Ubrelvy access in Pakistan: the DRAP Special Permission pathway

How adults in Pakistan with episodic migraine, particularly those who are triptan-refractory or triptan-contraindicated, access Ubrelvy through the DRAP Personal Use Import framework when no oral CGRP receptor antagonist is registered locally.

Last reviewed 2026-05-12 by Reserve Meds clinical and regulatory team. This page describes the DRAP Special Permission Personal Use Import pathway for Ubrelvy for adults in Pakistan with acute migraine, particularly in the triptan-refractory or triptan-contraindicated population.

Section 1. Quick orientation

Ubrelvy (ubrogepant) is an oral small-molecule calcitonin gene-related peptide (CGRP) receptor antagonist in the gepant class, manufactured by AbbVie Inc. of North Chicago, Illinois. The US Food and Drug Administration approved Ubrelvy on 23 December 2019 for the acute treatment of migraine with or without aura in adults. It is the first oral CGRP-receptor antagonist approved for acute migraine. Ubrelvy is not registered with the Drug Regulatory Authority of Pakistan (DRAP) and is not stocked through any Pakistani retail or hospital pharmacy. For adults in Pakistan whose neurologist has identified ubrogepant as the appropriate next step, particularly where triptans have failed, are contraindicated, or are intolerable, the lawful pathway is the DRAP Special Permission for Personal Use Import (also referred to as the No Objection Certificate for Personal Use Import) filed through the DRAP Online Import and Export System (OIES). Reserve Meds coordinates the US-side sourcing, the regulatory documentation package, the international logistics, and a single named coordinator who stays with your family throughout the case. **Reserved for you.**

Section 2. Why patients in Pakistan need Ubrelvy through a named-patient pathway

Pakistan's specialty drug market has matured around a small number of large private-sector tertiary hospitals concentrated in Karachi, Lahore, and Islamabad. Even with a maturing private hospital sector, the gap between FDA-approved availability in the United States and on-shelf availability in Pakistan remains real for newer specialty therapies, particularly in neurology subspecialties where the patient population for any one drug is modest relative to the cost of a full DRAP registration filing. Ubrelvy sits squarely in the third pattern of Pakistani access gap: not registered locally at all. AbbVie has not filed for DRAP registration, and ubrogepant is not stocked through any of Pakistan's specialty distributors.

The patient cohort reaching for Ubrelvy via the Personal Use Import pathway is specific. These are adults with episodic migraine who are triptan-refractory after adequate trials of sumatriptan, rizatriptan, or eletriptan; triptan-contraindicated for cardiovascular reasons including coronary artery disease, uncontrolled hypertension, prior stroke or transient ischemic attack, peripheral

vascular disease, or pregnancy where triptan use is being avoided; or triptan-intolerant with chest tightness, paresthesias, or dysphoria that makes the class clinically unusable. For these patients the non-vasoconstrictive CGRP-receptor mechanism of ubrogepant is both pharmacologically attractive and the safer cardiovascular choice. Local oral alternatives in Pakistan are typically limited to triptans, over-the-counter analgesics, and the older preventive classes (topiramate, propranolol, amitriptyline), none of which substitute for an oral CGRP receptor antagonist when the prescriber's intent is specifically a gepant. A second pattern is patients whose Pakistani neurologist has prescribed a gepant after international travel, after exposure to US migraine specialists, or after literature review, and who need a structured cash-pay import pathway to obtain it. The registration gap is durable and is not expected to close in the near term given AbbVie's portfolio priorities, so the named-patient route is the lasting lawful path.

Section 3. The DRAP Special Permission pathway for Ubrelvy

DRAP regulates the import of medicines through the Quality Assurance and Laboratory Testing Division's Import and Export Section, with Drug Registration Board oversight for new product registration matters. For unregistered medicines required by a specific patient, DRAP issues a Special Permission, also referred to as the No Objection Certificate (NOC) for Personal Use Import. Applications are filed through DRAP's Online Import and Export System (OIES), the electronic application portal that lets applicants and DRAP communicate digitally on import and export permission matters. Patient-level personal-use applications are submitted by the patient or applicant directly on the portal; institutional applications are filed by the hospital pharmacy.

The application package for a Personal Use Import of Ubrelvy typically includes a clinical justification letter from the treating neurologist (migraine diagnosis, attack frequency and severity, prior triptan trials attempted and the reason ubrogepant is required), the neurologist's PMDC license verification, the patient identifier (CNIC for adults; passport for foreign nationals receiving treatment in Pakistan), product details (Ubrelvy 50 mg or 100 mg film-coated tablets, AbbVie NDC, requested pack size), the dispensing facility license, an AbbVie or authorised distributor letter confirming the product is genuine and was sourced through the legitimate US supply chain, and the chain-of-custody plan from the US source through international air freight to the dispensing pharmacy.

The cell-specific clinical-justification angle for Ubrelvy is prior-line documentation in the triptan class. DRAP reviewers are familiar with migraine therapy, and the application is materially strengthened by a clear record of which triptans were tried, at what doses, with what response, and why the prescribing neurologist concluded that the patient is triptan-refractory or triptan-contraindicated rather than under-treated within the existing class. The cardiovascular contraindication pattern (coronary disease, uncontrolled hypertension, prior stroke or TIA) is a particularly clean justification on which DRAP routinely accepts a CGRP receptor antagonist as the safer mechanism. The application should also note that ubrogepant is taken as needed (50 mg or 100 mg at attack onset, a second dose at least two hours later if needed, maximum 200 mg in 24 hours, maximum 8 doses per 30-day period per FDA label), and that initial pack sizes are modest (one to three 10-tablet packs typically) with quarterly refill cadence likely if the patient establishes the drug as their primary abortive. Routine personal-use cases typically clear in four to eight weeks from a complete submission, though timelines vary by documentation completeness and case complexity. Reserve Meds plans on the longer end of the routine range and treats any faster turnaround as upside.

Section 4. Where Ubrelvy gets dispensed in Pakistan

Ubrelvy is an oral, room-temperature-stable small molecule. It does not require cold-chain handling, reconstitution, or special diluents. Storage per the FDA label is at 20 to 25 degrees Celsius, with excursions permitted between 15 and 30 degrees Celsius. Standard ambient shipping is appropriate, and tablets tolerate routine cross-border air-freight conditions without temperature-monitor escalation. The dispensing-facility footprint for ubrogepant in Pakistan is therefore broader than for cold-chain biologics: any licensed hospital outpatient pharmacy or licensed import pharmacy with the institutional credentials to receive an unregistered medicine can serve as the dispensing point.

In practice, the major tertiary centres handle these cases as an established workflow. Aga Khan University Hospital (AKUH) in Karachi runs a 24/7 pharmacy network with temperature-controlled storage and an experienced import-pharmacy team comfortable with DRAP documentation; the AKUH Department of Neurology routinely manages refractory migraine cases. Shifa International Hospital in Islamabad and Liaquat National Hospital in Karachi maintain similar import-pharmacy capability with neurology-led case management. Shaukat Khanum Memorial Cancer Hospital and Research Centre in Lahore, while primarily oncology, has the institutional pharmacy infrastructure and the DRAP relationship to support neurology cases through its outpatient pharmacy where the treating physician is on staff. Indus Hospital and Health Network, the Pakistan Kidney and Liver Institute (PKLI) in Lahore, the Combined Military Hospitals (CMH) network with tertiary capacity at CMH Rawalpindi and CMH Lahore, the Children's Hospital and Institute of Child Health in Lahore (for adolescent migraine where the neurologist deems appropriate), and Shifa International in Islamabad collectively cover the federal capital region, Karachi, Lahore, and the Punjab and KP catchments. For neurologists in private practice or at smaller institutions in Peshawar, Quetta, Multan, Faisalabad, and other cities, the typical route is to partner with a DRAP-licensed specialty importer based in Karachi or Lahore who handles the DRAP filing, the FBR customs clearance, and the dispensing handoff at a licensed facility.

Section 5. Real cost picture for Ubrelvy in Pakistan

Reserve Meds quotes in US dollars and accepts USD wire transfers from any USD-accessible source. The Pakistani Rupee has been volatile across the last several years; as of May 2026 the USD to PKR rate is in the 278 to 280 range, with PKR having strengthened slightly over the prior twelve months while annual CPI inflation rose to 10.9 percent in April 2026. Quoting in USD insulates the patient and the family-pooled funding source from intra-case currency drift.

- **Drug cost reference.** US Wholesale Acquisition Cost for Ubrelvy is approximately USD 1,140 per 10-tablet pack (50 mg or 100 mg) as of January 2026, equivalent to roughly USD 114 per tablet at the WAC level. GoodRx and SingleCare reference cash prices have ranged from approximately USD 1,086 to USD 1,464 per 10-tablet 100 mg pack in early 2026. AbbVie's US-only patient access programmes (the Ubrelvy Savings Card, myAbbVie Assist) do not extend to international patients and are not referenced in any Pakistan quote. At the prevailing PKR rate, a 10-tablet WAC reference corresponds to approximately PKR 318,000 before logistics, regulatory documentation, and concierge fees.
- **International logistics.** Standard ambient pharmaceutical air freight via DHL Medical Express or FedEx Priority Overnight International with pharma-grade packaging. No cold-chain surcharge applies. The typical logistics envelope for a small-molecule oral

consignment to Karachi or Lahore is in the USD 400 to USD 1,500 range depending on pack volume and the carrier route.

- **Regulatory documentation handling.** DRAP OIES filing support, the chain-of-custody documentation, FBR Customs coordination, and the dispensing-facility handoff documentation. Where the family is partnering with a DRAP-licensed importer in Karachi or Lahore, the importer's documentation fee is itemised separately.
- **Reserve Meds concierge fee.** Itemised separately on every firm quote, covering the single named coordinator, the US-side sourcing, and the case management through delivery.

Pakistan's private health insurers (State Life, Adamjee, EFU, Jubilee, IGI, Pak-Qatar Family Takaful) typically do not reimburse named-patient imports of unregistered specialty drugs as a standard formulary line, though some assess case by case. The Sehat Sahulat Program's Rs. 1,000,000 per family per year ceiling is structured around in-network empaneled hospital treatment rather than imported drug procurement, and does not stretch to cover a sustained Ubrelvy refill cadence at WAC pricing. Cash-pay, often family-pooled and frequently supplemented by overseas remittances from relatives in Saudi Arabia, the UAE, the UK, the United States, and Canada, is the practical funding posture.

Section 6. Typical timeline for Ubrelvy in Pakistan

From the point at which Reserve Meds receives a complete documentation package (neurologist letter, PMDC verification, patient identifier, dispensing-facility coordination), the DRAP Special Permission for a small-molecule oral product with a clear clinical justification typically clears in four to eight weeks. The ambient-shipping profile means logistics adds minimal additional time once the NOC is in hand; standard pharmaceutical air freight to Karachi or Lahore is a 5 to 10 business day window door-to-pharmacy. There is no cold-chain handoff to schedule, no temperature-excursion review, and no specialty-pharmacy enrolment to navigate. A realistic end-to-end planning horizon from first contact to in-hand dispensing for a first order is six to twelve weeks. Quarterly refill cycles for a patient who has stabilised on the drug typically follow a shorter cadence because the documentation is on file and the dispensing-facility relationship is established. These ranges are typical, not promises.

Section 7. What your physician needs to provide

The treating neurologist's clinical justification letter is the cornerstone of the Personal Use Import package and is the document DRAP reviewers read first. For Ubrelvy the letter ideally includes the migraine diagnosis (episodic migraine with or without aura, with attack frequency and typical duration), the prior triptan trials attempted (sumatriptan, rizatriptan, eletriptan or others, at what doses, with what response or what intolerable adverse effects), the cardiovascular history if the rationale is triptan contraindication (coronary disease, uncontrolled hypertension, prior stroke or TIA, peripheral vascular disease), the planned ubrogepant dose (50 mg or 100 mg at attack onset, second dose at least two hours later if needed, maximum 200 mg in 24 hours), the planned monthly cap (eight doses per 30-day period per FDA label), the concomitant medication review for CYP3A4 interactions (strong CYP3A4 inhibitors such as clarithromycin, itraconazole, ketoconazole, ritonavir-boosted regimens are contraindicated; moderate inhibitors require dose reduction; severe renal and severe hepatic impairment also require adjustment), and the monitoring plan for adequate response and dose escalation between 50 mg and 100 mg as clinically indicated.

The neurologist's PMDC license number is on every document; PMDC verification confirms their authority to issue the clinical letter. The dispensing-facility licence (AKUH, Shifa International, Liaquat National, CMH, or a DRAP-licensed importer-coordinated facility) sits alongside the neurologist's letter in the OIES filing. Post-import pharmacovigilance reporting through the DRAP Pharmacovigilance Centre, part of the National Pharmacovigilance system, stays with the treating neurologist for any adverse events. Reserve Meds does not write the clinical letter and does not file with DRAP; we supply the documentation kit, the AbbVie authenticity attestation, and the chain-of-custody plan that the neurologist or hospital pharmacy submits.

Section 8. Common questions about Ubrelvy in Pakistan

Will Adamjee, Jubilee, EFU, or State Life cover this? Coverage for named-patient imports of unregistered drugs is uncommon across Pakistani health plans. Some assess case by case. Specialty migraine therapy at WAC-anchored cash-pay pricing is typically outside formulary. We supply the documentation an insurer needs to assess a claim; the claim itself is yours or your hospital's to file. The realistic default is cash-pay.

How does Sehat Sahulat interact with named-patient imports? The Rs. 1,000,000 per family per year ceiling is structured around in-network empaneled hospital treatment, not imported drug procurement, and typically does not cover a sustained Ubrelvy refill cadence. Patients can still use Sehat Sahulat for unrelated hospitalisation and supportive care while the Ubrelvy supply is procured separately on cash-pay.

Will my PMDC-licensed neurologist's letter be sufficient if DRAP queries the case? Yes. PMDC-licensed neurologists at the major tertiary centres, military medical services, and provincial public-sector institutions all have signing authority on Personal Use Import applications. The clinical justification letter is the cornerstone. DRAP may request additional clarification on prior triptan trials or the cardiovascular rationale; the treating neurologist answers those queries directly.

What is the safety profile? The most common adverse events in the ACHIEVE I and ACHIEVE II trials were nausea, somnolence, and dry mouth, each reported in single-digit percentages of patients. There were no serious treatment-related adverse events and no discontinuations for adverse events in the pivotal trials. Ubrogepant does not produce the vasoconstriction associated with triptans, which is the defining cardiovascular safety advantage of the gepant class.

What is the monitoring requirement? Routine laboratory monitoring is not required for episodic acute use. Prescribers review concomitant medications at each refill for CYP3A4 interaction risk and assess for adequate response and dose escalation between 50 mg and 100 mg as clinically indicated.

Is there a competitor or alternative? Within the gepant class, oral acute alternatives include Nurtec ODT (rimegepant 75 mg orally disintegrating tablet, also accessible in Pakistan via Personal Use Import). Zavzpret (zavegepant) is the nasal-spray gepant for patients who cannot tolerate an oral dose during nausea. Qulipta (atogepant) is a daily oral gepant indicated for prevention rather than acute treatment and is not interchangeable with Ubrelvy. The choice is the treating neurologist's; Reserve Meds does not steer that decision.

Section 9. Where Reserve Meds fits in Ubrelvy cases

Reserve Meds is a US-based concierge coordinator. We do not replace your neurologist, do not replace DRAP, and do not replace your dispensing hospital pharmacy or the in-country importer.

For Ubrelvy specifically, the orchestration we provide is US-side sourcing from AbbVie's open distribution channel through McKesson, Cardinal Health, or AmerisourceBergen (no specialty-pharmacy enrolment is required for ubrogepant), the regulatory documentation kit your neurologist and the dispensing hospital pharmacy need for the DRAP Personal Use Import filing through OIES, the AbbVie authenticity attestation tying the consignment back to the legitimate US supply chain, the international ambient air-freight logistics, and a single named coordinator who stays with your family across the first order and any refill cycles. The cardiovascular-contraindicated triptan-refractory population is the cleanest Ubrelvy case profile; the documentation pattern is well-established and the procurement lane is low-friction. No prior Reserve Meds case experience exists for Ubrelvy at the date of this page; standard NPP coordination applies with the small-molecule oral profile making this one of the lower-complexity drugs in the Reserve Meds matrix to coordinate.

Section 10. Next step

If your neurologist has identified Ubrelvy as the appropriate next step for your migraine and you are based in Pakistan, the next step is the waitlist. We confirm eligibility within 24 to 48 hours, route the conversation to a structured documentation work-up, and align with your dispensing hospital pharmacy or the DRAP-licensed importer on the OIES filing. **Reserved for you.**

This guide is informational, not medical or legal advice. The DRAP Personal Use Import framework requires licensed clinical judgment; Reserve Meds is the coordinator, not the prescriber or the dispensing facility.

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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