

Policy Name:	Qbrexza (glycopyrronium)	Policy#:	2688P
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Purpose of the Policy

The purpose of this policy is to define coverage criteria for Qbrexza (glycopyrronium).

Statement of the Policy

Health Alliance Medical Plans and Health Alliance Northwest will approve the use of Qbrexza (glycopyrronium) under the pharmacy benefit if the following criteria are met.

Criteria

1. Criteria for Coverage for Axillary Hyperhidrosis (excessive sweating of the underarms)

- 1.1 Diagnosis of difficult to control underarm sweating present for > 1 year
- 1.2 Age 9 years or older
- 1.3 Sweating severely impacted the member's occupational and social activities
- 1.4 Documented failure, intolerance, or contraindication to an adequate trial of topical aluminum chloride solution
- 1.5 Documented failure, intolerance, or contraindication to local and systemic drug therapy
 - Anticholinergics
 - Beta blockers
 - Benzodiazepines

2. Exclusion Criteria

- 2.1 Qbrexza is only indicated for primary underarm sweating. Safety and efficacy has not been established for Qbrexza in the treatment of palmar (hand), plantar (feet) or craniofacial (head/face) excessive sweating.

3. Approval Period

- 3.1 12 months

CPT Codes

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HCPCS Codes

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References

1. Qbrexza (glycopyrronium) cloth [prescribing information]. Scottsdale, AZ: Journey Medical Corporation; November 2022.
2. Pariser DM, Ballard A. Topical therapies in hyperhidrosis care. *Dermatol Clin* 2014; 32:485.
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4. Schollhammer M, Brenaut E, Menard-Andivot N, et al. Oxybutynin as a treatment for generalized hyperhidrosis: a randomized, placebo-controlled trial. *Br J Dermatol* 2015; 173:1163.

5. Glaser DA, Hebert AA, Nast A, et al. Topical glycopyrronium tosylate for the treatment of primary axillary hyperhidrosis: Results from the ATMOS-1 and ATMOS-2 phase 3 randomized controlled trials. J Am Acad Dermatol 2019; 80:128.

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DISCLAIMER

This Medical Policy has been developed as a guide for determining medical necessity. The process of medical necessity review also entails review of the most recent literature and physician review. Medical Policy is not intended to dictate to providers how to practice medicine. Providers are expected to exercise their medical judgment in providing the most appropriate care. Health Alliance encourages input from providers when developing and implementing medical policies. Benefit determinations are based on applicable contract language in the member's Policy/ Subscription Certificate/ Summary Plan Description. This Medical Policy does not guarantee coverage. There may be a delay between the revision of this policy and the posting on the web. Please contact the Health Alliance Customer Service Department at 1-800-851-3379 for verification of coverage.