



Cobenfy Prior Authorization

Drug(s) Applied:	Cobenfy (xanomeline tartrate and trospium chloride)
-------------------------	--

Criteria:

Drug(s) Applied will be approved when the requested medication is being used for an FDA approved indication and all of the following criteria are met:

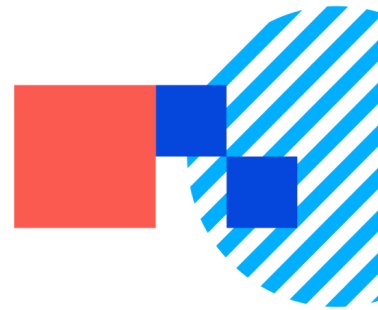
I. Initial Therapy Criteria

A. **Schizophrenia** as indicated by chart notes within past 90 days

1. Patient is 18 years of age or older **and**
2. Trial and failure of 3 (three) atypical antipsychotics* (i.e., maximally tolerated olanzapine, aripiprazole, risperidone) for a minimum of 6 weeks unless contraindicated or clinical adverse effects are reported **and**
3. Schizophrenia is poorly controlled or patient has worsening symptoms, as documented by one of the following:
 - a) Patient is currently in an episode of psychosis at the time of visit related to chart notes **or**
 - b) Acute exacerbation requiring hospitalization within the past 2 months **or**
 - c) Relapse requiring hospitalization within the past 2 months **or**
 - d) Increase in Positive and Negative Syndrome Scale (PANSS) score from baseline score of at least 80 **and**
4. Documentation of baseline liver function test (LFT) results, including alanine aminotransferase (ALT), aspartate aminotransferase (AST), alkaline phosphatase, and bilirubin within 1 month prior to starting the requested drug **and**
5. Chart notes do not indicate that the patient has **any** of the following:
 - a) Urinary retention
 - b) Moderate to severe hepatic impairment (Child-Pugh Class B or C)
 - c) Gastric retention
 - d) Untreated narrow-angle glaucoma
 - e) Moderate to severe renal impairment (eGFR <60 mL/min) **and**
6. Patient will not use the requested agent with another schizophrenic drug **and**
7. Prescriber is a Doctor of Medicine (MD) or Doctor of Osteopathic Medicine (DO), in Psychiatry and certified with the American Board of Psychiatry and Neurology

Approval Duration: 3 months

*For Texas Fully-Insured members, a trial or failure of one antipsychotic agent is required instead



II. Continued Therapy Criteria

A. **Schizophrenia** as indicated by chart notes within past 12 months

1. Patient is 18 years of age or older **and**
2. Patient meets the initial therapy criteria above **and**
3. Patient has documented clinical benefit with agent (i.e., decreased relapses and/or acute psychosis episodes, improvement of baseline PANSS score)

Approval Duration: 12 months

Policy Owned by: Curative PBM team