Pharmacy Drug Policy & Procedure

Policy Name:	Xcopri (cenobamate)	Policy #:	2796P

Purpose of the Policy

The purpose of this policy is to define the criteria for coverage of Xcopri (cenobamate).

Statement of the Policy

Health Alliance Medical Plans will approve the use of Xcopri when the following criteria have been met.

Criteria

1. 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

2. Approval Period
2.1 Initial: 12 months
2.2 Reauthorization: 12 months with documented clinical benefit

CPT Codes

HCPCS Codes

References

1. Xcopri (cenobamate) [prescribing information]. Paramus, NJ: SK Life Science Inc; April 2024.
2. Krauss GL, Klein P, Brandt C, et al. Safety and efficacy of adjunctive cenobamate (YKP3089) in patients with uncontrolled focal seizures: a multicentre, double-blind, randomised, placebo-controlled, dose response trial. Lancet Neurol 2020; 19:38.
3. Kanner AM, Ashman E, Gloss, D, et al. Practice guideline update summary: Efficacy and tolerability of the new antiepileptic drugs I: Treatment of new-onset epilepsy: Report of the Guideline Development, Dissemination, and Implementation Subcommittee of the American Academy of Neurology and the American Epilepsy Society. Neurology. 2018 Jul 10;91(2):74-81.

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