

PRIOR AUTHORIZATION POLICY

- POLICY:** Qbrexza Prior Authorization Policy
- Qbrexza™ (glycopyrronium cloth 2.4% for topical use – Dermira)

REVIEW DATE: 11/17/2021

OVERVIEW

Qbrexza, an anticholinergic, is indicated for the topical treatment of **primary axillary** (i.e., underarm) **hyperhidrosis** in patients ≥ 9 years of age.¹ Qbrexza is applied topically once every 24 hours to clean dry skin on the underarm areas only; it is not for use on other body areas.

Guidelines

There are currently no guidelines for the treatment of hyperhidrosis published by a professional society. However, the International Hyperhidrosis Society, an independent, non-profit organization, provides an algorithm for the treatment of axillary hyperhidrosis (updated 2018).² Topical antiperspirant therapy or Qbrexza are both listed as initial treatment choices.

POLICY STATEMENT

Prior Authorization is recommended for prescription benefit coverage of Qbrexza. All approvals are provided for the duration noted below.

Automation: None.

RECOMMENDED AUTHORIZATION CRITERIA

Coverage of Qbrexza is recommended in those who meet the following criteria:

FDA-Approved Indication

1. **Hyperhidrosis, Primary Axillary.** Approve for 1 year if the patient meets the following criteria (A and B):
 - A) Patient is ≥ 9 years of age; AND
 - B) Patient has a tried one aluminum chloride-containing topical antiperspirant.

Note: Examples of aluminum chloride-containing topical antiperspirants include Drysol, Hypercare, Xerac AC, Certain Dri, or Bromi-lotion.

CONDITIONS NOT RECOMMENDED FOR APPROVAL

Coverage of Qbrexza is not recommended in the following situations:

1. **Hyperhidrosis, other than Primary Axillary.** Qbrexza is not intended for application to areas other than the axillae.¹
2. Coverage is not recommended for circumstances not listed in the Recommended Authorization Criteria. Criteria will be updated as new published data are available.

REFERENCES

1. Qbrexza™ cloth [prescribing information]. Menlo Park, CA: Dermira; June 2018.
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2. International Hyperhidrosis Society. Primary axillary hyperhidrosis treatment algorithm. Updated September 23, 2018. Available at: <https://sweathelp.org/treatments-hcp/clinical-guidelines/primary-focal-hyperhidrosis/primary-focal-axillary.html>. Accessed on November 10, 2021.

HISTORY

Type of Revision	Summary of Changes	Review Date
Annual Revision	No criteria changes.	10/21/2020
Selected Revision	Hyperhidrosis, Primary Axillary: A criterion was added to require a trial of an aluminum chloride-containing topical product. Additionally, the policy name was changed to “Qbrexza PA with Step Therapy Policy”.	04/07/2021
Update	08/24/2021: No criteria changes. The policy name was changed to “Qbrexza PA Policy”.	NA
Annual Revision	No criteria changes.	11/17/2021

NA – Not applicable.