**Sample Letter of Authorization**

This sample letter is for demonstration purposes only. Use of this template or the information

in this template does not guarantee reimbursement for coverage. It is not intended to be a substitute for, or to influence the independent clinical decision of the prescribing healthcare professional.

[Date] Name: [Patient’s Name]

[Health Plan Name] ICD-10 code: [XXX.X]

ATTN: [Department] DOB: [XX/XX/XXXX]

[Medical/Pharmacy Director Name] Patient Policy ID Number: [Policy ID #]

[Health plan address] Reference Number: [Reference #]

[City, State Zip] Date(s) of Service: [XX/XX/XXXX]

Re: Medical Necessity for [COBENFYTM (xanomeline and trospium chloride)]

Dear [Medical Director Name and/or Medical Review/Appeals]:

I am writing to request authorization for [COBENFYTM (xanomeline and trospium chloride) capsules] for my patient, [Patient Name]. This patient has been diagnosed with schizophrenia, [ICD-10-CM code]. Attached to this request are [clinical notes for this patient, the US Food and Drug Administration (FDA) approval letter, and the package insert for COBENFYTM (xanomeline and trospium chloride) capsules].

COBENFYTM is an oral, twice-daily, muscarinic medication that was approved by the US Food and Drug Administration in September 2024 for the treatment of schizophrenia in adults.

**Summary of treatment rationale:**

*[Include rationale for treating the patient with COBENFY*TM*. In this rationale, consider including a description of the patient’s disease state, treatment history, comorbid health issues, and any other factors that have influenced your treatment decision.* *Note: Exercise your medical judgment and discretion when providing a diagnosis and characterization of the patient's medical condition.]*

Thank you for taking the time to read this letter. I look forward to your prompt review of this request.

Best regards,

[Physician Signature]

[Physician Name]

Enclosures: [(attach as appropriate)

* COBENFYTM FDA approval letter
* COBENFYTM package insert
* Patient clinical notes and other relevant supporting documentation]

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