

Effective Date: 10/1/2020
Reviewed: 6/2020, 5/2021, 5/2022
Scope: Medicaid

Xcopri (cenobamate)

POLICY

I. CRITERIA FOR INITIAL APPROVAL

An authorization may be granted when all the following criteria are met:

- The patient is at least 18 years of age
- The prescriber is a neurologist or prescribed in consultation with a neurologist
- The patient does not have Familial Short QT syndrome
- Prescriber is aware and counseled the patient on the potential for the side effect of Drug Reaction with Eosinophilia and Systemic Symptoms (DRESS)/Multiorgan Hypersensitivity
- The patient has a diagnosis of partial onset seizures with baseline seizure frequency
- The patient has had a trial of at least 2 other antiepileptic drugs titrated to an appropriate maintenance dose or failure of at least two other antiepileptic drugs due to intolerable side effects
- Documentation of seizure frequency

II. CRITERIA FOR CONTINUATION OF THERAPY

- The prescriber is a neurologist or prescribed in consultation with a neurologist
- Documentation of seizure frequency
- Documented decrease in the amount of seizure frequency

III. QUANTITY LIMIT

- Xcopri 200mg, 250mg Dose Pack, and the 350mg Dose Pack: 2 tablets per day
- All other strengths and Dose Packs: 1 tablet per day

IV. COVERAGE DURATION

- 12 months