



Commercial/Healthcare Exchange PA Criteria

Effective: June 3rd, 2019

Prior Authorization: glycopyrrolate

Products Affected: glycopyrrolate 1.5mg oral tablets

Covered Uses: Adjunctive therapy in the treatment of peptic ulcer

Exclusion Criteria: N/A

Required Medical Information:

1. Diagnosis
2. Past medication trials

Age Restrictions: Age 18 years old and older

Prescriber Restrictions: N/A

Coverage Duration: 1 year

Other Criteria: Approve if patient meets ALL the following criteria (1, 2, 3, and 4):

1. Patient must have a diagnosis of peptic ulcer disease; AND
2. Patient must have a previous trial and failure or intolerance to generic glycopyrrolate 1 mg AND 2 mg tablets in addition to two other generic medications used to treat peptic ulcer disease (including but not limited to: lansoprazole, omeprazole, pantoprazole, famotidine, and ranitidine); AND
3. Glycopyrrolate 1.5 mg tablets will not be covered for any other non-FDA approved indication, including sialorrhea (excessive drooling) and hyperhidrosis (excessive sweating); AND
4. Quantity must not exceed 150 tablets per 30 days.

References:

1. Glycopyrrolate. Micromedex Solutions. Truven Health Analytics, Inc. Ann Arbor, MI. Available at: <http://www.micromedexsolutions.com>. Accessed May 29th, 2019.

Last Res. March, 2020



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Policy Revision history

Rev #	Type of Change	Summary of Change	Sections Affected	Date
1	New Policy	New Policy	All	6/3/2019
2	Update	Age Restrictions	Age Restrictions	03/04/2020

