

Have enrollment questions?
Please call **866-756-2844** (866-SK-NAVIG)

To complete this form electronically, scan the QR code



PATIENT INFORMATION

Patient name:		Date of birth (MM/DD/YYYY):	Gender: <input type="checkbox"/> Male <input type="checkbox"/> Female	
Address:		City:	State:	Zip:
Home phone:	Mobile:	Email:		
Caregiver name:		Relationship to patient:		
Phone:		May we contact/speak with caregiver on your behalf? <input type="checkbox"/> Yes <input type="checkbox"/> No		
Language preference: <input type="checkbox"/> English <input type="checkbox"/> Spanish <input type="checkbox"/> Other:				
Is patient insured? <input type="checkbox"/> Yes <input type="checkbox"/> No		Does patient have secondary insurance? <input type="checkbox"/> Yes <input type="checkbox"/> No		

Please send copies, front and back, of the patient's valid government ID and insurance card(s).

PRESCRIBER INFORMATION

Prescriber name:		NPI#:	Office/Institution name:	
Address:		City:	State:	Zip:
Office contact name and title:		Supervising HCP (for PA or NP prescribers):		
Office contact phone:		Office contact email:		
Office contact fax:		Specialty: <input type="checkbox"/> Neurologist <input type="checkbox"/> Epileptologist <input type="checkbox"/> Other:		

DIAGNOSIS SECTION

Is patient new to XCOPRI? <input type="checkbox"/> Yes <input type="checkbox"/> No		Diagnosis: <input type="checkbox"/> Epilepsy <input type="checkbox"/> Other:	
Have other products been used to treat epilepsy for this patient? <input type="checkbox"/> Yes <input type="checkbox"/> No		Which products?	
List of patient allergies:			
Medications patient is currently taking:			
Other relevant medical history/patient health conditions:			

PRESCRIPTION

Please send an ePrescription to AllCare Plus Pharmacy (NCPDP# 2243880 NPI# 1902167596) **Check here if ePrescription has been sent.**
If searching in your EMR, please look up AllCare Plus Pharmacy at: 50 Bearfoot Rd Northborough, MA 01532 using Phone #: 833-383-3533 or Fax #: 844-470-2806

PRESCRIBER ATTESTATION

By signing below, I certify that a prescription signed by a licensed prescriber is on file for the above therapy and that the patient named on this form has provided the necessary authorization that complies with the requirements of the HIPAA Privacy Rule, 45 C.F.R. 164.508, and authorizes the prescriber, as well as the patient's health insurance plan(s), to disclose the patient's personal health information ("PHI"), including information relating to the patient's medical information relating to XCOPRI therapy to SK Life Science, Inc. (SKLSI) and its agents or contractors for the purpose of benefits investigation and reimbursement support for XCOPRI therapy, and/or evaluating the patient's eligibility for SK Life Science's patient support programs administered by SK Life Science Navigator. I authorize SK Life Science, its agents or contractors to be my agents to forward the attached prescription, by fax or other mode of delivery, to the pharmacy chosen by the patient named on this form; provided, that for the state of New York, all prescriptions should be on official New York state prescription forms. I certify that any XCOPRI received from SK Life Science in connection with SK Life Science Navigator program will be used only for the named patient. No XCOPRI received from SK Life Science in connection with SK Life Science Navigator will be offered for sale, trade, or barter. Additionally, no claim for reimbursement will be submitted concerning these medications to any commercial or government payor, including Medicare, Medicaid, or any other federal or state health insurance program, nor will any such product be returned for credit. I acknowledge that I have assisted the patient in enrolling in SK Life Science Navigator exclusively for purposes of reimbursement support to the patient care and not in consideration for, expectation of, or actual receipt of remuneration of any sort.

Prescriber name:	Title:
Signature:	Date:

**SIGN
HERE**

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IMPORTANT SAFETY INFORMATION and INDICATION FOR XCOPRI (cenobamate tablets) CV

CONTRAINDICATIONS

XCOPRI is contraindicated in patients with hypersensitivity to cenobamate or any of the ingredients in the product.

XCOPRI is contraindicated in patients with Familial Short QT syndrome.

WARNINGS AND PRECAUTIONS

Drug Reaction with Eosinophilia and Systemic Symptoms (DRESS): Also known as Multiorgan hypersensitivity, has been reported in patients taking antiepileptic drugs, including XCOPRI. DRESS has been reported, including one fatality, when XCOPRI is titrated rapidly (weekly or faster titration). No cases of DRESS were reported in an open-label safety study of 1339 partial-onset seizure patients when XCOPRI was initiated at 12.5 mg/day and titrated every two weeks. This finding does not establish that the risk of DRESS is prevented by a slower titration; however, XCOPRI should be initiated at 12.5 mg once daily and titrated every two weeks. DRESS typically, although not exclusively, presents with fever, rash, and/or lymphadenopathy, in association with other organ system involvement. Eosinophilia is often present. If such signs or symptoms are present, the patient should be evaluated immediately. XCOPRI should be discontinued immediately and not restarted if an alternative etiology for the signs or symptoms cannot be established.

QT Shortening: XCOPRI can cause shortening of the QT interval. Caution should be used when administering XCOPRI and other drugs that shorten the QT interval as there may be a synergistic effect on the QT interval that would increase the QT shortening risk.

Suicidal Behavior and Ideation: Antiepileptic drugs (AEDs), including XCOPRI, increase the risk of suicidal thoughts or behavior in patients taking these drugs for any indication. Patients treated with any AED for any indication should be monitored for the emergence or worsening of depression, suicidal thoughts or behavior, and/or any unusual changes in mood or behavior. Advise patients, their caregivers, and/or families to be alert for these behavioral changes and report them immediately to a healthcare provider.

Liver Injury: Clinically significant liver injury has occurred in patients taking XCOPRI. Obtain serum transaminases (ALT and AST) and total bilirubin, if not recently available (i.e., within 3 months) before initiating XCOPRI, and during treatment if clinically indicated. Monitor patients for signs and symptoms of any hepatic injury during treatment. Discontinue XCOPRI in patients with evidence of liver injury in the absence of an alternative etiology.

Neurological Adverse Reactions: XCOPRI can cause dose-dependent increases in the neurologic adverse reactions including dizziness, diplopia, disturbance in gait and coordination, somnolence, and fatigue.

Prescribers should advise patients against engaging in hazardous activities requiring mental alertness, such as operating motor vehicles or dangerous machinery, until the effect of XCOPRI is known.

Withdrawal of AEDs: As with all antiepileptic drugs, XCOPRI should generally be withdrawn gradually because of the risk of increased seizure frequency and status epilepticus. If withdrawal is needed because of a serious adverse event, rapid discontinuation can be considered.

MOST COMMON ADVERSE REACTIONS

In adult adjunctive therapy placebo-controlled clinical studies, the most common adverse reactions that occurred in XCOPRI-treated patients (incidence at least 10% and greater than placebo) were somnolence, dizziness, fatigue, diplopia, headache.

DOSING CONSIDERATIONS

Dosage adjustment of XCOPRI or other concomitant medications may be necessary.

- Consider gradually reducing phenytoin dosages by up to 50% during initial titration.
- Consider reducing dosages of phenobarbital and clobazam as needed when used concomitantly with XCOPRI.
- When XCOPRI and carbamazepine or lamotrigine are taken concomitantly, consider increasing dosages as needed of carbamazepine or lamotrigine.
- Consider increasing dosages as needed of drugs which are CYP2B6 and CYP3A substrates and decreasing dosages as needed of drugs which are CYP2C19 substrates.
- Effectiveness of hormonal oral contraceptives may be reduced when administered concomitantly with XCOPRI. Women should use additional or alternative non-hormonal birth control.

Dosage reduction of XCOPRI may be considered in patients with mild to moderate and severe renal impairment. XCOPRI is not recommended in end-stage renal disease.

The maximum recommended daily dose is 200 mg for patients with mild or moderate hepatic impairment. XCOPRI is not recommended in patients with severe hepatic impairment.

DRUG ABUSE

XCOPRI is a Schedule V controlled substance.

INDICATION

XCOPRI is indicated for the treatment of partial-onset seizures in adult patients.

Please see accompanying full Prescribing Information.