PRIOR AUTHORIZATION WITH STEP THERAPY POLICY

POLICY: Qbrexza Prior Authorization with Step Therapy Policy

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

REVIEW DATE: 10/21/2020; selected revision 04/07/2021

OVERVIEW

Qbrexza, an anticholinergic, is indicated for the topical treatment of **primary axillary** (i.e., underarm) **hyperhidrosis** in adult and pediatric 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. This policy also contains a Step Therapy component, which has been developed to encourage the use of one Step 1 Product prior to Qbrexza (Step 2). 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 Indications

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, Inc.; June 2018.
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 October 15, 2020.