

## CADTH REIMBURSEMENT REVIEW

# Stakeholder Feedback on Draft Recommendation

**cenobamate (Xcopri)**  
(Paladin Labs Inc.)

**Indication:** As an adjunctive therapy for the management of partial-onset seizures in adults with epilepsy who are not satisfactorily controlled with conventional therapy.

**August 3, 2023**

**Disclaimer:** The views expressed in this submission are those of the submitting organization or individual. As such, they are independent of CADTH and do not necessarily represent or reflect the view of CADTH. No endorsement by CADTH is intended or should be inferred.

By filing with CADTH, the submitting organization or individual agrees to the full disclosure of the information. CADTH does not edit the content of the submissions.

CADTH does use reasonable care to prevent disclosure of personal information in posted material; however, it is ultimately the submitter's responsibility to ensure no identifying personal information or personal health information is included in the submission. The name of the submitting stakeholder group and all conflicts of interest information from individuals who contributed to the content are included in the posted submission.

# CADTH Reimbursement Review

## Feedback on Draft Recommendation

Stakeholder information		
CADTH project number	SR0770-000 Stakeholder Feedback on Draft Recommendation	
Brand name (generic)	Xcopri	
Indication(s)	Epilepsy, partial-onset seizures (focal seizures)	
Organization	Canadian League Against Epilepsy	
Contact information <sup>a</sup>	Name: Juan Pablo Appendino	
Stakeholder agreement with the draft recommendation		
<b>1. Does the stakeholder agree with the committee's recommendation.</b>	Yes	<input checked="" type="checkbox"/>
	No	<input type="checkbox"/>
Please explain why the stakeholder agrees or disagrees with the draft recommendation. Whenever possible, please identify the specific text from the recommendation and rationale.		
<p>We are concerned about the cost of Cenobamate for patients; therefore, if equivalent to other 3<sup>rd</sup> generation medications in the market such as brivaracetam, eslicarbazepine, lacosamide; then, it is fair for our patients.</p> <p>We would recommend to consider including youth of &gt;12 yo (and even children) as it has been proven to be safe and helpful in focal epilepsy (references below, and personal experience)</p> <ul style="list-style-type: none"> <li>- Varughese RT, Shah YD, Karkare S, Kothare SV. Adjunctive use of cenobamate for pediatric refractory focal-onset epilepsy: A single-center retrospective study. <i>Epilepsy Behav.</i> 2022;130:108679. doi:10.1016/j.yebeh.2022.108679</li> <li>- Elliott T, Ridley-Pryor T, Gienapp AJ, Wheless JW. Initial Real-World Experience With Cenobamate in Adolescents and Adults: A Single Center Experience. <i>Pediatr Neurol.</i> 2022;129:19-23. doi:10.1016/j.pediatrneurol.2022.01.001</li> <li>- Makridis KL, Bast T, Prager C, et al. Real-World Experience Treating Pediatric Epilepsy Patients With Cenobamate. <i>Front Neurol.</i> 2022;13:950171. Published 2022 Jul 12. doi:10.3389/fneur.2022.950171</li> </ul>		
Expert committee consideration of the stakeholder input		
<b>2. Does the recommendation demonstrate that the committee has considered the stakeholder input that your organization provided to CADTH?</b>	Yes	<input checked="" type="checkbox"/>
	No	<input type="checkbox"/>
If not, what aspects are missing from the draft recommendation?		
Clarity of the draft recommendation		
<b>3. Are the reasons for the recommendation clearly stated?</b>	Yes	<input checked="" type="checkbox"/>
	No	<input type="checkbox"/>
If not, please provide details regarding the information that requires clarification.		
<b>4. Have the implementation issues been clearly articulated and adequately addressed in the recommendation?</b>	Yes	<input checked="" type="checkbox"/>
	No	<input type="checkbox"/>
If not, please provide details regarding the information that requires clarification.		
	Yes	<input checked="" type="checkbox"/>

<b>5. If applicable, are the reimbursement conditions clearly stated and the rationale for the conditions provided in the recommendation?</b>	No	<input type="checkbox"/>
If not, please provide details regarding the information that requires clarification.		

<sup>a</sup> CADTH may contact this person if comments require clarification.

## Appendix 2. Conflict of Interest Declarations for Clinician Groups

- To maintain the objectivity and credibility of the CADTH drug review programs, all participants in the drug review processes must disclose any real, potential, or perceived conflicts of interest.
- This conflict of interest declaration is required for participation. Declarations made do not negate or preclude the use of the feedback from patient groups and clinician groups.
- CADTH may contact your group with further questions, as needed.
- Please see the [Procedures for CADTH Drug Reimbursement Reviews](#) for further details.
- For conflict of interest declarations:
  - Please list any companies or organizations that have provided your group with financial payment over the past two years AND who may have direct or indirect interest in the drug under review.
  - Please note that declarations are required for each clinician that contributed to the input.
  - If your clinician group provided input at the outset of the review, only conflict of interest declarations that are new or require updating need to be reported in this form. For all others, please list the clinicians who provided input are unchanged
  - Please add more tables as needed (copy and paste).
  - All new and updated declarations must be included in a single document.

A. Assistance with Providing the Feedback		
2. Did you receive help from outside your clinician group to complete this submission?	No	<input checked="" type="checkbox"/>
	Yes	<input type="checkbox"/>
If yes, please detail the help and who provided it.		
3. Did you receive help from outside your clinician group to collect or analyze any information used in this submission?	No	<input checked="" type="checkbox"/>
	Yes	<input type="checkbox"/>
If yes, please detail the help and who provided it.		
B. Previously Disclosed Conflict of Interest		
4. Were conflict of interest declarations provided in clinician group input that was submitted at the outset of the CADTH review and have those declarations remained unchanged? If no, please complete section C below.	No	<input type="checkbox"/>
	Yes	<input checked="" type="checkbox"/>
If yes, please list the clinicians who contributed input and whose declarations have not changed: <ul style="list-style-type: none"> <li>Clinician 1</li> <li>Clinician 2</li> <li>Add additional (as required)</li> </ul>		

### C. New or Updated Conflict of Interest Declarations

New or Updated Declaration for Clinician 1	
<b>Name</b>	Please state full name
<b>Position</b>	Please state currently held position
<b>Date</b>	Please add the date form was completed (DD-MM-YYYY)
<input type="checkbox"/>	I hereby certify that I have the authority to disclose all relevant information with respect to any matter involving this clinician or clinician group with a company, organization, or entity that may place this clinician or clinician group in a real, potential, or perceived conflict of interest situation.
Conflict of Interest Declaration	

List any companies or organizations that have provided your group with financial payment over the past two years AND who may have direct or indirect interest in the drug under review.

Company	Check Appropriate Dollar Range			
	\$0 to 5,000	\$5,001 to 10,000	\$10,001 to 50,000	In Excess of \$50,000
Add company name	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Add company name	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Add or remove rows as required	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

### New or Updated Declaration for Clinician 2

<b>Name</b>	Please state full name
<b>Position</b>	Please state currently held position
<b>Date</b>	Please add the date form was completed (DD-MM-YYYY)

- I hereby certify** that I have the authority to disclose all relevant information with respect to any matter involving this clinician or clinician group with a company, organization, or entity that may place this clinician or clinician group in a real, potential, or perceived conflict of interest situation.

### Conflict of Interest Declaration

List any companies or organizations that have provided your group with financial payment over the past two years AND who may have direct or indirect interest in the drug under review.

Company	Check Appropriate Dollar Range			
	\$0 to 5,000	\$5,001 to 10,000	\$10,001 to 50,000	In Excess of \$50,000
Add company name	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Add company name	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Add or remove rows as required	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

### New or Updated Declaration for Clinician 3

<b>Name</b>	Please state full name
<b>Position</b>	Please state currently held position
<b>Date</b>	Please add the date form was completed (DD-MM-YYYY)

- I hereby certify** that I have the authority to disclose all relevant information with respect to any matter involving this clinician or clinician group with a company, organization, or entity that may place this clinician or clinician group in a real, potential, or perceived conflict of interest situation.

### Conflict of Interest Declaration

List any companies or organizations that have provided your group with financial payment over the past two years AND who may have direct or indirect interest in the drug under review.

Company	Check Appropriate Dollar Range			
	\$0 to 5,000	\$5,001 to 10,000	\$10,001 to 50,000	In Excess of \$50,000
Add company name	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Add company name	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Add or remove rows as required	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

New or Updated Declaration for Clinician 4				
<b>Name</b>	<i>Please state full name</i>			
<b>Position</b>	<i>Please state currently held position</i>			
<b>Date</b>	<i>Please add the date form was completed (DD-MM-YYYY)</i>			
<input type="checkbox"/>	<b>I hereby certify</b> that I have the authority to disclose all relevant information with respect to any matter involving this clinician or clinician group with a company, organization, or entity that may place this clinician or clinician group in a real, potential, or perceived conflict of interest situation.			
Conflict of Interest Declaration				
List any companies or organizations that have provided your group with financial payment over the past two years AND who may have direct or indirect interest in the drug under review.				
Company	Check Appropriate Dollar Range			
	\$0 to 5,000	\$5,001 to 10,000	\$10,001 to 50,000	In Excess of \$50,000
<i>Add company name</i>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<i>Add company name</i>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<i>Add or remove rows as required</i>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

New or Updated Declaration for Clinician 5				
<b>Name</b>	<i>Please state full name</i>			
<b>Position</b>	<i>Please state currently held position</i>			
<b>Date</b>	<i>Please add the date form was completed (DD-MM-YYYY)</i>			
<input type="checkbox"/>	<b>I hereby certify</b> that I have the authority to disclose all relevant information with respect to any matter involving this clinician or clinician group with a company, organization, or entity that may place this clinician or clinician group in a real, potential, or perceived conflict of interest situation.			
Conflict of Interest Declaration				
List any companies or organizations that have provided your group with financial payment over the past two years AND who may have direct or indirect interest in the drug under review.				
Company	Check Appropriate Dollar Range			
	\$0 to 5,000	\$5,001 to 10,000	\$10,001 to 50,000	In Excess of \$50,000
<i>Add company name</i>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<i>Add company name</i>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<i>Add or remove rows as required</i>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>



## CADTH Reimbursement Review

### Feedback on Draft Recommendation

Stakeholder information	
CADTH project number	SR0770
Name of the drug and Indication(s)	Cenobamate (Xcopri) for epilepsy
Organization Providing Feedback	FWG

1. Recommendation revisions		
Please indicate if the stakeholder requires the expert review committee to reconsider or clarify its recommendation.		
Request for Reconsideration	Major revisions: A change in recommendation <b>category</b> or patient <b>population</b> is requested	<input type="checkbox"/>
	Minor revisions: A change in reimbursement <b>conditions</b> is requested	<input type="checkbox"/>
No Request for Reconsideration	Editorial revisions: Clarifications in recommendation <b>text</b> are requested	<input checked="" type="checkbox"/>
	No requested revisions	<input type="checkbox"/>

2. Change in recommendation category or conditions
Complete this section if major or minor revisions are requested
Please identify the specific text from the recommendation and provide a rationale for requesting a change in recommendation.

3. Clarity of the recommendation
Complete this section if editorial revisions are requested for the following elements
<b>a) Recommendation rationale</b>
Please provide details regarding the information that requires clarification.
<b>b) Reimbursement conditions and related reasons</b>
Please provide details regarding the information that requires clarification.
<b>c) Implementation guidance</b>



Please provide high-level details regarding the information that requires clarification. You can provide specific comments in the draft recommendation found in the next section. Additional implementation questions can be raised here.

## Outstanding Implementation Issues

In the event of a positive draft recommendation, drug programs can request further implementation support from CADTH on topics that cannot be addressed in the reimbursement review (e.g., concerning other drugs, without sufficient evidence to support a recommendation, etc.). Note that outstanding implementation questions can also be posed to the expert committee in Feedback section 4c.

Algorithm and implementation questions
<b>1. Please specify sequencing questions or issues that should be addressed by CADTH (oncology only)</b>
1. 2.
<b>2. Please specify other implementation questions or issues that should be addressed by CADTH</b>
1. 2.
Support strategy
<b>3. Do you have any preferences or suggestions on how CADTH should address these issues?</b>
May include implementation advice panel, evidence review, provisional algorithm (oncology), etc.



# CADTH Reimbursement Review Feedback on Draft Recommendation

Stakeholder information	
CADTH project number	SR0770-000
Brand name (generic)	Cenobamate
Indication(s)	Adjunctive therapy in the management of partial-onset seizures in adults with epilepsy who are not satisfactorily controlled with conventional therapy
Organization	Canadian Epilepsy Alliance
Contact information <sup>a</sup>	Name: Laura Dickson, President
Stakeholder agreement with the draft recommendation	
<b>1. Does the stakeholder agree with the committee's recommendation.</b>	Yes <input checked="" type="checkbox"/>
	No <input type="checkbox"/>
Please explain why the stakeholder agrees or disagrees with the draft recommendation. Whenever possible, please identify the specific text from the recommendation and rationale.	
Whenever a new therapy is available to people with epilepsy who have seizures not satisfactorily controlled by other available means, it brings new hope for a better life and ability to live will and pursue one's goals without the fear of being held back by chronic disease.	
Expert committee consideration of the stakeholder input	
<b>2. Does the recommendation demonstrate that the committee has considered the stakeholder input that your organization provided to CADTH?</b>	Yes <input checked="" type="checkbox"/>
	No <input type="checkbox"/>
If not, what aspects are missing from the draft recommendation?	
Clarity of the draft recommendation	
<b>3. Are the reasons for the recommendation clearly stated?</b>	Yes <input checked="" type="checkbox"/>
	No <input type="checkbox"/>
If not, please provide details regarding the information that requires clarification.	
<b>4. Have the implementation issues been clearly articulated and adequately addressed in the recommendation?</b>	Yes <input checked="" type="checkbox"/>
	No <input type="checkbox"/>
If not, please provide details regarding the information that requires clarification.	
<b>5. If applicable, are the reimbursement conditions clearly stated and the rationale for the conditions provided in the recommendation?</b>	Yes <input checked="" type="checkbox"/>
	No <input type="checkbox"/>
If not, please provide details regarding the information that requires clarification.	

<sup>a</sup> CADTH may contact this person if comments require clarification.

## Appendix 1. Conflict of Interest Declarations for Patient Groups

- To maintain the objectivity and credibility of the CADTH drug review programs, all participants in the drug review processes must disclose any real, potential, or perceived conflicts of interest.
- This conflict of interest declaration is required for participation. Declarations made do not negate or preclude the use of the feedback from patient groups and clinician groups.
- CADTH may contact your group with further questions, as needed.
- Please see the [Procedures for CADTH Drug Reimbursement Reviews](#) for further details.

A. Patient Group Information				
<b>Name</b>	<i>Please state full name</i> Laura Dickson			
<b>Position</b>	<i>Please state currently held position</i> President, Canadian Epilepsy Alliance			
<b>Date</b>	<i>Please add the date form was completed (DD-MM-YYYY)</i> 21-07-2023			
<input checked="" type="checkbox"/>	I hereby certify that I have the authority to disclose all relevant information with respect to any matter involving this patient group with a company, organization, or entity that may place this patient group in a real, potential, or perceived conflict of interest situation.			
B. Assistance with Providing Feedback				
<b>1. Did you receive help from outside your patient group to complete your feedback?</b>			No	<input checked="" type="checkbox"/>
			Yes	<input type="checkbox"/>
If yes, please detail the help and who provided it.				
<b>2. Did you receive help from outside your patient group to collect or analyze any information used in your feedback?</b>			No	<input checked="" type="checkbox"/>
			Yes	<input type="checkbox"/>
If yes, please detail the help and who provided it.				
C. Previously Disclosed Conflict of Interest				
<b>1. Were conflict of interest declarations provided in patient group input that was submitted at the outset of the CADTH review and have those declarations remained unchanged? If no, please complete section D below.</b>			No	<input type="checkbox"/>
			Yes	<input checked="" type="checkbox"/>
D. New or Updated Conflict of Interest Declaration				
<b>3. List any companies or organizations that have provided your group with financial payment over the past two years AND who may have direct or indirect interest in the drug under review.</b>				
Company	Check Appropriate Dollar Range			
	\$0 to 5,000	\$5,001 to 10,000	\$10,001 to 50,000	In Excess of \$50,000
<i>Add company name</i>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<i>Add company name</i>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<i>Add or remove rows as required</i>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

# CADTH Reimbursement Review

## Feedback on Draft Recommendation

Stakeholder information		
CADTH project number	SR0770-000	
Brand name (generic)	Xcopri (cenobamate)	
Indication(s)	Epilepsy, partial-onset seizures	
Organization	Epilepsy Southwestern Ontario	
Contact information <sup>a</sup>	[REDACTED]	
Stakeholder agreement with the draft recommendation		
<b>1. Does the stakeholder agree with the committee's recommendation.</b>	Yes	<input checked="" type="checkbox"/>
	No	<input type="checkbox"/>
Please explain why the stakeholder agrees or disagrees with the draft recommendation. Whenever possible, please identify the specific text from the recommendation and rationale. Any new medication provides hope to those living with epilepsy who have not been successful with previous anti seizure medications or treatment types.		
Expert committee consideration of the stakeholder input		
<b>2. Does the recommendation demonstrate that the committee has considered the stakeholder input that your organization provided to CADTH?</b>	Yes	<input checked="" type="checkbox"/>
	No	<input type="checkbox"/>
If not, what aspects are missing from the draft recommendation?		
Clarity of the draft recommendation		
<b>3. Are the reasons for the recommendation clearly stated?</b>	Yes	<input checked="" type="checkbox"/>
	No	<input type="checkbox"/>
If not, please provide details regarding the information that requires clarification.		
<b>4. Have the implementation issues been clearly articulated and adequately addressed in the recommendation?</b>	Yes	<input checked="" type="checkbox"/>
	No	<input type="checkbox"/>
If not, please provide details regarding the information that requires clarification.		
<b>5. If applicable, are the reimbursement conditions clearly stated and the rationale for the conditions provided in the recommendation?</b>	Yes	<input checked="" type="checkbox"/>
	No	<input type="checkbox"/>
If not, please provide details regarding the information that requires clarification.		

<sup>a</sup> CADTH may contact this person if comments require clarification.

## Appendix 1. Conflict of Interest Declarations for Patient Groups

- To maintain the objectivity and credibility of the CADTH drug review programs, all participants in the drug review processes must disclose any real, potential, or perceived conflicts of interest.
- This conflict of interest declaration is required for participation. Declarations made do not negate or preclude the use of the feedback from patient groups and clinician groups.
- CADTH may contact your group with further questions, as needed.
- Please see the [Procedures for CADTH Drug Reimbursement Reviews](#) for further details.

A. Patient Group Information				
<b>Name</b>	<i>Please state full name</i>			
<b>Position</b>	<i>Please state currently held position</i>			
<b>Date</b>	<i>Please add the date form was completed (DD-MM-YYYY)</i>			
<input checked="" type="checkbox"/>	I hereby certify that I have the authority to disclose all relevant information with respect to any matter involving this patient group with a company, organization, or entity that may place this patient group in a real, potential, or perceived conflict of interest situation.			
B. Assistance with Providing Feedback				
1. Did you receive help from outside your patient group to complete your feedback?			No	<input checked="" type="checkbox"/>
			Yes	<input type="checkbox"/>
If yes, please detail the help and who provided it.				
2. Did you receive help from outside your patient group to collect or analyze any information used in your feedback?			No	<input checked="" type="checkbox"/>
			Yes	<input type="checkbox"/>
If yes, please detail the help and who provided it.				
C. Previously Disclosed Conflict of Interest				
1. Were conflict of interest declarations provided in patient group input that was submitted at the outset of the CADTH review and have those declarations remained unchanged? If no, please complete section D below.			No	<input checked="" type="checkbox"/>
			Yes	<input type="checkbox"/>
D. New or Updated Conflict of Interest Declaration				
3. List any companies or organizations that have provided your group with financial payment over the past two years AND who may have direct or indirect interest in the drug under review.				
Company	Check Appropriate Dollar Range			
	\$0 to 5,000	\$5,001 to 10,000	\$10,001 to 50,000	In Excess of \$50,000
Paladin Labs	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<i>Add company name</i>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<i>Add or remove rows as required</i>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

# CADTH Reimbursement Review Feedback on Draft Recommendation

Stakeholder information	
CADTH project number	SR0770
Brand name (generic)	Xcopri (Cenobamate)
Indication(s)	As adjunctive therapy in the management of partial-onset seizures in adults with epilepsy who are not satisfactorily controlled with conventional therapy
Organization	Paladin Labs Inc.
Contact information <sup>a</sup>	[REDACTED]
Stakeholder agreement with the draft recommendation	
1. Does the stakeholder agree with the committee's recommendation.	Yes <input checked="" type="checkbox"/>
	No <input type="checkbox"/>
Paladin Labs Inc. agrees with the positive recommendation to reimburse cenobamate. Following a comprehensive review of cenobamate's efficacy, safety, and cost-effectiveness in treating uncontrolled epilepsy, Paladin is pleased that CADTH came to a conclusion that will benefit Canadian patients with uncontrolled epilepsy.	
Expert committee consideration of the stakeholder input	
2. Does the recommendation demonstrate that the committee has considered the stakeholder input that your organization provided to CADTH?	Yes <input checked="" type="checkbox"/>
	No <input type="checkbox"/>
Clarity of the draft recommendation	
3. Are the reasons for the recommendation clearly stated?	Yes <input checked="" type="checkbox"/>
	No <input type="checkbox"/>
4. Have the implementation issues been clearly articulated and adequately addressed in the recommendation?	Yes <input checked="" type="checkbox"/>
	No <input type="checkbox"/>
5. If applicable, are the reimbursement conditions clearly stated and the rationale for the conditions provided in the recommendation?	Yes <input type="checkbox"/>
	No <input checked="" type="checkbox"/>
The conditions are clearly stated; however, Paladin would like to highlight that the recommendation/reason to price at the negotiated price of the least costly comparator was not supported by CADTH's own reanalysis. In the detailed pharmacoeconomic report, CADTH concluded that cenobamate is cost effective (99.4% probability at \$50K ICER). As such, no price reduction was deemed necessary based on CADTH's reanalysis. However, it is worth noting that the recommendation to price cenobamate at the negotiated price of the least costly comparator lacks support from CADTH's own analysis. The detailed PE report did not include any examination or reference to negotiated prices, making this assertion a surprising element of the recommendation. The primary driver of cost savings with cenobamate is the reduction in seizures and seizure freedom rates. Consequently, it is anticipated that cenobamate would continue to dominate comparators even if negotiated prices were assumed for other comparators.	

<sup>a</sup> CADTH may contact this person if comments require clarification.