

Diacomit access in Qatar

How families in Qatar pursue stiripentol, approximately manufactured by Biocodex, as adjunctive therapy for refractory seizures in Dravet syndrome, via the Ministry of Public Health's named-patient pathway.

Last reviewed 2026-05-12 by Reserve Meds clinical & regulatory team. This page combines the Qatar country research module with the Diacomit drug module to describe the path families actually walk.

Quick orientation

Diacomit (stiripentol) is an antiepileptic medicine approved by the US Food and Drug Administration in 2018 as adjunctive therapy for seizures associated with Dravet syndrome in patients aged 2 years and older taking clobazam. Dravet syndrome is a rare, severe, genetic, treatment-resistant epileptic encephalopathy that typically begins in the first year of life and is most often caused by a pathogenic variant in the SCN1A gene. Diacomit is approximately marketed by Biocodex, a French pharmaceutical company, and it holds long-standing approval in Europe as an orphan medicine. The drug is supplied in capsules and as powder for oral suspension in single-dose sachets. For a Qatar family with a child whose Dravet seizures persist on first-line and second-line therapy, the practical question is rarely the science. It is the access path. Reserved for you.

Why this drug is hard to source in Qatar

Diacomit sits in the orphan-drug category. Even in countries where stiripentol carries a registered marketing authorisation, hospital pharmacies do not typically maintain it on hand because the eligible patient population is small. In Qatar specifically, the structural picture is straightforward. Dravet syndrome affects approximately one in fifteen thousand to twenty thousand live births; in a country of three million residents with a young population skewed by labour migration, the prevalent pediatric Dravet population is small but not negligible. Whether Diacomit holds a current Qatar Ministry of Public Health (MOPH) registration or is being imported on a named-patient basis varies with manufacturer commercial strategy. In either case, a Qatar family is unlikely to find Diacomit on the shelf at the time of prescription. The treating pediatric neurologist will typically initiate the named-patient pathway in parallel with the family's first conversation about adding stiripentol to the regimen.

The condition itself amplifies the access urgency. Children with Dravet syndrome experience prolonged febrile and afebrile seizures, status epilepticus, developmental regression, and a substantially elevated risk of sudden unexpected death in epilepsy (SUDEP). The therapeutic window between first-line anticonvulsants failing and the family pursuing stiripentol as adjunctive therapy is not an academic question. It is a question about reducing the seizure burden for a child whose neurological trajectory is shaped by every uncontrolled month.

The MOPH-PDCD named-patient pathway

The federal pathway for a Qatar-licensed physician to obtain a medicine that is not registered or not stocked locally is the named-patient import permit, administered by the Pharmacy and Drug Control Department (PDCD) within the Ministry of Public Health. The framework allows hospitals and licensed pharmaceutical establishments to import a specific medicine for a specific patient when the medicine is approved by a recognised reference authority such as the US FDA or the European Medicines Agency and a clinically equivalent locally registered alternative is not suitable.

A complete PDCD application for a Diacomit case typically includes the clinical justification letter from the treating pediatric neurologist (SCN1A variant confirmation where available, documented Dravet syndrome diagnosis, history of seizure types and frequency, prior anticonvulsant therapy outcomes including valproate, clobazam, and cannabidiol, and the rationale for adding stiripentol now), the treating physician's Qatar Council for Healthcare Practitioners (QCHP) license verification, an anonymised patient identifier or Qatar ID where the PDCD submission allows, full product details for stiripentol (brand name Diacomit, generic stiripentol, manufacturer, capsule strengths 250 mg and 500 mg or powder for oral suspension in 250 mg and 500 mg sachets, pack size, quantity requested, intended treatment duration), the destination dispensing facility name with MOPH pharmacy license number, and an ambient-temperature chain-of-custody plan. Approval timelines for routine pediatric cases through Hamad Medical Corporation (HMC) or Sidra Medicine are typically 2 to 4 weeks; cases through private hospitals can range 3 to 6 weeks.

Real costs in QAR and USD

Diacomit pricing varies by region. In the United States, a one-month supply of stiripentol at typical pediatric weight-based dosing of 50 mg per kilogram per day in two or three divided doses falls broadly in the USD 1,500 to 4,000 monthly range depending on the child's weight and the dose form (capsules versus powder for oral suspension). In QAR at the 3.64 peg, that converts to approximately QAR 5,500 to QAR 14,500 per month. Therapy is long-term and weight-based, so the monthly figure scales as the child grows. Annualised, a Diacomit

course typically lands in the USD 20,000 to 50,000 range, or approximately QAR 73,000 to QAR 182,000.

International logistics for ambient-shipped oral medication is the simpler end of cross-border specialty pharmacy. Reserve Meds quotes shipping in the USD 400 to 1,500 range per shipment depending on quantity and urgency, or approximately QAR 1,500 to QAR 5,500. Qatar customs and PDCD permit fees are nominal relative to the drug cost. For Qatari nationals receiving care at HMC, public-sector subsidy is the dominant financial mechanism and the patient's out-of-pocket exposure is typically limited. For expatriate families, employer-sponsored insurance through carriers such as Qatar Insurance Company, Allianz Care, Cigna, AXA, Bupa Global, or MetLife handles named-patient pediatric orphan medicines case by case. The National Health Insurance Company (NHIC) framework is expanding its expatriate coverage. We supply the documentation set that lets your insurer assess the case. We do not promise coverage from any insurer.

Timing — what to expect

For a Qatar family adding Diacomit to a child's Dravet regimen, the timing question has two distinct windows. The PDCD permit window for a pediatric case running through HMC or Sidra typically processes in 2 to 4 weeks. Routine cases through private hospitals run 3 to 6 weeks. International shipping from the US, including chain-of-custody documentation and customs clearance into Doha, runs approximately 5 to 10 business days for ambient shipments. The treating physician's clinical workup, including SCN1A genetic confirmation where not already in hand, baseline liver function tests (stiripentol is a CYP-inhibiting drug with documented hepatic interactions), and the family's informed-consent conversation, occurs in parallel. Reserve Meds frames the working assumption as a 4 to 8 week first-shipment window from intake to dispense, with re-supply cycles thereafter running shorter because the documentation history is on file.

What your physician needs

The clinical justification letter for a Diacomit PDCD submission addresses the patient's diagnosis (Dravet syndrome confirmed by SCN1A variant where available, or by the clinical phenotype where genetic testing is pending or non-diagnostic), the documented seizure history (types of seizures, frequency, prior episodes of status epilepticus, response to fever and to vaccinations as triggers), and prior anticonvulsant outcomes. The first-line agents in the Dravet pathway typically include valproate and clobazam, and the letter documents the response to each before stiripentol is layered on. Where cannabidiol, topiramate, levetiracetam, or the ketogenic diet have been tried, the letter notes the outcome. The dose calculation (50 mg per kilogram per day in two or three divided doses, with a maximum typical dose of 3,000 mg per day in adults and weight-banded in children) is included, along

with a monitoring plan for hepatic function, blood counts, and interactions with concomitant clobazam and valproate dosing.

The treating physician's QCHP license must be in active standing. For pediatric Dravet cases in Qatar, the natural treating physicians are pediatric neurologists at Sidra Medicine (the Qatar Foundation-affiliated pediatric and women's specialty academic medical center) or at Hamad Medical Corporation's pediatric services. The QCHP license number, the institutional pharmaceutical-establishment license of the dispensing pharmacy, and the family's informed-consent record sit alongside the clinical letter in the PDCD submission.

Hamad Medical Corporation and Sidra Medicine specialty dispensing

Diacomit dispensing in Qatar is almost always pediatric. Sidra Medicine, the Qatar Foundation-affiliated academic medical center in Doha, holds the country's deepest pediatric neurology programme and is the natural institution for Dravet syndrome case management. Sidra operates its own JCI-accredited pharmacy services, files PDCD named-patient applications directly, and maintains the pediatric pharmacology infrastructure that orphan drug regimens depend on. Hamad Medical Corporation's pediatric services within Hamad General Hospital and the pediatric subspecialty footprint at HMC also handle Dravet cases. Private hospitals such as Al Ahli Hospital or Doha Clinic Hospital can dispense imported medication, although for a pediatric orphan-disease case the typical care path concentrates at Sidra or HMC.

The dispensing pharmacy receives the imported stock under the chain-of-custody packet, verifies lot and expiry against the PDCD permit, and dispenses to the family on the treating physician's prescription. Re-supply for chronic Dravet maintenance is built into the PDCD permit at the application stage, so subsequent monthly or quarterly shipments do not require a fresh permit cycle for the same patient.

Pharmacovigilance and cold-chain

Diacomit is an ambient-shipped oral medication, not a cold-chain biologic. The chain-of-custody documentation tracks lot, expiry, and temperature exposure across the shipment, but stiripentol does not require refrigerated handling. PDCD pharmacovigilance reporting obligations remain with the treating physician and the dispensing facility. Serious adverse drug reactions (somnolence, ataxia, weight loss, neutropenia, thrombocytopenia, hepatic enzyme elevation, or any serious unexpected event) are reportable to PDCD's Pharmacovigilance Center within 15 calendar days. Stiripentol's significant CYP2C19, CYP3A4, and CYP1A2 interactions mean that the treating pediatric neurologist typically

adjusts the clobazam and norclobazam dose as stiripentol is introduced, and the monitoring plan in the clinical letter reflects this.

Reserve Meds supplies the US-side release documentation, the chain-of-custody packet, and the shipping temperature trace to the Qatar importer and to the hospital pharmacy on receipt. We do not file adverse-event reports on the physician's behalf; that obligation sits with the treating physician and the dispensing facility under PDCD framework.

Common questions about Diacomit in Qatar

Will my Qatar national insurance or employer plan cover Diacomit? For Qatari nationals receiving pediatric neurology care at Hamad Medical Corporation or Sidra Medicine, public-sector subsidy through the HMC pathway is the dominant financial mechanism, and out-of-pocket exposure is typically limited. For expatriate families, employer-sponsored plans through Qatar Insurance Company, Allianz Care, Cigna, AXA, Bupa Global, or MetLife handle pediatric rare-disease medications case by case. Pre-authorization is the norm. We do not promise coverage from any insurer. We supply the documentation set that lets your insurer assess the case.

Will my QCHP-licensed pediatric neurologist's letter be sufficient? Yes. Any QCHP-licensed pediatric neurologist practicing in good standing in Qatar has signing authority on the clinical justification letter. For Dravet syndrome cases, the natural treating physician is a pediatric neurologist at Sidra Medicine or HMC pediatric services.

Is Diacomit a controlled substance? No. Stiripentol is not a DEA scheduled substance. The PDCD pharmacovigilance and chain-of-custody requirements apply, but the controlled-substance framework does not.

How is Diacomit dosed in pediatric Dravet? The standard regimen is 50 mg per kilogram per day in two or three divided doses, layered on top of valproate and clobazam. Stiripentol carries significant CYP enzyme inhibition, so the treating neurologist typically adjusts the concomitant clobazam dose and monitors hepatic enzymes and blood counts during initiation.

Where Reserve Meds fits in Diacomit cases

Reserve Meds is a US-based concierge coordinator. We do not replace the treating pediatric neurologist, PDCD, the dispensing pharmacy, or the QCHP-licensed institution. For a Diacomit case specifically, our work is the documentation kit assembly, the US-side specialty wholesaler sourcing, the cold-chain or ambient shipment plan, the customs and import-permit coordination with the Qatar importer, and one named coordinator through

the case. We hold the same coordinator across re-supply cycles so that the family does not re-explain the case at every shipment. Reserved for you.

Next step

If a treating pediatric neurologist in Qatar is weighing Diacomit for a child with Dravet syndrome, the waitlist is the first step. We respond within 24 to 48 hours with an eligibility confirmation and a documentation kit for the physician.

Reserved for you.

Related

- [Diacomit clinical resource](#)
- [Diacomit in the UAE](#)
- [Diacomit in Saudi Arabia](#)
- [Qatar country page](#)

Sources

1. FDA approval, Diacomit (stiripentol), Biocodex, August 2018, adjunctive therapy for seizures in Dravet syndrome in patients aged 2 years and older taking clobazam.
2. Qatar Ministry of Public Health, Pharmacy and Drug Control Department (PDCCD), published guidance on named-patient and unregistered-medicine import permits.
3. Qatar Council for Healthcare Practitioners (QCHP), licensing framework and physician registration requirements.