

Tagrisso

Pakistan · access guide

How to access Tagrisso from Pakistan, the named-patient import pathway, 2026

By Reserve Meds, Clinical and regulatory team. Last reviewed 2026-05-13.

A Pakistani patient with EGFR exon 19 deletion or exon 21 L858R-mutant non-small cell lung cancer in the adjuvant and metastatic settings, and EGFR T790M-positive NSCLC after prior EGFR TKI therapy may receive a prescription for Tagrisso (osimertinib) from their treating oncologist. Tagrisso is FDA-approved in the United States and manufactured by AstraZeneca. It is a third-generation EGFR tyrosine kinase inhibitor administered by oral tablet. Local availability of Tagrisso in Pakistan can be inconsistent: the drug may not be on every specialty pharmacy's standing formulary, the specific indication may not match what is locally registered, or the strength required may be back-ordered. When that happens, a named-patient import pathway through DRAP remains a legitimate route for the patient whose physician has already prescribed the drug.

This guide explains the pathway, the documentation your physician needs, typical costs and indicative timing, and where Reserve Meds fits in.

The clinical situation

Tagrisso is a third-generation EGFR tyrosine kinase inhibitor. Mechanism: a small-molecule irreversible inhibitor of EGFR with activity against both EGFR-sensitising mutations and the T790M resistance mutation. Dosing: 80 mg orally once daily, per FDA labeling. Baseline workup per FDA labeling includes EGFR mutation confirmation, baseline LVEF, electrolytes including potassium and magnesium, QTc baseline, and high-resolution chest imaging. Other important warnings include interstitial lung disease and pneumonitis, QTc prolongation, cardiomyopathy, keratitis, cutaneous reactions, aplastic anemia, and embryo-fetal toxicity. Your oncologist will discuss the risk-benefit profile and schedule monitoring before initiating therapy.

Is Tagrisso legally importable into Pakistan?

Yes, through the Drug Regulatory Authority of Pakistan (DRAP) named-patient and personal-use import framework, coordinated with the treating facility's pharmacy. Pakistan has an established pathway for specialty medicines approved by reference authorities (US FDA, EMA, MHRA) but not stocked or registered for the specific indication locally.

The DRAP named-patient route allows a Pakistani-licensed physician to request import of a medicine when: (a) the medicine is approved by a recognised reference authority, (b) no clinically equivalent locally registered alternative is suitable for the patient's indication and history, (c) the treating physician takes clinical responsibility for use, and (d) chain of custody is documented from the US source to the administering facility. Applications are typically filed through the dispensing institution's import pharmacy on the physician's behalf, with approval issued on a per-patient, per-cycle quantity basis.

How the pathway works, step by step

1. **Consultation with your treating oncologist.** The prescribing decision is clinical. Your oncologist documents the indication, prior therapies where relevant, and rationale for Tagrisso.
2. **Baseline screening.** EGFR mutation confirmation, baseline LVEF, electrolytes including potassium and magnesium, QTc baseline, and high-resolution chest imaging are confirmed and documented.
3. **DRAP named-patient application.** Your oncologist or the facility's import pharmacy files the application with clinical rationale, patient reference, product strength, quantity requested, and chain-of-custody plan.
4. **US-side sourcing.** Reserve Meds coordinates with our US-licensed specialty wholesale partner to secure product from AstraZeneca's authorised distribution under DSCSA chain-of-custody.
5. **Arrival and first dose.** The dispensing pharmacy releases product against the physician's prescription, and your oncologist initiates therapy.

What documentation your physician needs

Your physician will typically need to provide:

- A clinical rationale letter confirming diagnosis, prior therapies where relevant, and Tagrisso as the indicated next step
- Verification of their Pakistani medical licence
- A patient identifier, anonymised reference where privacy is preferred
- Documented pre-treatment screening consistent with FDA labeling (see above)
- The planned dosing regimen (80 mg orally once daily, per FDA labeling)
- A monitoring plan covering EGFR mutation report, ILD monitoring plan, and QTc baseline

Reserve Meds provides a physician documentation kit tailored for EGFR TKI therapies, including the templates DRAP reviewers commonly request.

Typical costs and indicative timing

Reserve Meds gives you a drug-only reference range plus a transparent delivered quote at intake. As an illustrative composite case, the US cash-pay reference range for a typical month of daily dosing of Tagrisso sits in an indicative 2026 band of approximately USD 18,000 to 22,000. International logistics, DRAP documentation handling, and concierge coordination add incremental cost. The delivered quote we issue at intake shows each line separately.

Indicative timing for first dose after cohort intake opens is approximately 2 to 5 weeks from the moment a complete application is submitted, assuming the documentation package is clean on first pass. Refills ship on a rolling cadence aligned to the dosing schedule.

Service availability is limited to our first cohort. All timelines are indicative, not guarantees.

Where Reserve Meds fits in

Reserve Meds is a US-based concierge coordinator for cross-border specialty medicine. For Tagrisso specifically, we provide:

- **Sourcing.** Through our US-licensed specialty wholesale partner, operating under DSCSA chain-of-custody from manufacturer to export.
- **Documentation.** Regulatory package tailored for your physician and for DRAP review, including EGFR TKI class templates.
- **Logistics.** Internationally tracked shipment to your named dispensing facility with tamper-evident packaging.
- **Concierge case lead.** A named point of contact for your family and your physician across the full case arc.

We are a coordinator. We are not the prescriber, not a pharmacy, and not a dispensing facility. All clinical decisions remain with your treating oncologist, and dispensing sits with the licensed Pakistani pharmacy of record. Reserve Meds operates on cash-pay only and does not bill insurance.

Frequently asked

Is this legal in Pakistan? Yes, when executed through the DRAP named-patient and personal-use framework with appropriate documentation, clinical rationale, and a licensed dispensing facility. The pathway is routinely used across oncology, rare disease, and immunology at Pakistani tertiary centers.

Will my private health insurance cover this? Cash-pay is the default posture. Cash-pay is the default posture in Pakistan; some employer plans cover specialty imports case-by-case. We supply documentation for your submission but do not process insurance claims.

What if my physician has not filed a named-patient request before? Named-patient import is an institutional process most major Pakistani tertiary centers (Shaukat Khanum Memorial Cancer Hospital, Aga Khan University Hospital, and the Indus Hospital) have encountered. Our documentation kit is written for first-time applicants and tracks what DRAP reviewers commonly ask for.

Reserve Meds's role

US-based concierge coordinator for cross-border specialty medicine. We are not the prescriber, not the dispensing pharmacy, and not the manufacturer. All clinical decisions remain with your treating physician.

Reserve Meds

reserved for you.

Composite case examples. This document is for general information only and does not constitute medical advice. Please consult your treating physician.

Reserve Meds is in pre-launch. Published timelines and cost ranges are indicative, not guarantees.
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