



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
3. 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:

1. 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)



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