Cobenfy (xanomeline and trospium)

Disclaimer

Clinical guidelines are developed and adopted to establish evidence-based clinical criteria for utilization management decisions. Clinical guidelines are applicable according to policy and plan type. The Plan may delegate utilization management decisions of certain services to third parties who may develop and adopt their own clinical criteria.

Coverage of services is subject to the terms, conditions, and limitations of a member's policy, as well as applicable state and federal law. Clinical guidelines are also subject to in-force criteria such as the Centers for Medicare & Medicaid Services (CMS) national coverage determination (NCD) or local coverage determination (LCD) for Medicare Advantage plans. Please refer to the member's policy documents (e.g., Certificate/Evidence of Coverage, Schedule of Benefits, Plan Formulary) or contact the Plan to confirm coverage.

Cobenfy (xanomeline and trospium) 1
- Summary 1
- Definitions 2
  - Medical Necessity Criteria for Initial Clinical Review 2
    - Initial Indication-Specific Criteria 2
      - Schizophrenia 2
  - Experimental or Investigational / Not Medically Necessary 3
- References 4
- Clinical Guideline Revision / History Information 4

Summary

Schizophrenia is a chronic and severe mental disorder affecting approximately 1% of the population. It is characterized by positive symptoms (hallucinations, delusions), negative symptoms (diminished emotional expression, avolition), and cognitive impairment that can significantly impact social and occupational functioning. Current first-line treatment consists of second-generation (atypical) antipsychotics, which primarily work through dopamine receptor blockade. While effective for many patients, existing antipsychotics are associated with significant adverse effects including extrapyramidal

symptoms, metabolic complications, and weight gain that can impact adherence and long-term health outcomes.

Cobenfy (xanomeline and trospium) is a FDA-approved non-dopaminergic antipsychotic. It combines xanomeline (a muscarinic agonist) with trospium (a peripheral muscarinic antagonist added to reduce side effects). Clinical trials demonstrated efficacy in reducing schizophrenia symptoms without the metabolic and movement disorder adverse effects typically associated with current antipsychotics.

Definitions

"Atypical Antipsychotic" is a class of medications, also known as second-generation antipsychotics, that are primarily used to treat psychiatric conditions. Unlike the first-generation antipsychotics, these drugs are less likely to produce extrapyramidal side effects but more likely to cause weight gain and metabolic abnormalities.

"Child-Pugh Score" is a scoring system used to assess the prognosis of chronic liver disease and cirrhosis. Classes are:

- Class A (5-6 points): Mild liver disease (well-compensated disease).
- Class B (7-9 points): Moderate liver disease (significant functional compromise).
- Class C (10-15 points): Severe liver disease (decompensated disease).

"Schizophrenia" is a psychiatric disorder involving chronic or recurrent psychosis and is commonly associated with impairments in social and occupational functioning.

Medical Necessity Criteria for Initial Clinical Review

Initial Indication-Specific Criteria

Schizophrenia

The Plan considers Cobenfy (xanomeline and trospium) medically necessary when ALL of the following criteria are met:

1. The medication is prescribed by or in consultation with a psychiatrist; *AND*
2. The member is 18 years of age or older; *AND*
3. The member has a diagnosis of schizophrenia; *AND*
4. The member is unable to use or has tried and failed at least a one-month trial to TWO (2) of the following:
    a. Aripiprazole (Abilify); *and/or*
    b. Asenapine (Saphris); *and/or*
    c. Clozapine (Clozaril); *and/or*
    d. Lurasidone (Latuda); *and/or*

e. Olanzapine (Zyprexa); *and/or*
f. Paliperidone (Invega); *and/or*
g. Quetiapine (Seroquel); *and/or*
h. Risperidone (Risperdal); *and/or*
i. Ziprasidone (Geodon); *AND*

5. The member meets ALL of the following:
    a. No evidence of current urinary retention; *and*
    b. No evidence of moderate to severe hepatic impairment (Child-Pugh Class B or C); *and*
    c. No evidence of untreated narrow-angle glaucoma; *and*
    d. No evidence of gastric retention; *AND*
6. The member is not currently using and will not use Cobenfy (xanomeline and trospium) concurrently with other antipsychotic medications, except:
    a. During cross-titration period when switching from another antipsychotic; *and*
    b. Documentation of cross-titration plan is provided; *AND*
7. Cobenfy (xanomeline and trospium) is being prescribed at a dose and frequency that is within FDA approved labeling OR is supported by compendia or evidence-based published dosing guidelines for the requested indication.

<u>If the above prior authorization criteria are met, the requested product will be authorized for up to a lifetime.</u>

Experimental or Investigational / Not Medically Necessary

Cobenfy (xanomeline and trospium) for any other indication or use is considered not medically necessary by the Plan, as it is deemed to be experimental, investigational, or unproven. Non-covered indications include, but are not limited to, the following:

- Treatment of conditions other than schizophrenia (e.g., schizoaffective disorder, bipolar disorder, major depressive disorder, alzheimer's disease). There are no high-quality studies that support the safety and efficacy of Cobenfy (xanomeline and trospium) for the management of any other psychiatric condition other than schizophrenia.
- Use in combination with other antipsychotic medications outside of short-term cross-titration periods. Cobenfy (xanomeline and trospium) was not studied in combination with other antipsychotics.
- Use in pediatric members (under age 18). Cobenfy (xanomeline and trospium) has not been studied in those under the age of 18 years of age.

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Clinical Guideline Revision / History Information

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