

**glycopyrrolate 1.5 mg tablet (GLYCATE)**  
**glycopyrrolate 1.7 mg ODT (DARTISLA ODT)**

**Diagnosis Considered for Coverage:**

- Adjunctive peptic ulcer treatment

**Coverage Criteria:**

- 1. For GLYCATE 1.5 mg TABLET request, approve if:**
  - Intolerance or contraindication to glycopyrrolate 1 mg and 2 mg formulations not expected with 1.5 mg formulation, **and**
  - Dose does not exceed FDA label maximum.
- 2. For DARTISLA ODT request, approve if:**
  - Patient is at least 18 years old, **and**
  - Patient is unable to use glycopyrrolate (1 mg, 2 mg) tablets, **and**
  - Dose does not exceed FDA label maximum.

**Coverage Duration:** length of benefit

Effective 06/01/2022GF