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

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HCPCS Codes

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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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DISCLAIMER

This Medical Policy has been developed as a guide for determining medical necessity. The process of medical necessity review also entails review of the most recent literature and physician review. Medical Policy is not intended to dictate to providers how to practice medicine. Providers are expected to exercise their medical judgment in providing the most appropriate care. Health Alliance encourages input from providers when developing and implementing medical policies. Benefit determinations are based on applicable contract language in the member's Policy/ Subscription Certificate/ Summary Plan Description. This Medical Policy does not guarantee coverage. There may be a delay between the revision of this policy and the posting on the web. Please contact the Health Alliance Customer Service Department at 1-800-851-3379 for verification of coverage.