

**DARTISLA ODT
(glycopyrrolate)**

Pre - PA Allowance

None

Prior-Approval Requirements

Age 18 years of age and older

Diagnosis

Patient must have the following:

Peptic ulcer

AND ALL of the following:

1. Used as an adjunct to treatment of peptic ulcer
2. Inadequate treatment response, intolerance, or contraindication to **ONE** of the following:
 - a. Proton pump inhibitor (PPI)
 - b. Histamine-2 (H2) receptor antagonist
3. Inadequate treatment response to a lower dosage strength of an oral glycopyrrolate product (e.g., glycopyrrolate 1 mg tablet) **OR** patient is receiving the 2 mg dosage strength of another oral tablet dosage form of glycopyrrolate
4. Prescriber agrees to titrate the patient to a lower dosage strength of another oral dosage form of glycopyrrolate, if clinically appropriate

AND NONE of the following:

1. Glaucoma
2. Obstructive uropathies including prostatic hypertrophy
3. Mechanical obstructive diseases of gastrointestinal tract (e.g., pyloroduodenal stenosis, strictures)
4. Gastrointestinal motility disorders (e.g., achalasia, paralytic ileus, intestinal atony)
5. Bleeding gastrointestinal ulcer
6. Active inflammatory or infectious colitis which can lead to toxic megacolon
7. History of or current toxic megacolon
8. Myasthenia gravis

**DARTISLA ODT
(glycopyrrolate)**

Prior - Approval Limits

Quantity 240 tablets

Duration 2 months

Prior – Approval *Renewal* Requirements

Age 18 years of age and older

Diagnosis

Patient must have the following:

Peptic ulcer

AND the following:

1. Improvement in peptic ulcer symptoms
2. Patient **cannot** be switched to another oral dosage form of glycopyrrolate

AND NONE of the following:

1. Glaucoma
2. Obstructive uropathies including prostatic hypertrophy
3. Mechanical obstructive diseases of gastrointestinal tract (e.g., pyloroduodenal stenosis, strictures)
4. Gastrointestinal motility disorders (e.g., achalasia, paralytic ileus, intestinal atony)
5. Bleeding gastrointestinal ulcer
6. Active inflammatory or infectious colitis which can lead to toxic megacolon
7. History of or current toxic megacolon
8. Myasthenia gravis

Prior - Approval *Renewal* Limits

Same as above