

POLICY NAME	Xcopri (cenobamate)	POLICY #	2796P
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Criteria

Coverage Criteria

- ☐ 1.1 Diagnosis of partial-onset seizures
- ☐ 1.2 Prescribed by or with a neurologist (nervous system doctor)
- ☐ 1.3 Age 18 years or older
- ☐ 1.4 Documented failure, intolerance, or contraindication to two generic anticonvulsants:
 - Carbamazepine, felbamate, gabapentin, lamotrigine, levetiracetam, oxcarbazepine, phenobarbital, phenytoin, tiagabine, topiramate, valproic acid, zonisamide