

PRIOR AUTHORIZATION POLICY

POLICY: Hyperhidrosis – Qbrexza Prior Authorization Policy

- Qbrexza[™] (glycopyrronium cloth 2.4% for topical use – Journey Medical)

REVIEW DATE: 05/01/2024; selected revision 07/17/2024

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 using a single cloth once every 24 hours to clean dry skin on both of 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. It is noted in the algorithm that typically aluminum chloride hexahydrate 20% topical solution is the most commonly prescribed agent.

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 ALL of the following (A, B, C, and D):
 - A) Patient is ≥ 9 years of age; AND
 - B) Hyperhidrosis is significantly interfering with the ability to perform age-appropriate activities of daily living; AND
 - C) The prescriber has excluded secondary causes of hyperhidrosis; AND
 - D) Patient meets ONE of the following (i or ii):
 - i. Patient has tried one prescription aluminum chloride-containing topical antiperspirant for at least 4 weeks and experienced inadequate efficacy; OR
Note: Examples of prescription aluminum chloride-containing topical antiperspirants include Xerac AC (aluminum chloride 6.25% topical solution), Drysol (aluminum chloride 20% topical solution).
 - ii. According to the prescriber, the patient has experienced significant intolerance with an aluminum-containing topical antiperspirant.

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. **Concurrent Use with Sofdra (sofpironium 12.45% topical gel).** The safety and efficacy of concurrent use of Qbrexza and Sofdra have not been established.
3. 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]. Scottsdale, AZ: Journey Medical; December 2023.
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 April 26, 2024.