Fintepla

Kuwait · access guide

How to access Fintepla from Kuwait, the named-patient import pathway, 2026

By Reserve Meds · Clinical & regulatory team · Last reviewed 2026-04-23

A Kuwait family of a child with Dravet syndrome or Lennox-Gastaut syndrome (LGS) may receive a prescription for Fintepla (fenfluramine oral solution) from their treating paediatric neurologist. Fintepla is FDA-approved, manufactured by UCB (following Zogenix), and is indicated for seizures associated with Dravet syndrome and Lennox-Gastaut syndrome in patients aged 2 years and older. Dravet syndrome is a severe developmental and epileptic encephalopathy typically driven by SCN1A pathogenic variants, while LGS is a severe childhood-onset epilepsy syndrome with a heterogeneous aetiology. In Kuwait, Fintepla is not locally registered, which is why your paediatric neurologist will navigate the Kuwait Ministry of Health (KMOH) named-patient import pathway on your behalf.

This guide explains the legal pathway, what documentation your physician needs, typical timing and cost bands, and where Reserve Meds fits in.

The clinical situation

Fintepla is an oral solution taken twice daily, dosed by weight and titrated over several weeks. Eligibility for the Dravet indication is based on clinical diagnosis (often supported by SCN1A genetic confirmation); for LGS, diagnosis is made on clinical and EEG criteria. Fintepla carries a risk of valvular heart disease and pulmonary arterial hypertension and is supplied via a Risk Evaluation and Mitigation Strategy (REMS) programme in the US, which includes mandatory baseline and periodic echocardiogram surveillance. Treatment requires a paediatric neurologist familiar with developmental and epileptic encephalopathies, with ongoing seizure diary tracking and paediatric-cardiology echocardiogram coordination. Because Fintepla is oral, in-country administration is straightforward once the prescribing plan and echocardiogram-surveillance arrangement are in place.

Is Fintepla legally importable into Kuwait?

Yes, through the KMOH named-patient import framework, administered in coordination with the Ministry of Health for patients treated in public tertiary centres.

The named-patient mechanism allows a Kuwait-licensed physician to import a medicine not locally registered when: (a) the medicine is approved by a recognised reference authority such as the US FDA, (b) no clinically equivalent locally registered alternative is available, (c) the physician takes clinical responsibility, and (d) chain of custody is documented end to end. Given the REMS-equivalent cardiac-surveillance requirement, the physician's plan must include a Kuwait-based paediatric-cardiology arrangement for baseline and periodic echocardiograms.

How the pathway works, step by step

1. **Consultation with your paediatric neurologist.** Clinical diagnosis of Dravet syndrome or LGS, with genetic testing where relevant (SCN1A for Dravet), seizure history, and current antiseizure regimen documented.
2. **Baseline cardiac assessment.** A Kuwait-based paediatric cardiologist performs a baseline echocardiogram before initiation and documents the surveillance schedule.
3. **KMOH named-patient application.** Your physician or the hospital pharmacy files the application with clinical rationale, cardiac-surveillance plan, patient reference, and chain-of-custody plan.
4. **US-side sourcing.** Reserve Meds coordinates with our US-licensed specialty wholesale partner to secure Fintepla from UCB's authorised distribution channel.
5. **Shipment.** Fintepla ships with chain-of-custody documentation to the treating hospital pharmacy.
6. **Arrival, dispensing, and cardiac surveillance.** The hospital pharmacy releases the bottle with dosing and titration instructions; paediatric cardiology schedules follow-up echocardiograms per the surveillance plan.

What documentation your physician needs

Your physician will typically need to provide:

- A clinical rationale letter confirming Dravet syndrome or LGS diagnosis, supporting genetic/EEG evidence, baseline seizure profile, current antiseizure regimen, and Fintepla as the indicated treatment
- Verification of their Kuwait medical licence (SCFHS / MOH)
- A copy of the genetic and/or EEG diagnostic report
- A paediatric-cardiology echocardiogram-surveillance plan with named cardiologist and cadence
- Patient identifier (anonymised reference where possible)
- An administration and monitoring plan including weight-based dosing, titration schedule, and seizure-diary cadence

Reserve Meds provides a physician documentation kit that bundles the templates KMOH reviewers expect to see for rare-paediatric-neurology named-patient imports, with particular attention to the cardiac-surveillance documentation central to Fintepla safety.

Costs and timing

Fintepla is weight-dependent in dosing, so annual cost scales with the child's body weight. Indicative 2026 US cash-pay annual cost sits in a broad range of roughly USD 100,000-200,000 depending on weight. International logistics, KMOH documentation handling, cardiac-surveillance coordination, and concierge fees add incremental cost. Reserve Meds issues a full transparent quote at the start of intake.

Indicative timing for first dispense after cohort intake opens is 7-14 days from the moment a complete KMOH application is submitted and the baseline echocardiogram is documented. Refills ship on a rolling basis against the monthly dispensing schedule and align with the echocardiogram-surveillance calendar.

Fulfilment availability is limited to our first cohort, and all timelines published on this site are indicative. If your clinical situation is time-sensitive, tell us at intake. We triage accordingly.

A culturally-aware note: severe childhood epilepsies in Kuwait families are often part of a longer diagnostic odyssey, with multiple hospital visits and regimen trials before a diagnosis of Dravet or LGS is settled. Our concierge coordination recognises the emotional toll that long journey exacts. We work with a single designated family case lead, often a mother supported by the father and grandparents, and align refill logistics with school terms, Hajj, Ramadan, and follow-up echocardiogram cadence.

Reserve Meds's role

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

- **Sourcing.** Through our US-licensed specialty wholesale partner, operating under DSCSA chain-of-custody.
- **Documentation.** Regulatory package for your physician and for KMOH review, including the cardiac-surveillance plan required for Fintepla.
- **Logistics.** Chain-of-custody shipment coordination to your prescribing hospital pharmacy, aligned with echocardiogram cadence.
- **Concierge case lead.** A named point of contact for the family, coordinating long-term refills, weight-based dose adjustments, and cardiac-surveillance diarising.

What we do not do: we are not the prescriber, we do not practise medicine, we are not the dispensing pharmacy, and we do not perform echocardiograms. All clinical decisions remain with your treating paediatric neurologist and paediatric cardiologist.

Frequently asked

Is this legal in Kuwait? Yes, when executed through the KMOH named-patient framework with appropriate documentation including the cardiac-surveillance plan. See our trust and compliance page.

Is Fintepla a cure? No. Fintepla reduces seizure frequency in Dravet syndrome and LGS. Pivotal study data show meaningful reductions in convulsive seizure frequency for many patients. Your paediatric neurologist will discuss realistic outcome expectations.

What is the cardiac-surveillance requirement? Fintepla carries risk of valvular heart disease and pulmonary arterial hypertension, so baseline and periodic echocardiograms are mandatory. Your paediatric cardiologist manages the cadence.

Does Fintepla replace existing antiseizure medications? Typically no, Fintepla is added to an existing regimen under specialist supervision, with adjustment of other agents as the neurologist decides.

Will insurance or MoH coverage apply? Cash-pay is the default. Some Kuwait patients may receive partial MoH or private-insurance consideration on a case-by-case basis; we supply documentation for submission but do not process claims directly.

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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