DIACOMIT® Patient Enrollment Form

To help your patient get started on treatment, please fax this completed form to PANTHERx Rare Pharmacy at 833.871.4137
Phone: 833.248.0467
Hours: M-F, 8AM-8PM (ET)

DIACOMIT® (stiripentol) 250 mg, 500 mg capsules or for oral suspension

Please complete all areas to avoid medication delays and include a copy of your patient's medical records.

Patient Contact Information

Patient First Name

Patient Last Name

Sex ◯ Male ◯ Female Date of Birth / /

Address

City State Zip

Cell Phone Alternate Phone

Email

Preferred Language

Authorized Representative

Relationship to Patient

Phone Number and Email for Authorized Representative (if different from the left side)

Phone Email

Patient Insurance Information *(Please complete the following or **attach a copy** of the front and back of all prescription and medical benefit cards.)*

☐ Patient does not have insurance

Primary Medical Insurance

Subscriber Name

Relationship to Patient ◯ Self ◯ Spouse ◯ Child ◯ Other

Prescription Drug Insurance Provider

ID # BIN #

PCN # Group #

Phone

Secondary Medical Insurance

Subscriber Name

Relationship to Patient ◯ Self ◯ Spouse ◯ Child ◯ Other

Secondary Prescription Drug Insurance Provider

ID # BIN #

PCN # Group #

Phone

Prescriber Information

Prescriber First and Last Name

Prescriber Specialty

Practice Name

Address

City State Zip

License # Tax ID: Medicaid #

Prescriber DEA # Prescriber NPI #

Prescriber Phone Prescriber Fax

Prescriber Email

Office Contact Name Phone

Email

Clinical Information *(Please complete all areas to avoid medication delays)*

Patient's Current Weight _____ kg

Diagnosis with ICD-10

☐ G40.83 (DS); Polymorphic epilepsy in infancy (PMEI), Severe myoclonic epilepsy in infancy (SMEI)
☐ G40.833 (DS) intractable, with status epilepticus
☐ G40.834 (DS) intractable, without status epilepticus
☐ Other Diagnosis (please specify) _____

Is the patient currently taking clobazam?

☐ Yes, please include dosage _____
☐ No If no, why not? _____

Has the patient previously taken or discontinued clobazam? ☐ Yes ☐ No

Select all current anti-seizure medications (ASMs) the patient is currently taking

☐ valproic acid ☐ divalproex sodium ☐ topiramate ☐ fenfluramine ☐ cannabidiol
☐ levetiracetam ☐ cenobamate ☐ Ketogenic Diet ☐ none
☐ Other, please specify _____

Select all previously taken, discontinued or failed ASMs

☐ valproic acid ☐ divalproex sodium ☐ topiramate ☐ fenfluramine ☐ cannabidiol
☐ levetiracetam ☐ cenobamate ☐ Ketogenic Diet ☐ none
☐ Other, please specify _____

Known Allergies _____

Continued on the next page

Patient First Name _____ Patient Last Name _____

Date of Birth _____ / _____ /_____

Prescription Instructions *(Please complete all areas to avoid medication delays)*

Select all formulations that apply

- ☐ DIACOMIT® (stiripentol) 250mg capsules NDC 68418-7939-6
- ☐ DIACOMIT® (stiripentol) 500mg capsules NDC 68418-7940-6
- ☐ DIACOMIT® (stiripentol) 250mg powder for oral suspension packet NDC 68418-7941-6
- ☐ DIACOMIT® (stiripentol) 500mg powder for oral suspension packet NDC 68418-7942-6

Refills

- ☐ yes, please insert number of refills _____
- ☐ no

Please indicate how the medication will be administered

- ☐ By Mouth (PO)
- ☐ Gastronomy tube (GT)
- ☐ Nasogastric Tube (NG)

Quantity for dosing

- _____ (number) of 250mg capsules
- _____ (number) of 500mg capsules
- _____ (number) of 250mg powder for oral suspension packet(s)
- _____ (number) of 500mg powder for oral suspension packet(s)
- ☐ Take [_____] mg BID with food
- ☐ Take [_____] mg TID with food

Special Administration Instructions:

Please provide instructions for the patient's dosing/titration schedule

_____

_____

- ☐ No titration required
- ☐ Other special instructions _____

Instructions for mixing DIACOMIT powder for oral suspension packet(s):[1]
DIACOMIT powder for oral suspension packet(s) should be mixed in a glass of water (100 mL) and should be taken right away after mixing during a meal. To be sure there is no medicine left in the glass, add a small amount of water (25 mL) to the drinking cup and drink all of the mixture. See the complete Instructions for Use on the right way to use DIACOMIT for oral suspension.

Additional mixing suggestions **(must include in the Special Administration Instructions section above):**

- May mix capsules with other vehicles, such as applesauce, yogurt, or honey. Packets may be mixed with 10 mL of water.

DIACOMIT® (stiripentol) Recommended Dosing According to the US Prescribing Information:

- The dosage of DIACOMIT is 50 mg/kg/day, administered by mouth in 2 or 3 divided doses, depending on age and weight[1]
- DIACOMIT has no known contraindications; clinical discretion is advised when adjusting antiseizure medication regimens[1]
- Coadministration of stiripentol plus clobazam, with or without valproate, increases fenfluramine plasma concentrations. If fenfluramine is coadministered with stiripentol plus clobazam, the maximum daily dosage of fenfluramine is 0.2 mg/kg twice daily (maximum daily dosage of 17 mg)[2]
- If patient is experiencing somnolence, decrease clobazam, by 25%[1]
- If patient is experiencing decreased appetite or weight, reduce valproic acid by 30% per week[1]
- Please see the Full Prescribing Information at https://www.diacomit.com/

Table 1. Recommended Dosing and Titration According to the European Union Label (Please note these titration instructions are not based on the US prescribing information):[3]

Age	Up to 6 Years	6-12 Years	Over 12 Years
Week 1	Start at 20 mg/kg/day		
Week 2	30 mg/kg/day Add 10 mg/kg/day		
Week 3	50 mg/kg/day Add 20 mg/kg/day	40 mg/kg/day Add 10 mg/kg/day	35 mg/kg/day Add 5 mg/kg/day
Week 4		50 mg/kg/day Add 10 mg/kg/day	Add 5 mg/kg/day Weekly until optimal dose reached

Insurance Prior Authorization Delay

If there is a delay in insurance authorization, Biocodex has designated a Quick Start program, subject to patient eligibility criteria. If you have questions about the program, please call the Biocodex By Your Side Support Team at PANTHERx at 833-248-0467.

☐ Yes, PANTHERx Specialty Pharmacy to dispense overnight Quick Start 30-day supply to Hospital Pharmacy.

Prescriber Attestation *(Please sign to avoid medication delays)*

By signing below, I certify that a) the patient and prescriber information contained in this enrollment form is complete and accurate to the best of my knowledge and that I have prescribed DIACOMIT® (stiripentol), based on my professional judgment of medical necessity for the treatment of Dravet syndrome and b) I have received from the patient identified above, or his/her personal representative, the necessary authorization to release, in accordance with applicable federal and state privacy laws and regulations, referenced medical and/or patient information relating to the need for the above-prescribed therapy to Biocodex, Inc., its affiliates, agents, service providers, representatives, and contractors (collectively, "Biocodex") to use and disclose as necessary for processing and fulfillment of the prescription.

State Requirements: The prescriber is to comply with state-specific prescription requirements such as e-prescribing, state-specific prescription form, fax language, etc. Non-compliance with state-specific requirements could result in outreach to the prescriber.

Prescriber Signature (no stamps): Dispense as Written* _____ Date _____ / _____ /_____

*Certain states require "brand medically necessary" or other language to be handwritten by the prescriber if he/she has made this determination in his/her independent clinical judgement.

Prescriber Signature (no stamps): Substitution Permitted _____ Date _____ / _____ /_____

DIACOMIT is only available through our exclusive specialty pharmacy, PANTHERx Rare Pharmacy.

Please see Full Prescribing Information before prescribing DIACOMIT® available at https://www.diacomit.com/

References: 1. DIACOMIT® [prescribing information]. Beauvais, France: Biocodex, Inc.; July 2022. 2. Fintepla® [prescribing information]. Smyrna, GA: UCB, Inc.; April 2025.3. DIACOMIT® [summary of product characteristics]. Gentilly, France: Biocodex, Inc.; January 2014.

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