Transderm Scop (scopolamine) transdermal patch
Policy Number: C8559-A

CRITERIA EFFECTIVE DATES:

ORIGINAL EFFECTIVE DATE	LAST REVIEWED DATE	NEXT REVIEW DATE
8/11/2016	7/5/2018	
J CODE	**TYPE OF CRITERIA**	**LAST P&T APPROVAL**
J3490	RxPA	Q3

PRODUCTS AFFECTED:
Transderm Scop (scopolamine) transdermal patch

DRUG CLASS:
Antimuscarinic

ROUTE OF ADMINISTRATION:
Transdermal

PLACE OF SERVICE:
Retail Pharmacy

AVAILABLE DOSAGE FORMS:
Scopolamine Transdermal Patch - 72 Hour

FDA-APPROVED USES:
Alcohol withdrawal, amnesia induction, aspiration prophylaxis, bradycardia, cycloplegia induction, iritis, mania, motion sickness, mydriasis induction, nausea/vomiting, procedural sedation, sedation induction, uveitis.

COMPENDIAL APPROVED OFF-LABELED USES: None

COVERAGE CRITERIA: INITIAL AUTHORIZATION

DIAGNOSIS: Prevention of nausea and vomiting due to motion sickness, Drooling or sialorrhea (excess salivation)

REQUIRED MEDICAL INFORMATION:

A. PREVENTION OF NAUSEA/VOMITING DUE TO MOTION SICKNESS:

1. Chart notes must show medication is being prescribed for the prevention of nausea and vomiting due to motion sickness
   AND
2. Trial and failure of, intolerance or contraindication to preferred options including meclizine (Antivert), dimenhydrinate, or others
   AND
3. (a) Documentation of failure of a consistent trial of formulary medications
   OR
   (b) Documented allergy or clinical contraindication to the formulary agents
   AND

4. Chart notes must show member is unable to swallow tablets due to a medical condition or their age or that patches are medically necessary

B. **SIALORRHEA:**
   1. Documenation of a diagnosis of drooling or sialorrhea (excess salivation)
      AND
   2. Chart notes must show trial and failure of, intolerance or contraindication to TWO of the following agents: A) glycopyrrolate, B) hyoscyamine, C) benztropine, D) atropine ophthalmic, E) tricyclic antidepressant (TCA) agent

DURATION OF APPROVAL:
Initial authorization: 3 months to establish tolerability and improvement of symptoms, Continuation of Therapy: 12 months

QUANTITY:
Patches: 1 box, 10 pouches/patches, 1 each Scopolamine (1mg/72h), per 30 days

PRESCRIBER REQUIREMENTS: None

AGE RESTRICTIONS: 6 months old and older

GENDER:
Male and female

CONTINUATION OF THERAPY:
A. FOR ALL INDICATIONS:
   1. Documenation of improvement in symptoms or demonstration of effective therapy with no adverse side effects or toxicities.

CONTRAINDICATIONS/EXCLUSIONS/DISCONTINUATION:
All other uses of scopolamine are considered experimental/investigational and therefore, will follow Molina's Off-Label policy.

OTHER SPECIAL CONSIDERATIONS: None

BACKGROUND: None

APPENDIX: None

REFRENCES:
1. Scopolamine hydrobromide injection. Schaumburg, IL: APP Pharmaceuticals, LLC; 08 Apr.
2. Transderm Scop (transdermal scopolamine) package insert. Parsippany, NJ: Novartis Consumer Health; 2013 Mar.
3. Talmi YP, Finkelstein Y, Zohar Y. Reduction of salivary flow with transdermal scopolamine: a four-year experience. Otolaryngol Head Neck Surg 1990;103:615-8.
4. Lewis DW, Fontana C, Mehallick LK, et al. Transdermal scopolamine for reduction of drooling in developmentally delayed children. Dev Med Child Neurol 1994;36:484-6.