

## STATE OF WEST VIRGINIA DEPARTMENT OF HEALTH AND HUMAN RESOURCES BUREAU FOR MEDICAL SERVICES



### Office of Pharmacy Service Prior Authorization Criteria

#### CUVPOSA (glycopyrrolate) oral solution *Effective 7/01/2017*

#### **Prior Authorization Request Form**

CUVPOSA is an anticholinergic indicated to reduce chronic severe drooling in patients aged 3-16 years with neurologic conditions associated with problem drooling (e.g., cerebral palsy).

#### Criteria for Approval

- 1. The patient must have a clinically documented diagnosis of a neurologic condition associated with chronic severe drooling (sialorrhea); AND
- 2. Patient must be 3 years of age or older; AND
- Accompanying documentation must indicate that the patient was unable to tolerate a trial of glycopyrrolate generic tablets (available in 1mg and 2mg) or solid dosage forms in general.

#### **Contraindications:**

- Patients with medical conditions that preclude anticholinergic therapy, such as glaucoma, paralytic ileus, unstable cardiovascular status in acute hemorrhage, severe ulcerative colitis, toxic megacolon complicating ulcerative colitis, or myasthenia gravis.
- 2. Concomitant use of solid oral dosage forms of potassium chloride

#### References

1.) Lexi-Comp drug monograph for Cuvposa (Reviewed 5/15/2017)



# STATE OF WEST VIRGINIA DEPARTMENT OF HEALTH AND HUMAN RESOURCES BUREAU FOR MEDICAL SERVICES

