's disease, and ulcerative colitis, via the DRAP Special Permission and Personal Use Import NOC.

Quick orientation

Skyrizi (risankizumab-rzaa) is AbbVie's IL-23 p19 inhibitor, approved by the FDA across four indications: moderate to severe plaque psoriasis (2019), active psoriatic arthritis (2022), moderately to severely active Crohn's disease (2022), and moderately to severely active ulcerative colitis (June 2024). It is registered in Pakistan through AbbVie's local channels for at least the psoriasis indication, but the gap between which indication is locally listed and which indication a Pakistani patient actually has drives most named-patient demand. The Drug Regulatory Authority of Pakistan (DRAP) issues a Special Permission, also called the No Objection Certificate (NOC) for Personal Use Import, through its Online Import and Export System (OIES) portal. **Tuberculosis screening is mandatory before initiating Skyrizi, a point that matters especially in Pakistan given the country's high TB burden.** Reserve Meds coordinates US-side sourcing, the documentation kit your physician needs, and the cold-chain shipment. **Reserved for you.**

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

Pakistan's specialty drug landscape has matured around tertiary private hospitals in Karachi, Lahore, and Islamabad, but three patterns leave families without on-shelf access: registered but not stocked, registered for a different indication, and not registered locally at all. Skyrizi sits squarely in the second pattern for most Pakistani patients. AbbVie has Skyrizi locally registered for plaque psoriasis, but the IBD indications (Crohn's disease and ulcerative colitis) and the psoriatic arthritis indication often lag local registration by twelve to thirty-six months behind the FDA timeline. Gastroenterologists at Aga Khan University Hospital, Shifa International, and Liaquat National routinely treat patients whose moderate to severe Crohn's disease or ulcerative colitis would qualify for Skyrizi under the FDA label, but the locally registered indication does not yet cover them. The 2024 ulcerative colitis approval is particularly recent, and Pakistan-side regulatory and reimbursement listings tend to lag this kind of indication expansion.

The second driver is payer reach. Pakistan's private health insurance market is concentrated in Adamjee, EFU, Jubilee, State Life, and IGI; even insured patients rarely find named-patient imports of specialty biologics in formulary coverage. Families fund cash-pay, with overseas relatives in Saudi Arabia, the UAE, the UK, the United States, and Canada often pooling USD to finance treatment. Skyrizi's AbbVie Complete copay assistance card is US-only and does not extend to international patients.

The DRAP named-patient pathway for Skyrizi

DRAP regulates medicine imports 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. For Skyrizi the relevant pathway is the Special Permission, also called the No Objection

Certificate (NOC) for Personal Use Import, filed electronically through DRAP's Online Import and Export System (OIES). Three sub-pathways exist: Personal Use Import or Export by an individual patient, Special Permission for Import of Unregistered Therapeutic Goods by hospitals or institutions, and Donation Imports (separate workflow, not the Reserve Meds path).

The application package typically includes the treating physician's clinical justification letter, the physician's PMDC license verification, patient identifier (CNIC for adult patients, B-Form for minors, or passport for foreign nationals), product details with the specific presentation (150 mg prefilled pen or syringe for psoriasis and PsA, the on-body injector for Crohn's maintenance, the 600 mg IV vial for Crohn's induction, or the 1200 mg IV induction for UC), the dispensing facility license, a manufacturer or authorized distributor letter, and a chain-of-custody plan including cold-chain handling at 2 to 8 degrees Celsius.

The cell-specific clinical justification angle DRAP reviewers look for in a Skyrizi case is twofold. First, prior-line failure documentation: most Skyrizi candidates have failed or cannot tolerate anti-TNF agents (adalimumab, infliximab) or the IL-12/23 inhibitor ustekinumab (Stelara), and the letter should map the patient's prior treatment journey to the algorithm rationale for IL-23 p19 selective blockade as the next step. Second, and central to any Skyrizi case in Pakistan, **baseline tuberculosis screening**. Pakistan carries a high TB burden, ranking among the top ten countries globally for TB incidence. The FDA Skyrizi label requires screening for latent and active tuberculosis before initiating therapy, with treatment of latent TB before starting Skyrizi. Reviewers in Pakistan expect the clinical letter to confirm a recent interferon-gamma release assay (IGRA, often QuantiFERON or T-SPOT) or tuberculin skin test result, chest X-ray where indicated, and a treatment plan for any latent TB identified. Hepatitis B serology screening is also standard before biologic initiation. Routine personal-use cases typically clear in four to eight weeks; complex IBD cases with concurrent immunosuppressant histories can extend to ten to sixteen weeks.

Where Skyrizi gets dispensed in Pakistan

Skyrizi requires institutions with cold-chain biologic storage at 2 to 8 degrees Celsius and, for the IBD induction phase, infusion-suite capacity for the 600 mg or 1200 mg IV doses. Aga Khan University Hospital in Karachi has the most comprehensive institutional pharmacy in Pakistan, with 24/7 temperature-controlled storage and outpatient infusion services. Shifa International Hospital in Islamabad and Liaquat National Hospital in Karachi both have established import pharmacy and infusion workflows. Indus Hospital and Health Network in Karachi covers gastroenterology and rheumatology across its referral network. Shaukat Khanum Memorial Cancer Hospital in Lahore handles biologic imports for its dermatology and IBD-comorbidity caseload. Pakistan Kidney and Liver Institute (PKLI) in Lahore handles complex hepatobiliary and IBD cases with infusion capacity. The Combined Military Hospitals network at CMH Rawalpindi and CMH Lahore covers military families and civilian patients on referral.

For a Skyrizi Crohn's or UC case, the IV induction phase needs an infusion center confirmed before the consignment ships from the US, because the 600 mg vial for Crohn's or the 1200 mg IV induction for UC arrives ready for dilution and same-day administration. Subcutaneous maintenance doses (150 mg for psoriasis or PsA, 180 mg or 360 mg via on-body injector for IBD maintenance) can move through the hospital pharmacy on a more flexible schedule.

Real cost picture for Skyrizi in Pakistan

US wholesale acquisition cost (WAC) for Skyrizi is approximately USD 23,838 per single dose as of early 2026, with AbbVie disclosing list-price updates on an annual cadence. For plaque psoriasis (150 mg every 12 weeks after induction), annual gross cost at WAC is in the USD 90,000 to USD 100,000-plus range per patient-year. For Crohn's disease and ulcerative colitis, the IV induction phase plus SC maintenance produces a first-year gross cost materially higher than the psoriasis steady state, driven by the 600 mg and 1200 mg IV induction doses. Add validated cold-chain international logistics typically in the USD 400 to USD 1,500 band per shipment, regulatory documentation handling, and the Reserve Meds concierge fee.

Reserve Meds quotes in USD because Pakistan's annual CPI inflation reached 10.9 percent in April 2026 and the Pakistani Rupee has been volatile; the USD to PKR rate sat at 278.67 on 8 May 2026 and in the 278 to 280 band across early May. We accept wires from any USD-accessible source, which matters when Pakistani families consolidate funds from relatives in Saudi Arabia (roughly USD 4.4 billion annual remittance corridor), the UAE, the UK, and the US.

Typical timeline for Skyrizi in Pakistan

The DRAP routine range of four to eight weeks applies to a complete first submission. Cold-chain biologics add two to three days at the US end relative to ambient drugs for thermal packout, temperature-logger placement, and bonded air-freight booking. For IBD induction cases the timeline carries an additional planning step: the infusion-center booking and the patient's IGRA or PPD result must be in hand and reflected in the clinical letter before the consignment ships. Plan on four to eight weeks for routine psoriasis or PsA cases, six to ten weeks for first-time Crohn's or UC cases where DRAP may ask for endoscopy and biopsy clarification, and shorter cycles for subsequent maintenance shipments once the case is on file.

What your physician needs to provide

The clinical justification letter is the cornerstone of the DRAP package. For Skyrizi the letter should name the indication (plaque psoriasis, psoriatic arthritis, Crohn's disease, or ulcerative colitis), the patient's disease severity (PASI for psoriasis; CDAI or endoscopic findings for Crohn's; Mayo score for UC; tender and swollen joint counts for PsA), prior therapy history with anti-TNF agents, ustekinumab, or methotrexate as relevant, the proposed Skyrizi regimen matched to the FDA label (150 mg SC at weeks 0, 4, then every 12 weeks for psoriasis or PsA; 600 mg IV at weeks 0, 4, 8 then 360 mg SC every 8 weeks for Crohn's; 1200 mg IV at weeks 0, 4, 8 then 180 mg or 360 mg SC every 8 weeks for UC), the planned response-assessment window, and the monitoring plan. The letter must explicitly confirm tuberculosis screening (IGRA or PPD) with result, hepatitis B serology, and a plan to treat any latent TB before initiating Skyrizi.

Documentation alongside the letter includes the PMDC license verification, the dispensing facility's institutional license, patient identification, and the manufacturer or authorized distributor confirmation Reserve Meds provides for the US-side sourcing. Reserve Meds supplies a documentation kit pre-formatted to the OIES portal requirements.

Common questions about Skyrizi in Pakistan

Why is TB screening so emphasized? Pakistan is among the top ten countries globally by tuberculosis incidence, and the FDA Skyrizi label requires screening for latent and active TB before initiation. IL-23 inhibition can permit reactivation of latent TB. The clinical letter should

document an interferon-gamma release assay (IGRA) or tuberculin skin test result, chest X-ray where clinically indicated, and a treatment plan for any latent TB before starting Skyrizi.

Will Adamjee, Jubilee, EFU, or State Life cover this? Coverage for named-patient imports of specialty biologics is uncommon across Pakistani health plans. The realistic default is cash-pay. We supply documentation a family or hospital can use to file a claim; the claim itself is the patient's to pursue.

How does Sehat Sahulat interact with a Skyrizi case? The Sehat Sahulat Program's Rs. 1,000,000 per family per year ceiling does not stretch to cover Skyrizi drug cost at WAC reference pricing, and the program is structured around in-network hospital treatment rather than imported drug procurement.

Is there a comparator? In the IL-23 p19 inhibitor class, guselkumab (Tremfya) and tildrakizumab (Ilumya) are alternatives. In the broader IL-12/23 class, ustekinumab (Stelara) is a long-established option. For IBD, vedolizumab and anti-TNF agents (infliximab, adalimumab) sit in adjacent algorithms. The choice between agents is a clinician decision; Reserve Meds coordinates the drug your prescribing physician has named.

Can the patient self-administer? Subcutaneous maintenance doses (prefilled pen, prefilled syringe, or on-body injector) are designed for self-administration after training. IV induction doses for Crohn's and UC are administered in clinical infusion settings.

What if my disease worsens during the application? The treating physician owns clinical bridging decisions, including continuation of current therapy or escalation through corticosteroids while the DRAP application processes. Reserve Meds does not direct clinical management.

Where Reserve Meds fits in Skyrizi 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 Skyrizi specifically, we coordinate US-side sourcing from AbbVie'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, infusion-center alignment for IBD induction phases, and a single named coordinator who stays with your family through every dose cycle. The tuberculosis screening sign-off is a hard prerequisite in every Skyrizi case file before we commit to procurement, and we work with the clinical team to confirm IGRA or PPD documentation is current and complete.

Next step

If your physician has identified Skyrizi as the right next step and the locally registered indication does not cover your case, the path forward is the DRAP Special Permission / Personal Use Import NOC, filed through OIES with Reserve Meds coordinating the US-side sourcing and the documentation kit.

Reserved for you.

About Skyrizi

IL-23 p19 inhibitor
Manufacturer: AbbVie

Modality: Subcutaneous prefilled pen, syringe, or on-body injector; IV induction for IBD; cold-chain 2-8°C

Full drug page →

About Pakistan

South Asia, DRAP Personal Use Import NOC, OIES portal

TB burden HIGH, screening mandatory before biologic initiation

Pakistan deep dive →

See also

Skyrizi in Saudi Arabia

Skyrizi in UAE

Skyrizi in India

Stelara 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 >

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