



Montana Healthcare Programs
Drug Prior Authorization Coverage Criteria

Dartisla ODT™ (glycopyrrolate)

Review Criteria

Initial Coverage Criteria:

Member must meet **all** the following criteria:

- Member must be at least 18 years of age.
- Member must have a diagnosis of peptic ulcer disease.
- Member will be using Dartisla ODT™ as an adjunct to treatment of peptic ulcer disease (e.g., proton pump inhibitors or histamine H2 antagonists) AND has been compliant with that treatment.
- Member must have experienced therapeutic failure, contraindication or intolerance to generic glycopyrrolate tablets.

Limitations:

- Maximum dosage limitations: 6.8mg per day (4 tablets per day)
- Initial approval duration granted for 6 months

Renewal Coverage Criteria:

Member must meet **all** the following criteria:

- The member's peptic ulcer disease has not resolved or has recurred.
- Provider attests to positive clinical outcome and need for continued use.
- The member will continue using Dartisla ODT™ as an adjunct to treatment of peptic ulcer disease AND continues to be compliant with that treatment.

Limitations:

- Maximum dosage limitations: 6.8mg per day (4 tablets per day)
- Renewal approval duration granted for 12 months