

PRIOR AUTHORIZATION POLICY

POLICY: Qbrexza Prior Authorization Policy

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

REVIEW DATE: 12/07/2022

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. It is noted in the algorithm that typically aluminum chloride hexahydrate 20% 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 the following criteria (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
 - 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. 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; October 2022.
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 December 5, 2022.