Xcopri

Bahrain · access guide

How to access Xcopri from Bahrain, the named-patient import pathway, 2026

By Reserve Meds · Clinical & regulatory team · Last reviewed 2026-04-23

An Bahrainn patient living with drug-resistant focal (partial-onset) epilepsy may receive a prescription for Xcopri (cenobamate) from their treating neurologist or epileptologist. Xcopri is FDA-approved for the treatment of partial-onset seizures in adults and is manufactured by SK Life Science. Its clinical data demonstrated seizure-freedom rates in trial subgroups that were notable in the epilepsy field, which is why it is often considered when patients have failed two or more conventional anti-seizure medications (ASMs). In Bahrain, Xcopri is not yet broadly registered, which is why your neurologist may be navigating a named-patient import pathway with you.

This guide explains the legal pathway, what your physician needs to provide, typical timelines, and where Reserve Meds fits in.

The clinical situation

Xcopri is an oral tablet with a slow titration schedule, typically starting at 12.5 mg and increasing every two weeks to a target maintenance dose of 200 mg daily (with a maximum of 400 mg). Slow titration is critical: Xcopri carries a US warning about Drug Reaction with Eosinophilia and Systemic Symptoms (DRESS) and, like other ASMs, QT-shortening considerations for patients with family short-QT syndrome. Your treating epileptologist confirms diagnosis (drug-resistant focal epilepsy per ILAE criteria), prior ASM history, EKG baseline where indicated, and the titration schedule.

Is Xcopri legally importable into Bahrain?

Yes, through the Central Drugs Standard Control Organization (NHRA) named-patient / personal-use import framework. The pathway allows an Bahrainn-licensed physician or the patient directly (with physician prescription) to request import of a medicine not locally registered when: (a) the medicine is approved by a recognised reference authority (FDA qualifies), (b) no clinically equivalent registered alternative fits, (c) the physician takes clinical responsibility, and (d) the imported quantity is proportionate to a defined treatment period.

For Xcopri specifically, the application is routine, an oral tablet with standard room-temperature handling and no REMS complexity.

How the pathway works, step by step

1. **Consultation with your treating epileptologist.** Diagnosis confirmation (drug-resistant focal epilepsy), prior ASM trial documentation, and titration plan.
2. **NHRA named-patient / personal-use application.** Your physician or the importing pharmacy files the application.
3. **US-side sourcing.** Reserve Meds coordinates with our US-licensed specialty wholesale partner to secure the product from the manufacturer's authorised distribution chain.
4. **Shipment.** Xcopri ships at controlled room temperature; no cold-chain is required.
5. **Arrival and titration start.** The treating physician initiates and supervises the slow titration.

What documentation your physician needs

Your physician will typically need to provide:

- Clinical rationale letter confirming drug-resistant focal epilepsy, prior ASM history with outcomes, and Xcopri as the indicated next therapy
- Verification of Bahrainn medical licence
- Patient identifier
- Planned titration schedule and projected monthly tablet count
- Baseline EKG where family short-QT syndrome is suspected

Reserve Meds provides a physician documentation kit that bundles the templates NHRA reviewers expect to see.

Costs and timing

Xcopri's US cash-pay drug-only reference price sits in a broad indicative range, roughly USD 700-1,000 per month at maintenance dose. Shipment, documentation, and concierge coordination add incremental cost; Reserve Meds issues a full transparent quote at the start of intake. Indicative range.

Indicative timing for the first dispensed supply after cohort intake opens is 7-14 days from the moment a complete application is submitted. Titration typically runs 11 weeks from 12.5 mg to 200 mg, so your physician will plan multi-month supply accordingly.

Fulfillment availability is limited to our first cohort, and all timelines published on this site are indicative. If your clinical situation is time-sensitive, tell us at intake. We triage accordingly.

Reserve Meds's role

Reserve Meds is a US-based concierge coordinator for cross-border specialty medicine. For Xcopri specifically, we provide:

- **Sourcing.** Through our US-licensed specialty wholesale partner, operating under DSCSA chain-of-custody.
- **Documentation.** Regulatory package for your physician and for NHRA review.
- **Logistics.** Controlled-room-temperature shipment coordination.
- **Concierge case lead.** A named point of contact.

What we do not do: We are not the prescriber. We do not practise medicine. We are not the dispensing pharmacy. All clinical decisions remain with your treating neurologist. Xcopri is not a controlled substance in the US DEA schedules, which simplifies cross-border handling.

Frequently asked

Is this legal in Bahrain? Yes, when executed through the NHRA named-patient / personal-use framework with appropriate documentation. The pathway has been used routinely for specialty medicines not yet locally registered.

Why is titration so slow? Slow titration reduces the DRESS hypersensitivity-syndrome risk signalled in early clinical use of Xcopri. Your epileptologist will not rush it.

Can I combine Xcopri with my current anti-seizure medications? Yes, Xcopri is typically added to existing ASM regimens, and cross-titration with agents like carbamazepine, phenytoin, phenobarbital, or clobazam is managed by your neurologist because of enzyme-induction/inhibition interactions.

Will insurance cover this? Cash-pay is the default. Some Bahrainn private insurers reimburse named-patient imports for drug-resistant epilepsy cases; we supply documentation but do not process claims directly.

Reserve Meds's role

US-based concierge coordinator for cross-border specialty medicine. We are not the prescriber, not the dispensing pharmacy, and not the manufacturer. All clinical decisions remain with your treating physician.

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