GETTING YOUR PATIENTS STARTED ON XCOPRI® (CENOBAMATE TABLETS) CV

WIDELY ACCESSIBLE

3 OUT OF 4 patients have access to XCOPRI as initial therapy*

These patients do not need to try and fail other anti-seizure medications (ASMs), including generics, for XCOPRI to be covered by their insurance.

9 out of 10 Commercial, Medicare, and Medicaid patients have coverage for XCOPRI.*
If a prior authorization (PA) is required, ~90% of PAs are approved based solely on indication.*

Eligible patients can receive their **first month's prescription for $0** through the Trial Offer or starter sample program.†

Starter samples are ordered and distributed by the doctor's office. You can request samples from your sales representative or through XCOPRIhcp.com.

Scan here or download the **Free Trial Offer**.

LOW COPAY

Approximately 95% of patients with Commercial, Medicare, or Medicaid insurance have a **$0–$20 copay for XCOPRI (comparable to the cost of generic ASMs).‡**

Patient Category	XCOPRI Out-of-Pocket Cost
Commercial	Eligible patients may pay as little as $20 per month. Copay assistance is automatically applied at the retail pharmacy.†
Medicare extra help (ie, Medi-Medi, dual-eligible, LIS)	Less than $15 copay. 85% of XCOPRI Medicare patients receive Medicare extra help.§
Medicaid only	Less than $5 per prescription
Medicare only	Plans vary. Your patient will need to consult with their plan for out-of-pocket costs.

*Managed Markets Insight & Technology, LLC, database as of July 2025.
†Eligibility requirements and terms and conditions will apply.
‡IQVIA, Patient Cost Disclosure 12 months ending April 2025.
§IQVIA DE/LI October 2023–September 2024.
LIS=Low-Income Subsidy.

SETTING EXPECTATIONS FOR YOUR PATIENTS AT THE PHARMACY

Availability

Any pharmacy can fill an XCOPRI prescription.
Pharmacies will need to order XCOPRI once they receive a prescription, and it should arrive in 1–3 business days.

Refills

Ask your patients to call the pharmacy 1 week before their next prescription to ensure it is ordered and stocked.

If your patients are having any issues filling XCOPRI at the pharmacy, have them call our support program at 1-833-PHARM-SK (742-7675).

INDICATION and IMPORTANT SAFETY INFORMATION for XCOPRI® (cenobamate tablets) CV

INDICATION

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

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.

Please see additional Important Safety Information throughout and full Prescribing Information.

XCOPRI®
(cenobamate tablets) C
12.5 • 25 • 50 • 100 • 150 • 200 mg

WE ARE HERE TO SUPPORT YOU AND YOUR PATIENTS

GET SUPPORT WITH SK LIFE SCIENCE NAVIGATOR

Regardless of your patient's insurance, our dedicated team can provide the following:

Scan here, visit **sklsinavigator.com**, or call **1-866-756-2844**.

Actor portrayals.

For your patients

- Free product to eligible patients who are uninsured, underinsured, or experiencing financial hardships
- Help to locate XCOPRI if your patient's local pharmacy does not have it in stock

For your practice

- Help to identify whether a patient's insurance plan covers XCOPRI
- If a PA is required, SKLSI Navigator will provide the information that is needed
- Downloadable sample letter of appeal, medical necessity, and more

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GET SUPPORT THROUGH SPECIALTY PHARMACY

Need quick access to XCOPRI or prior authorization support? We've got you covered.

Scan here or see **Specialty Pharmacy options** online.

Convenient home delivery for your patients. Urgent requests can be delivered overnight

Refill reminders

Resolving prior authorization requests

Please see Important Safety Information throughout and full Prescribing Information.

XCOPRI®
(cenobamate tablets) C V
12.5 • 25 • 50 • 100 • 150 • 200 mg

PERSONALIZE YOUR APPROACH WITH ONCE-DAILY XCOPRI[1]

XCOPRI is titrated at 2-week intervals and can be prescribed as monotherapy or adjunctive therapy.

XCOPRI® (cenobamate tablets) CV
12.5 • 25 • 50 • 100 • 150 • 200 mg

TITRATION PACKS

12.5 mg/25 mg
(NDC 71699-0201-28)

- **Directions for Use:** Take 12.5 mg tablet by mouth once daily for 2 weeks; take 25 mg tablet by mouth once daily for 2 weeks
- **Quantity:** 28 • **Refills:** 0

50 mg/100 mg
(NDC 71699-0202-28)

- **Directions for Use:** Take 50 mg tablet by mouth once daily for 2 weeks; take 100 mg tablet by mouth once daily for 2 weeks
- **Quantity:** 28 • **Refills:** 0

150 mg/200 mg
(NDC 71699-0203-28)

- **Directions for Use:** Take 150 mg tablet by mouth once daily for 2 weeks; take 200 mg tablet by mouth once daily for 2 weeks
- **Quantity:** 28 • **Refills:** 0

BOTTLES

25 mg
(NDC 71699-0025-30)

- **Directions for Use:** Take 25 mg tablet by mouth once daily
- **Quantity:** 30 • **Refills:** (per HCP discretion)

50 mg
(NDC 71699-0050-30)

- **Directions for Use:** Take 50 mg tablet by mouth once daily
- **Quantity:** 30 • **Refills:** (per HCP discretion)

100 mg
(NDC 71699-0100-30)

- **Directions for Use:** Take 100 mg tablet by mouth once daily
- **Quantity:** 30 • **Refills:** (per HCP discretion)

150 mg
(NDC 71699-0150-30)

- **Directions for Use:** Take 150 mg tablet by mouth once daily
- **Quantity:** 30 • **Refills:** (per HCP discretion)

200 mg
(NDC 71699-0200-30)

- **Directions for Use:** Take 200 mg tablet by mouth once daily
- **Quantity:** 30 • **Refills:** (per HCP discretion)

300 mg
(NDC 71699-0150-30)

- **Directions for Use:** If prescribed 300 mg/day, write a prescription for two of the 150 mg bottles. Take two 150 mg tablets by mouth once daily
- **Quantity:** 60 • **Refills:** (per HCP discretion)

400 mg
(NDC 71699-0200-30)

- **Directions for Use:** If prescribed 400 mg/day, write a prescription for two of the 200 mg bottles. Take two 200 mg tablets by mouth once daily
- **Quantity:** 60 • **Refills:** (per HCP discretion)

MAINTENANCE PACKS

250 mg
(150 mg and 100 mg)
(NDC 71699-0104-56)

- **Directions for Use:** Take one 150 mg tablet and one 100 mg tablet by mouth once daily
- **Quantity:** 56 • **Refills:** (per HCP discretion)

350 mg
(200 mg and 150 mg)
(NDC 71699-0103-56)

- **Directions for Use:** Take one 200 mg tablet and one 150 mg tablet by mouth once daily
- **Quantity:** 56 • **Refills:** (per HCP discretion)

XCOPRI is a once-daily oral medication with a half-life of 50-60 hours. Effective dose range is 100 mg-400 mg.

XCOPRI may be taken any time, whole or crushed, with or without food. XCOPRI makes the concentration of some drugs increase.

Liver function tests should be conducted prior to starting XCOPRI to establish baseline liver function if results are not available from the past 3 months.

Patients with mild or moderate hepatic impairment: 200 mg/day is the maximum dosage. XCOPRI is not recommended for use in patients with severe hepatic impairment.

IMPORTANT SAFETY INFORMATION for XCOPRI® (cenobamate tablets) CV (cont'd)

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).

Please see additional Important Safety Information throughout and full Prescribing Information.

XCOPRI® (cenobamate tablets) CV
12.5 • 25 • 50 • 100 • 150 • 200 mg

IMPORTANT SAFETY INFORMATION for XCOPRI® (cenobamate tablets) CV (cont'd)

WARNINGS AND PRECAUTIONS (cont'd)

Drug Reaction with Eosinophilia and Systemic Symptoms (DRESS) (cont'd): 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.

Please see additional Important Safety Information throughout and full Prescribing Information.

For any medical questions or to report an adverse event, please contact Medical Information at 1-866-657-5574.

REFERENCE: 1. XCOPRI [package insert]. Paramus, NJ: SK Life Science, Inc.

SK life science
a subsidiary of SK biopharmaceuticals

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Manufactured by: SK Life Science, Inc.
461 From Road, 5th Floor
Paramus, NJ 07652