



GLYCOPYRROLATE PRODUCTS PA SUMMARY

PREFERRED	Glycopyrrolate tablets
NON-PREFERRED	Cuvposa (glycopyrrolate oral solution), Glycate

LENGTH OF AUTHORIZATION: 1 Year

PA CRITERIA:

For Cuvposa

- ❖ Approvable for members age 3-16 years with a diagnosis of chronic drooling due to a neurological disorder (ex. cerebral palsy, mental retardation)

For Glycate

- ❖ Physician should submit a written letter of medical necessity stating the reason(s) the preferred product, generic glycopyrrolate tablets, is not appropriate for the member.

EXCEPTIONS:

- ❖ Exceptions to these conditions of coverage are considered through the prior authorization process.
- ❖ The Prior Authorization process may be initiated by calling **Catamaran at 1-866-525-5827.**

PA and Appeal Process:

- ❖ For online access to the PA process please go to www.mmis.georgia.gov/portal, highlight the pharmacy link on the top right side of the page, and click on “prior approval process”.

Quantity Level Limitations:

- ❖ For online access to the current Quantity Level Limits please go to www.mmis.georgia.gov/portal, highlight Provider Information and click on Provider Manuals. Scroll to the page with Pharmacy Services Part II and select that manual.