Commercial/Healthcare Exchange PA Criteria

Effective: September 2011

Prior Authorization: Cuvposa

Products Affected: Cuvposa (glycopyrrolate) oral solution

Medication Description: Cuvposa exhibits its effects by blocking the action of acetylcholine at parasympathetic sites in smooth muscle, secretory glands, and the CNS; indirectly reduces the rate of salivation by preventing the stimulation of acetylcholine receptors.

Covered Uses: Reduce chronic severe drooling in patients aged 3 to 16 years with neurologic conditions associated with problem drooling (e.g., cerebral palsy).

Exclusion Criteria:

1. Patients with medical conditions that preclude anticholinergic therapy (e.g., glaucoma, paralytic ileus, unstable cardiovascular status in acute hemorrhage, severe ulcerative colitis, toxic megacolon complicating ulcerative colitis, myasthenia gravis).
2. Patients taking solid oral dosage forms of potassium chloride.

Required Medical Information:

1. Diagnosis
2. Previous medications tried/failed

Age Restrictions: 3 to 16 years of age

Prescriber Restrictions: N/A

Coverage Duration:12 months

Other Criteria:

A. Patient is clinically diagnosed with a neurologic condition associated with chronic severe drooling (sialorrhea) [documentation required]; **AND**
B. Patient must have had an intolerance to or treatment failure with generic glycopyrrolate oral tablets; **OR**
C. The patient is unable to ingest clobazam due to one of the following:
    a. Oral/motor difficulties; OR
    b. Dysphagia

References:

1. Cuvposa full prescribing information. Atlanta GA.: Shionogi Pharma, Inc.

Policy Revision history

Rev #	Type of Change	Summary of Change	Sections Affected	Date
1	New Policy	New Policy	All	September 2011
2	Update	Moved to updated template Updated exclusion criteria Updated coverage duration to 12 months	All	2/4/2020