

**glycopyrrolate ODT (Dartisla)**

**Diagnoses Considered for Coverage:**

- Adjunctive peptic ulcer treatment

**Coverage Criteria:**

**For diagnosis listed above:**

- Dose does not exceed FDA label maximum, **and**
- Patient is at least 18 years old, **and**
- Patient is unable to use glycopyrrolate (1 mg, 2 mg) tablets.

**Coverage Duration:** one year

Effective Date: 09/27/2023