blue of california

cenobamate (XCOPRI)

Diagnosis Considered for Coverage:

- Partial-onset seizures

Coverage Criteria:

For diagnosis above:

- Dose not to exceed 400 mg per day, **and**
- Patient is at least 18 years old, **and**
- Inadequate response, intolerable side effect, or contraindication with TWO preferred alternatives used for partial seizures.
  - felbamate suspension, tablet (Felbatol)
  - tiagabine tablet (Gabitril)
  - lamotrigine (Lamictal)
  - lamotrigine dispersible tablet (Lamictal ODT)
  - lamotrigine er tablet (Lamictal XR)
  - topiramate extended release (Qudexy XR)
  - carbamazepine (Tegretol)
  - carbamazepine extended release (Carbatrol, Tegretol XR)
  - clorazepate dipotassium (Tranxene)
  - divalproex sodium (Depakote, Depakote ER, Depakote Sprinkle)
  - gabapentin (Neurontin)
  - levetiracetam (Keppra, Keppra XR)
  - oxcarbazepine (Trileptal)
  - phenobarbital
  - phenytoin oral suspension, capsules, chew tabs (Dilantin)
  - pregabalin (Lyrica)
  - primidone (Mysoline)
  - topiramate (Topamax, Topamax Sprinkle)
  - valproic acid (Depakene)
  - zonisamide (Zonegran)

Coverage Duration: one year

Effective: 6/28/2023