SK life science navigator
a subsidiary of SK biopharmaceuticals

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

XCOPRI® (cenobamate tablets) CV

Patient Assistance Program Application

Fax to: **877-436-4188** or Email to: **sknavigator@rxallcare.com**
Mail to: **50 Bearfoot Road, Northborough, MA 01532**

To complete this form electronically, scan the QR code

Disclaimer: You have elected to enroll in the SK Life Science Navigator Patient Assistance Program (PAP). Please read and complete this form in its entirety. Once eligibility has been determined, you will be notified. Completion of this form does not guarantee enrollment. Your healthcare provider will also be responsible for submitting the SK Life Science Navigator Enrollment Form.

PATIENT INFORMATION

Patient name: | Date of birth (MM/DD/YYYY): | Gender: ❑ Male ❑ Female

Address: | City: | State: | Zip:

Home phone: | Mobile: | Email:

Are you a US resident? ❑ Yes ❑ No | Insurance carrier:

Caregiver name: | Relationship to patient:

Phone: | Email:

XCOPRI prescriber name: | Location (City, State):

Local retail pharmacy name: | Phone:

Address: | City: | State: | Zip:

Annual household income:	**XCOPRI copay amount:**	❑ **I have not yet started on XCOPRI**
# of people in household:	**Current XCOPRI dose:**	

PATIENT ASSISTANCE PROGRAM AUTHORIZATION

I promise that any information that I provide to the PAP, including financial and insurance information, is complete and true. I understand that my income may be electronically verified using third-party data sources based on the information I provide. I understand that SK Life Science Navigator will ask me for a copy of my IRS Form 1040 or other proof of income for the purpose of an audit. I agree to provide my financial documentation in a timely manner. If my income or health coverage changes, I will notify SK Life Science Navigator at 866-756-2844 (86-SK-NAVIG). I understand that SKLSI has the right to contact me directly. SKLSI may revise, change, or terminate this program at any time.

SIGN HERE **Signature:** | **Date:**

Please send copies, front and back, of your valid government ID and insurance card(s) to sknavigator@rxallcare.com

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