



## Prior Authorization Approval Criteria

### *Cuvposa (glycopyrrolate)*

<b>Generic name:</b>	glycopyrrolate
<b>Brand name:</b>	Cuvposa
<b>Medication class:</b>	Quaternary Anticholinergics
<b>FDA-approved uses:</b>	Glycopyrrolate oral solution is indicated to reduce chronic severe drooling (sialorrhea) in patients 3 to 16 years of age with neurologic conditions associated with problem drooling (eg, cerebral palsy).
<b>Available dosage forms:</b>	1mg/5ml oral solution
<b>Usual dose:</b>	initiated at a dosage of 0.02 mg/kg 3 times daily and titrated in increments of 0.02 mg/kg every 5 to 7 days based on therapeutic response and tolerability. The maximum recommended dosage is 0.1 mg/kg 3 times daily, not to exceed 1.5 to 3 mg/dose based upon weight.
<b>Approximate monthly cost:</b> (based on AWP 2011)	\$449.00/ bottle (16 oz (473 ml) bottle)
<b>Duration of therapy:</b>	indefinite

**Criteria for use** (*bullet points below are all inclusive unless otherwise noted*):

- The indicated diagnosis (including any applicable labs and /or tests) and medication usage must be supported by documentation from the patient's medical records.
- Clinically diagnosed with a neurologic condition associated with chronic severe drooling (sialorrhea).
- Must be 3 years of age or older.
- Failed or intolerant to glycopyrrolate generic tablets (available in 1mg and 2mg)
- Patient requires liquid formulation due to dosing or inability to take tablet.

**Contraindication:**

- 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.
- Concomitant use of solid oral dosage forms of potassium chloride

**Not approved if:**

- Does not meet the above stated criteria.
- Have any contraindications to the use of glycopyrrolate.

FCHP Pharmacy and Therapeutics Committee approval: \_\_\_\_\_

Date: \_\_\_\_\_

Adopted: 06/08/11