

Qbrexza (glycopyrronium)

Coverage Criteria:

1. Prescribed by or in consultation with a specialist such as a dermatologist; and,
2. Patient has a diagnosis of primary axillary hyperhidrosis; and,
3. Patient is ≥ 9 years of age; and,
4. Patient has tried and failed or has a contraindication to all of the following;
 - a. One month of therapy with at least one topical agent (ex. 20% Xerac AC); and,
 - b. One month of therapy with at least one oral agent (ex. Glycopyrrolate, oxybutynin, clonidine, or beta-blocker); and,
5. Patients who are ≥ 18 years of age must have tried and failed or have a contraindication to a 6 month course of Botox prescribed at the maximum FDA approved dosing regimen; and,
6. Qbrexza is not being prescribed for use in combination with Botox; and,
7. Prescribed within FDA approved dosing regimen.

Coverage Duration:

Initial authorizations will be provided for 6 months

Reauthorizations will be provided for 12 months

Other Criteria:

Maximum of 1 package of 30 wipes per 30 days.

Renewal Criteria:

1. Prescriber attestation that patient has experienced a significant reduction in perspiration.