



**Commercial/Healthcare Exchange PA Criteria**  
*Effective: February 6<sup>th</sup>, 2019*

**Prior Authorization:** Qbrexza

**Products Affected:** Qbrexza (glycopyrronium) cloth for topical use

**Covered Uses:** topical treatment of primary axillary hyperhidrosis in adult and pediatric patients 9 years of age and older.

**Exclusion Criteria:**

1. Patients with medical conditions that can be exacerbated by the anticholinergic effect of Qbrexza (e.g., glaucoma, paralytic ileus, unstable cardiovascular status in acute hemorrhage, severe ulcerative colitis, toxic megacolon complicating ulcerative colitis, myasthenia gravis, Sjogren's syndrome).

**Required Medical Information:**

1. Diagnosis
2. Medical history
3. Previous therapies tried/failed

**Age Restrictions:** 9 years of age or older

**Prescriber Restrictions:** N/A

**Coverage Duration:** 12 months

**Other Criteria:**

- A. Patient has a documented diagnosis of primary axillary hyperhidrosis; AND
- B. Patient has had a trial and failure of Drysol (Rx); AND
- C. Patient must not be diagnosed with a medical condition that may be exacerbated by the anticholinergic effects of Qbrexza (e.g., glaucoma, paralytic ileus, unstable cardiovascular status in acute hemorrhage, severe ulcerative colitis, toxic megacolon complicating ulcerative colitis, myasthenia gravis, or Sjögren's syndrome).

**References:**

1. Qbrexza™ cloth [prescribing information]. Menlo Park, CA: Dermira, Inc.; June 2018.

**Policy Revision history**

Rev #	Type of Change	Summary of Change	Sections Affected	Date
1	New Policy	New Policy	All	01/02/2019

Last Res. January 2, 2019