



Inspired by patients.
Driven by science.

Fintepla® ▼
(fenfluramine)
2.2 mg/mL oral solution



Existing patients shown.
Individual patient response
to the treatment may
vary and pictures are
representative only.

Fintepla® is indicated for the treatment of seizures associated with Dravet syndrome and Lennox-Gastaut syndrome as an add-on therapy to other antiepileptic medicines for patients 2 years of age and older.¹

This promotional material has been developed and funded by UCB. Intended for healthcare professionals in the UK only. UK Prescribing Information can be found [here](#) and adverse event reporting information can be found on page 4.

Dravet syndrome

A rare early onset, developmental and epileptic encephalopathy (DEE) associated with drug-resistant seizures and multiple comorbidities²⁻⁴



Impacts quality of life (QoL) of both patients and their families^{3,4}



Reported incidence of Dravet syndrome:

**1 in 15,700 –
1 in 40,900^{5,6}**

Delayed or misdiagnosis is frequent:⁷⁻¹⁰

- Involves multiple types of seizures e.g. refractory seizures that cannot be treated with antiseizure medications
- May be misdiagnosed with other epilepsy syndromes e.g. myoclonic atonic epilepsy
- Diagnosis often based on clinical assessment alone
- Genetic testing is not always available

20%

60%

Estimated 20% of children and 60% of adults with Dravet syndrome are underdiagnosed⁷



Recognising Dravet syndrome

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Onset of Dravet syndrome is usually within the first year of life.¹¹ Genetic studies are suggested in developmentally normal, 2–15 month old children presenting with a single prolonged hemiclonic seizure or focal/generalised status epilepticus of unknown aetiology in the context of vaccination or fever⁴



Genetic testing shows that 80–85% of patients have an SCN1A mutation¹¹



Convulsive seizures include hemiclonic, tonic, clonic, tonic-atonic, generalised tonic-clonic, and focal with clearly observable motor signs¹¹



Control of convulsive seizures should be prioritised over nonconvulsive seizures, given their greater impact on QoL and higher association with sudden unexpected death in epilepsy (SUDEP)⁴

Patients who are exhibiting likely diagnostic criteria for Dravet syndrome should be referred to an epilepsy expert.

Impact of Dravet syndrome



Impact of Dravet syndrome on patients:¹²

- Sleep – sleep difficulties worsen seizures, more seizures lead to less sleep, creating a cycle
- Feeding – feeding difficulties
- Gait disturbance – can impact patient independence
- Toilet training – late to learn, sometimes incontinent
- School – missed school days, require additional support

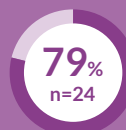
Impact of Dravet syndrome on parents/caregivers:¹³

- Work hours/employment
- Family finances
- Emotional and physical health
- Relationships with spouse/significant other/friends/extended family
- Relationships with their other children
- Confidence in ability to provide care
- Fear of seizures or SUDEP in sleep, leading to lack of restful sleep for caregivers

Impact of Dravet syndrome on siblings:¹⁴



of adult siblings report a history of treatment for clinical depression



of siblings aged 9–12 feared that their siblings might die



of siblings aged 9–12 reported feeling worried or scared when their sibling has a seizure

Treating Dravet syndrome



Therapeutic algorithm

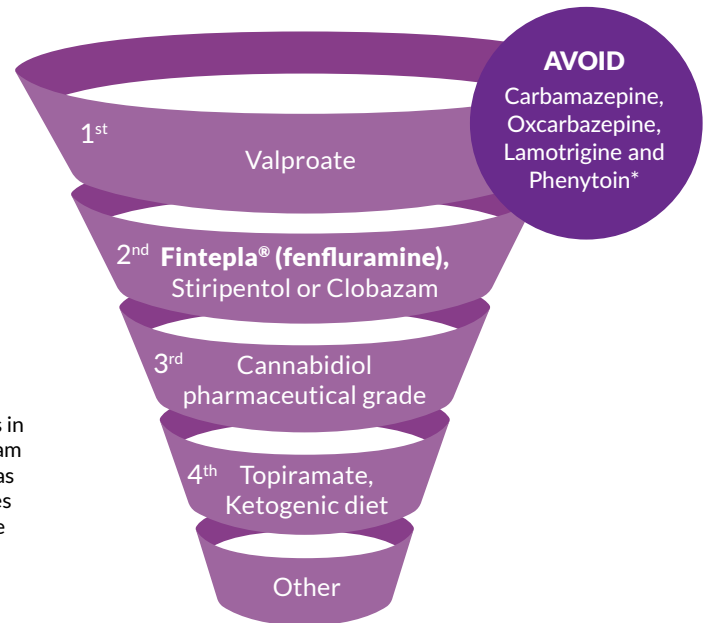


The NICE recommendation of Fintepla® gives adult and paediatric neurologists with expertise in treating epilepsy an additional adjunctive treatment to offer Dravet syndrome patients.¹⁵

Therapeutic algorithm for maintenance therapies for management of seizures in Dravet syndrome. Consensus was reached for the use of valproic acid, clobazam or stiripentol as first-line therapy and clobazam, fenfluramine and stiripentol as second-line therapy, as well as contraindicated medications. "Other" comprises vagal nerve stimulation, zonisamide, bromides, clonazepam, and ethosuximide (for absences).

*Phenytoin may be helpful for status epilepticus.

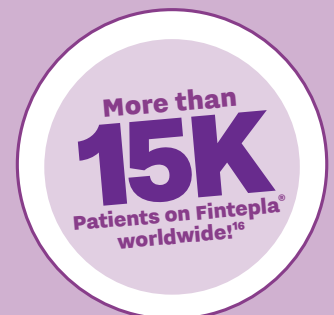
UCB does not encourage the use of any medication outside its product license.



Adapted from Wirrell EC, et al. Epilepsia. 2022;63(7):1761–77.

Treating Dravet syndrome with Fintepla® (fenfluramine)

Fintepla® is indicated for the treatment of seizures associated with Dravet syndrome and Lennox-Gastaut syndrome as an add-on therapy to other antiepileptic medicines for patients 2 years of age and older.¹



The most commonly ($\geq 1/10$) reported adverse reactions are decreased appetite, fatigue, diarrhoea and somnolence.¹ Please refer to the Summary of Product Characteristics (SmPC) for further details of adverse events.

Fintepla® should be initiated and supervised by healthcare professionals with experience in the treatment of epilepsy. Fintepla® is prescribed and dispensed according to the Fintepla® Controlled Access Programme (CAP). The CAP has been created to:

- Prevent off-label use in weight management in obese patients
- Confirm that prescribing physicians have been informed of the need for periodic cardiac monitoring in patients taking Fintepla®

Please refer to the SmPC for further information.



Adverse events should be reported. Reporting forms and information can be found at www.mhra.gov.uk/yellowcard. Adverse events should also be reported to UCB Pharma Ltd at ucbcares.uk@ucb.com or 0800 2793177.

GB-FA-2600036
May 2026

DEE, Developmental and epileptic encephalopathy; QoL, Quality of life, SCN1A, Sodium channel protein type 1 subunit alpha; SUDEP, Sudden unexpected death in epilepsy; NICE, National Institute for Health and Care Excellence; SmPC, Summary of Product Characteristics; CAP, Controlled Access Programme.

References: 1. Fintepla® Summary of Product Characteristics. 2. Lagae L, Sullivan J, Knupp K, et al. FAIRE DS Study Group. *Lancet*. 2019;394(10216):2243–54. 3. Lagae L, Irwin J, Gibson E, et al. *Seizure*. 2019;65:72–9. 4. Wirrell EC, Hood V, Knupp KG, et al. *Epilepsia*. 2022;63(7):1761–77. 5. Wu YW, Sullivan J, McDaniel SS, et al. *Pediatrics*. 2015;136(5):e1310–5. 6. Brunklaus A, Ellis R, Reavey E, et al. *Brain*. 2012;135(Pt 8):2329–36. 7. Gil-Nagel A, Sanchez-Carpintero R, San Antonio V, et al. *Rev Neurol*. 2019;68(2):75–81. 8. Darra F, Battaglia D, Dravet C, et al. *Epilepsia*. 2019;60(S3):S49–S58. 9. Wirrell EC, Laux L, Donner E, et al. *Pediatr Neurol*. 2017;68:18–34.e3. 10. Domaradzki J, Walkowiak D. *Orphanet J Rare Dis*. 2025;20(1):234. 11. Zuberi SM, Wirrell E, Yozawitz E, et al. *Epilepsia*. 2022;63(6):1349–97. 12. Dravet Syndrome UK. DSUK Family Guide. www.dravet.org.uk/dsuk-family-guide/. Updated Jan 2024. Accessed April 2026. 13. Jensen MP, Liljenquist KS, Bocell F, et al. *Epilepsy Behav*. 2017;74:135–43. 14. Bailey LD, Schwartz L, Dixon-Salazar T, et al. *Epilepsy Behav*. 2020;112:107377. 15. NICE technology appraisal guidance. TA808. Published 8 July 2022. 16. UCB Data on File. 2026. FINTEPLA Global Patient Reach.