SK life science navigator
a subsidiary of SK biopharmaceuticals

XCOPRI® (cenobamate tablets) CV
SK life science navigator Enrollment Form
Fax to: **877-436-4188** or Email to: **sknavigator@rxallcare.com**
Have questions on enrollment? Please call **866-756-2844** (866-SK-NAVIG)

PATIENT SECTION (Please send copy of the patient's government ID)

Name (First, Last): _____ Date of Birth (MM/DD/YYYY): _____ Gender: ❑ Male ❑ Female
Patient Address: _____ City: _____ State: _____ ZIP: _____
Home Phone: _____ Mobile: _____ Email: _____ Government ID #: _____
Caregiver Name: _____ Caregiver Relationship: _____ Caregiver Phone: _____
Are we able to contact/speak with the caregiver on your behalf? ❑ Yes ❑ No
Language preference: ❑ English ❑ Spanish ❑ Other: _____

PHARMACY INSURANCE (Fill out section below or send copy of the patient's pharmacy card[s] if available)

❑ Included copy of patient's insurance card Is patient insured? ❑ Yes ❑ No Does patient have secondary insurance? ❑ Yes ❑ No
Primary Insurance Company: _____ Insurer Company Phone: _____
Subscriber Name: _____ Subscriber Date of Birth (MM/DD/YYYY): _____
Member ID #: _____ Group #: _____ RXBIN #: _____ RXPCN #: _____ RxGroup#: _____
Secondary Insurance Company: _____ Insurance Company Phone #: _____
Subscriber Name: _____ Subscriber Date of Birth (MM/DD/YYYY): _____
Member ID #: _____ Group #: _____ RXBIN #: _____ RXPCN #: _____ RxGroup#: _____

PRESCRIBER INFORMATION

Prescriber Name: _____ Office/Institution Name: _____
Street Address: _____ City: _____ State: _____ ZIP: _____
Office Contact Name and Title: _____ Office Contact Phone: _____
Supervising HCP (for PA or NP prescribers): _____ Office Contact Email: _____
Fax: _____
Email: _____ NPI #: _____ DEA #: _____
State License #: _____ Tax ID #: _____ Medicaid Provider #: _____
Specialty: ❑ Neurologist ❑ Epileptologist ❑ Other _____

DIAGNOSIS SECTION

Is patient new to XCOPRI? ❑ Yes ❑ No
Diagnosis: ❑ Epilepsy ❑ Other _____ Have other products been used to treat epilepsy for this patient? ❑ Yes ❑ No
What products? _____
List of Patient Allergies: _____ ❑ NKDA
Medications Patient Is Currently Taking: _____ Other Relevant Medical History/Patient Health Conditions: _____

OPTIONS FOR DOSING

Recommended Dosage
The recommended initial dosage of XCOPRI is 12.5 mg once daily, titrated to the recommended maintenance dosage of 200 mg once daily.
The recommended titration schedule should not be exceeded. The maximum dosage is 400 mg once daily.

Packaging Options
You must send either an ePrescription or Fax Prescription to AllCare Plus Pharmacy per state-specific prescribing laws.

XCOPRI® 12.5 mg/25 mg titration pack (28 day supply) XCOPRI® 50 mg/100 mg titration pack (28 day supply) XCOPRI® 150 mg/200 mg titration pack (28 day supply)	XCOPRI® 50 mg bottle (30 day supply) XCOPRI® 100 mg bottle (30 day supply) XCOPRI® 150 mg bottle (30 day supply) XCOPRI® 200 mg bottle (30 day supply)	XCOPRI® 250 mg maintenance pack (28 day supply) XCOPRI® 350 mg maintenance pack (28 day supply)

Prescription has been sent to AllCare Plus Pharmacy (NCPDP# 2243880 NPI# 1902167596): ❑ ePrescription ❑ Fax Prescription
AllCare Plus Pharmacy Fax: 833-381-1105 Phone: 833-363-3301

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:** _____

SIGN HERE **Signature:** _____ **Date:** _____

PATIENT AUTHORIZATION FOR USE AND DISCLOSURE OF PERSONAL HEALTH INFORMATION – SK LIFE SCIENCE NAVIGATOR

By signing below, I authorize my healthcare providers (including those pharmacies that may receive my prescription for XCOPRI), to disclose personal health information ("PHI") about me, including health information relating to my medical condition, prescription, and insurance coverage, to SK Life Science, Inc. (SKLSI), its affiliates, and its agents that have been hired to administer the SK life science navigator program on its behalf (collectively, "SK Life Science, Inc." or SKLSI) in order for SKLSI to (1) enroll me in SK life science navigator; (2) establish my benefit eligibility and potential out-of-pocket costs for XCOPRI; (3) communicate with my healthcare providers and health plans about my treatment plan; (4) provide support services including patient education and financial assistance for XCOPRI; (5) help get XCOPRI shipped to me or my healthcare providers; and (6) facilitate my participation in XCOPRI patient programs that I have elected to receive information about, as indicated below. I authorize SKLSI to use my personal information for the purposes listed above, as well as to contact me for reasons related to the SK life science navigator program and support services, to obtain further information or clarification regarding any adverse event I may experience, and to solicit my opinions regarding XCOPRI and SKLSI's products and services. I authorize SKLSI to disclose that I am on XCOPRI therapy in voice-mail messages left for me related to the SK life science navigator program. I understand that once my PHI has been disclosed to SKLSI, it may no longer be protected by federal privacy law and could be re-disclosed to others but that SKLSI intends to use and disclose my PHI received pursuant to this authorization only for the purposes described above or as required by law. I understand the Pharmacy may receive financial remuneration from SKLSI for disclosing PHI to SKLSI and for providing support services to me, including sending communications to me, for purposes of the SK life science navigator program as outlined in this authorization.

I would also like to receive information from SK Life Science, Inc. via mail or email, which may include disease state, educational material to support patients, and information about XCOPRI.

I understand that I can withdraw this authorization by calling SK life science navigator at 866-SK-NAVIG or mailing a letter with my notice of revocation to SK life science navigator, 50 Bearfoot Rd Northborough, MA 01532. I understand that if I do revoke the authorization, it will thereafter be invalid, but that uses and disclosures made in reliance on the authorization prior to its revocation will not be invalidated. I understand that I may refuse to sign this form and, if I do so, I will not be able to participate in SK life science navigator programs, but such refusal will not affect my eligibility to obtain medical treatment or eligibility for insurance coverage. This authorization expires three years after the date I sign it below. I understand that I am entitled to receive a copy of this authorization. For more information on SKLSI's privacy practices, visit sklifescienceinc.com/privacy-policy.

Patient Name: _____ **Legal Guardian:** _____

Name: _____ **Relationship to Patient:** _____

SIGN HERE **Signature:** _____ **Date:** _____

Patient Date of Birth: _____ **Mobile Phone:** _____

Prescriber Name: _____ **Prescriber Location (City, State):** _____

CONSENT TO RECEIVE CALLS AND TEXT MESSAGES

❑ I agree to be contacted by autodialed text messages ("texts"), placed by SK Life Science, Inc. or its agents or service providers (collectively, "SK Life Science, Inc." or SKLSI) to the mobile phone number I have provided below, for the purpose of helping me stay on therapy, which may promote or advertise the SKLSI products included in the therapy plan. I certify that the number I am providing belongs to me and not a family member or third party. I understand that I may opt out of receiving such messagesat any time by calling 866-SK-NAVIG or replying "STOP" by text to any text from SKLSI, and that my consent to being contacted by text messages is not a condition for me to participate in the SK life science navigator programs or to purchase any products or services.

Patient Name: _____ **Legal Guardian:** _____

Name: _____ **Relationship to Patient:** _____

SIGN HERE **Signature:** _____ **Date:** _____

Patient Date of Birth: _____ **Mobile Phone:** _____

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

CONTRAINDICATIONS

XCOPRI is contraindicated in any patients with known hypersensitivity to the compound or any of the components of the drug 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.

Neurological Adverse Reactions: XCOPRI causes 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. But 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 use 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 use 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 full Prescribing Information available at XCOPRI.com.

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