Xolair

Pakistan · access guide

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

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

A Pakistani patient with moderate-to-severe persistent allergic asthma, chronic spontaneous urticaria refractory to H1 antihistamines, nasal polyps inadequately controlled with intranasal corticosteroids, and IgE-mediated food allergy may receive a prescription for Xolair (omalizumab) from their treating allergist or pulmonologist. Xolair is FDA-approved in the United States and manufactured by Genentech and Novartis. It is a humanised anti-IgE monoclonal antibody administered by subcutaneous injection. Local availability of Xolair 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

Xolair is a humanised anti-IgE monoclonal antibody. Mechanism: a humanised IgG1 monoclonal antibody that binds free IgE and reduces IgE-mediated mast cell and basophil activation. Dosing: subcutaneous dosing every 2 or 4 weeks based on baseline IgE and body weight per the FDA dosing tables. Baseline workup per FDA labeling includes baseline IgE, asthma control and triggers, allergy history, and weight-and-IgE dosing table verification. The FDA boxed warning covers anaphylaxis including delayed presentation up to 24 hours. Other important warnings include anaphylaxis presenting up to 24 hours after administration, malignancy signal in some studies, fever, arthralgia, and rash. Your specialist will discuss the risk-benefit profile and schedule monitoring before initiating therapy.

Is Xolair 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 specialist.** The prescribing decision is clinical. Your specialist documents the indication, prior therapies where relevant, and rationale for Xolair.
2. **Baseline screening.** Baseline IgE, asthma control and triggers, allergy history, and weight-and-IgE dosing table verification are confirmed and documented.
3. **DRAP named-patient application.** Your specialist 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 Genentech and Novartis's authorised distribution under DSCSA chain-of-custody.
5. **Cold-chain shipment.** Xolair requires refrigerated transport at 2 to 8 degrees Celsius. Shipments include temperature-monitored packaging with continuous loggers and tamper-evident seals.
6. **Arrival and first dose.** The dispensing pharmacy releases product against the physician's prescription, and your specialist 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 Xolair 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 (subcutaneous dosing every 2 or 4 weeks based on baseline IgE and body weight per the FDA dosing tables)
- A monitoring plan covering baseline IgE, weight-and-IgE dosing table reference, and anaphylaxis observation protocol

Reserve Meds provides a physician documentation kit tailored for anti-IgE biologic 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 dosing (weight and IgE-dependent) of Xolair sits in an indicative 2026 band of approximately USD 2,500 to 4,500. International logistics, DRAP documentation handling, cold-chain shipping, 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 Xolair 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 anti-IgE biologic class templates.
- **Cold-chain logistics.** Temperature-monitored, internationally tracked shipment to your named dispensing facility with continuous temperature loggers.
- **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 specialist, 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.

What about the boxed warning? The FDA boxed warning on Xolair covers anaphylaxis including delayed presentation up to 24 hours. Your specialist performs the risk-benefit assessment, schedules monitoring, and counsels the patient per labeling. Reserve Meds does not make that clinical judgement, your physician does.

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.

How does cold-chain affect timing? Xolair ships refrigerated. We use validated packaging with continuous temperature monitoring, and arrival temperature data is logged on every shipment.

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.

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