Stelara access in Pakistan

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

Quick orientation

Stelara (ustekinumab) is Janssen's IL-12 and IL-23 p40 inhibitor, first approved by the FDA in September 2009 for plaque psoriasis. The label expanded steadily through psoriatic arthritis (2013), Crohn's disease (2016), ulcerative colitis (2019), pediatric plaque psoriasis (2020), and pediatric psoriatic arthritis (2022). DRAP carries ustekinumab on its registered biologics list, so the named-patient question in Pakistan is rarely "is the molecule available?" but rather "is the right brand, presentation, and supply continuity available?" 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). Pakistan has seen the global ustekinumab biosimilar wave begin to reach its market; for patients whose physician has specified reference Stelara, the named-patient pathway is the route. **Reserved for you.**

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

Pakistan's specialty drug market clusters around tertiary private hospitals in Karachi, Lahore, and Islamabad. Ustekinumab is registered in Pakistan through Janssen channels, but three patterns still drive named-patient demand for Stelara specifically. First, brand and presentation alignment: a patient already on Stelara abroad or in Pakistan may need continuity of the same brand and same presentation (the 45 mg or 90 mg SC prefilled syringe or single-dose vial, or the 130 mg IV induction vial), particularly when local stocking has shifted toward a specific biosimilar that the treating physician has not approved switching to. Second, indication-specific stocking gaps: Pakistan may carry the 90 mg SC presentation routinely for psoriasis but not maintain reliable stock of the 130 mg IV induction vial, leaving a Crohn's or UC patient awaiting first dose without a local source. Third, cost-coverage gaps: even where Stelara is registered, payer coverage in Pakistan is uneven, and Adamjee, EFU, Jubilee, State Life, and IGI rarely include named-patient imports in formulary coverage.

The global biosimilar landscape shapes the picture. Multiple FDA-approved ustekinumab biosimilars (Wezlana from Amgen, Pyzchiva from Sandoz, Otulfi from Fresenius Kabi and Formycon, Selarsdi, Yesintek, Steqeyma, and Starjemza with interchangeability designation in 2025) have launched in the US with discount ranges from approximately five percent to ninety percent below reference Stelara. Pakistan's market has begun to mirror this dynamic, with multiple biosimilars in the pipeline through Janssen's local affiliate and Pakistani distributors. The named-patient demand for reference Stelara persists where the prescribing physician specifies the originator product.

The DRAP named-patient pathway for Stelara

DRAP regulates the import of medicines through the Quality Assurance and Laboratory Testing (QA and LT) Division's Import and Export Section. The Stelara 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 with the specific presentation (45 mg or 90 mg SC prefilled syringe or single-dose vial; or 130 mg single-dose IV vial for IBD induction), the dispensing facility license, a manufacturer or authorized distributor letter from Janssen's channel, and a chain-of-custody plan including cold-chain handling at 2 to 8 degrees Celsius.

The cell-specific clinical justification angle DRAP reviewers expect on a Stelara case is prior-line failure documentation combined with the rationale for the originator product. For Crohn's and UC, the letter should establish the patient's disease severity (CDAI or endoscopic findings for Crohn's; Mayo score for UC) and prior anti-TNF response history. For psoriasis or PsA, the letter should document PASI or joint counts and the patient's prior topical, methotrexate, and biologic exposure history. The reason for specifying reference Stelara versus a locally available ustekinumab biosimilar should be addressed where a biosimilar is available locally; common physician-documented reasons include the patient having stabilized on the reference product or the treating specialist not having approved an inter-class switch. Tuberculosis screening (interferon-gamma release assay or tuberculin skin test) is required before initiation, which is especially important in Pakistan given the country's high TB burden. Hepatitis B serology should be checked where clinically indicated. Routine personal-use cases typically clear in four to eight weeks; complex IBD cases extend to ten to sixteen weeks.

Where Stelara gets dispensed in Pakistan

Stelara requires institutions with validated cold-chain biologic storage at 2 to 8 degrees Celsius and, for the IBD induction phase, infusion-suite capacity for the 130 mg IV vial. Aga Khan University Hospital in Karachi has the most comprehensive institutional pharmacy in Pakistan, with 24/7 temperature-controlled storage and outpatient infusion. Shifa International Hospital in Islamabad has established import-pharmacy workflow with rheumatology and gastroenterology services. Liaquat National Hospital and Indus Hospital and Health Network in Karachi handle Stelara cases through their tertiary services. Shaukat Khanum Memorial Cancer Hospital in Lahore handles cases for patients with concurrent oncology comorbidities. PKLI in Lahore handles gastroenterology and hepatology cases with infusion capacity. The Combined Military Hospitals network at CMH Rawalpindi and CMH Lahore serves military families and civilian referrals. The Children's Hospital and Institute of Child Health in Lahore handles pediatric plaque psoriasis (ages 6 and older) and pediatric PsA (ages 6 and older) cases requiring weight-banded dosing.

For a Crohn's or UC induction case, the infusion-center booking must be confirmed before the consignment ships, because the 130 mg IV vial arrives ready for dilution in normal saline and same-day infusion. Subcutaneous maintenance shipments can move on a more flexible schedule.

Real cost picture for Stelara in Pakistan

Reference Stelara WAC sits at approximately USD 13,300 for a 12-week supply for plaque psoriasis in a 75 kg patient and approximately USD 26,500 for a 12-week supply for Crohn's disease or ulcerative colitis, per published 2025 analyses. Per single 90 mg subcutaneous dose, WAC is in the range of USD 30,000; annualized maintenance therapy commonly exceeds USD 100,000 before any rebates or assistance. The biosimilar wave has compressed the broader category significantly (Wezlana low-WAC was priced at roughly 81 percent below Stelara at launch; Steqeyma launched at an approximately 85 percent discount; other entrants are priced

across a five to ninety percent discount range), but reference Stelara WAC remains the baseline reference for the originator product. International cash-pay patients face headline list pricing closer to US WAC than to US net-of-rebate pricing, plus international cold-chain 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 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, which matters when Pakistani families consolidate funds from relatives in Saudi Arabia, the UAE, the UK, the US, and Canada.

Typical timeline for Stelara 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 the additional planning step of infusion-center booking and the tuberculosis screening result being in hand 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 or 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 Stelara the letter should name the indication (plaque psoriasis, psoriatic arthritis, Crohn's disease, or ulcerative colitis), the patient's disease severity scoring, prior therapy history with conventional agents and biologic options, the proposed Stelara regimen matched to the FDA label (45 mg or 90 mg SC at weeks 0 and 4 then every 12 weeks for psoriasis or PsA, with 90 mg for patients above 100 kg; weight-banded IV induction at approximately 6 mg per kg for Crohn's or UC followed by 90 mg SC eight weeks after the IV dose then every 8 weeks for maintenance), the planned response-assessment window, the monitoring plan, and explicit rationale for specifying reference Stelara if biosimilars are locally available.

The letter must document tuberculosis screening (IGRA or PPD), hepatitis B serology where clinically indicated, and ongoing monitoring for serious infection, malignancy, hypersensitivity, and the rare but documented posterior reversible encephalopathy syndrome (PRES) listed in the label. Reserve Meds supplies a documentation kit pre-formatted to the OIES portal requirements.

Common questions about Stelara in Pakistan

Why ask for reference Stelara if biosimilars are available? Multiple FDA-approved ustekinumab biosimilars are now in the global market, and the Pakistani market is following the same dynamic. Some patients have stabilized on reference Stelara, some treating physicians prefer not to switch mid-course, and some patients have a documented clinical reason for staying on the originator. Reserve Meds coordinates the specific product the prescribing physician has named; we do not substitute alternatives without physician authorization.

Pediatric patients: HSTCL warning? Hepatosplenic T-cell lymphoma (HSTCL) is a rare but serious post-marketing report in adolescent and young adult patients with inflammatory bowel disease, most commonly seen in those receiving combination therapy with thiopurines

(azathioprine, 6-mercaptopurine). The Stelara label addresses this signal in the broader class context. Pediatric prescribing requires careful risk-benefit analysis by the treating gastroenterologist or rheumatologist; Reserve Meds does not direct that clinical decision.

Will Adamjee, Jubilee, EFU, or State Life cover this? Coverage for named-patient imports of specialty biologics is uncommon. Some plans pay a partial percentage case by case. The realistic default is cash-pay.

How does Sehat Sahulat interact with a Stelara case? The Sehat Sahulat Rs. 1,000,000 per family per year ceiling does not stretch to cover annual Stelara cost at reference-brand WAC. Families who qualify can still use Sehat Sahulat for hospitalization or supportive care.

Is there a comparator? For psoriasis, alternatives include adalimumab, secukinumab, ixekizumab, and risankizumab (Skyrizi). For IBD, alternatives include infliximab, adalimumab, vedolizumab, and risankizumab. The clinician owns the choice; Reserve Meds coordinates the drug the prescription names.

Can the patient self-administer maintenance doses? Yes, the 45 mg or 90 mg SC prefilled syringe is designed for self-administration after training. IV induction for IBD must be administered in a clinical infusion setting.

Where Reserve Meds fits in Stelara cases

Stelara is one of the established workhorse biologics in autoimmune named-patient requests, particularly from Pakistani patients who have been initiated on therapy abroad and need supply continuity at home, or who have IBD and face local stocking gaps for the 130 mg IV induction presentation. Reserve Meds coordination for Stelara cases prioritizes validated cold-chain 3PL handoff with continuous temperature logging, presentation-level precision (45 mg versus 90 mg versus 130 mg IV vial), clear documentation of the prescribing physician's brand specification given the active biosimilar landscape, and a single named coordinator who stays with your family across the maintenance-cycle resupply pattern.

Next step

If your physician has specified reference Stelara as the right product and the local stocking or payer situation does not match, the path forward is the DRAP Special Permission / Personal Use Import NOC, filed through OIES with Reserve Meds coordinating the US-side sourcing and documentation.

Reserved for you.

About Stelara

IL-12 and IL-23 p40 inhibitor
Manufacturer: Janssen (Johnson and Johnson)
Modality: Subcutaneous prefilled syringe (45 or 90 mg) or IV induction vial (130 mg); cold-chain 2-8°C
Full drug page →

About Pakistan

South Asia, DRAP Personal Use Import NOC, OIES portal
Ustekinumab biosimilar market emerging; reference Stelara reserved when prescribed by brand
Pakistan deep dive →

See also

Stelara in Saudi Arabia
Stelara in UAE
Stelara 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 ›
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