

Pharmacy Policy

Cuvposa (glycopyrrolate)

Policy Number: 9.203

Version Number: 2.0

Version Effective Date: 6/1/2021

<p>Product Applicability <input type="checkbox"/> All Plan+ Products</p>	
<p>Well Sense Health Plan</p> <p><input type="checkbox"/> New Hampshire Medicaid</p>	<p>Boston Medical Center HealthNet Plan</p> <p><input checked="" type="checkbox"/> MassHealth - MCO</p> <p><input checked="" type="checkbox"/> MassHealth - ACO</p> <p><input type="checkbox"/> Qualified Health Plans/ConnectorCare/Employer Choice Direct</p> <p><input type="checkbox"/> Senior Care Options</p>

Note: Disclaimer and audit information is located at the end of this document.

Prior Authorization Policy

Products Affected:

- Cuvposa (glycopyrrolate)

The Plan may authorize coverage of the above products for members meeting the following criteria:

Covered Use	All FDA approved indications not otherwise excluded
Required Medical Information	<p>Documentation of the following:</p> <ol style="list-style-type: none"> 1. A diagnosis of a neurologic condition (i.e. Cerebral Palsy, mental retardation, stroke) associated with chronic severe drooling (Sialorrhea); AND 2. An intolerance to a trial of glycopyrrolate tablets; OR 3. A clinical condition (i.e. documented swallowing disorder) that requires liquid formulation due to dosing or inability to take tablet formulation; OR 4. Member requires a dose that is not easily obtainable with generic glycopyrrolate tablets
Age	3 to 16 years of age

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Restriction	
Coverage Duration	12 months

Clinical Background Information and References

1. Blasco PA, Stansbury, JC Glycopyrrolate Treatment of Chronic Drooling. Arch Pediatr Adolesc Med. 1996 Sep; 150 (9); 932-5.
2. Buck ML. Glycopyrrolate Use in Children. Pediatr Pharm. 2010;6(12).
3. Cuvposa full prescribing information. Atlanta GA.: Merz Pharmaceuticals, LLC; .February 2018. Accessed January 2021.
4. Evatt M. Oral Glycopyrrolate for the Treatment of Chronic Severe Drooling Caused by Neurological Disorders in Children. Neuropsych Disease and Treatment. 2011;7; 543-547.
5. Treister N. S., Villa A., Thompson L. Palliative care: Overview of mouth care at the end of life. UpToDate. Topic Last Updated: June 23, 2016. Accessed August 8, 2017
6. Tscheng DZ. Sialorrhea-Therapeutic Drug Options. Ann Pharmacother. 2002 Nov; 36 (11) 1785-90.

Original Approval Date	Original Effective Date	Policy Owner	Approved by
9/10/2020	1/1/2021	Pharmacy Services	Pharmacy & Therapeutics (P&T) Committee

Policy Revisions History

Review Date	Summary of Revisions	Revision Effective Date	Approved by
9/10/2020	P&T Annual review. No criteria changes. Retired Policy 9.034. Created separate policy for each applicable line of business,	1/1/2021	P&T Committee
02/11/2021	P&T Annual review. No criteria changes recommended.	6/1/2021	P&T Committee

Next Review Date

February 2022

Other Applicable Policies

9.080 Non Preferred Policy

Reference to Applicable Laws and Regulations, If Any

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Disclaimer Information

Medical Policies are the Plan's guidelines for determining the medical necessity of certain services or supplies for purposes of determining coverage. These Policies may also describe when a service or supply is considered experimental or investigational, or cosmetic. In making coverage decisions, the Plan uses these guidelines and other Plan Policies, as well as the Member's benefit document, and when appropriate, coordinates with the Member's health care Providers to consider the individual Member's health care needs.

Plan Policies are developed in accordance with applicable state and federal laws and regulations, and accrediting organization standards (including NCQA). Medical Policies are also developed, as appropriate, with consideration of the medical necessity definitions in various Plan products, review of current literature, consultation with practicing Providers in the Plan's service area who are medical experts in the particular field, and adherence to FDA and other government agency policies. Applicable state or federal mandates, as well as the Member's benefit document, take precedence over these guidelines. Policies are reviewed and updated on an annual basis, or more frequently as needed. Treating providers are solely responsible for the medical advice and treatment of Members.

The use of this Policy is neither a guarantee of payment nor a final prediction of how a specific claim(s) will be adjudicated. Reimbursement is based on many factors, including member eligibility and benefits on the date of service; medical necessity; utilization management guidelines (when applicable); coordination of benefits; adherence with applicable Plan policies and procedures; clinical coding criteria; claim editing logic; and the applicable Plan – Provider agreement.

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