



STANDARD COMMERCIAL DRUG FORMULARY  
PRIOR AUTHORIZATION GUIDELINES

GLYCOPYRRONIUM TOPICAL

Generic	Brand	HICL	GCN	Exception/Other
GLYCOPYRRONIUM 2.4% CLOTH	QBREXZA	45086		

**GUIDELINES FOR USE**

1. Does the patient have a diagnosis of primary axillary hyperhidrosis and meet **ALL** of the following criteria?
  - The patient is 9 years of age or older
  - The patient has had a trial of prescription strength aluminum chloride product (e.g., Drysol)
  - Physician attestation by primary care provider that the patient has primary axillary hyperhidrosis as evidenced by focal, visible, excessive sweating of at least six months duration with all secondary causes ruled out
  - Physician attestation that the patient has at least **TWO** of the following:
    - Symptoms occur bilaterally
    - Symptoms impair daily activities
    - Patient has at least one episode per week
    - Onset occurred prior to patient turning 25 years old
    - Patient has a family history of primary axillary hyperhidrosis
    - Symptoms do not occur during sleep

If yes, **approve for 12 months by HICL with a quantity limit of #1 packet per day.**

If no, do not approve.

**DENIAL TEXT:** The guideline named **GLYCOPYRRONIUM TOPICAL (Qbrexza)** requires that the patient must have a diagnosis of primary axillary hyperhidrosis. In addition, the following criteria must be met:

- The patient is 9 years of age or older
- The patient has had a trial of prescription strength aluminum chloride product (e.g., Drysol)
- Physician attestation by primary care provider patient has primary axillary hyperhidrosis as evidenced by focal, visible, excessive sweating of at least six months duration with all secondary causes ruled out
- Physician attestation that the patient has at least two of the following:
  - Symptoms occur bilaterally
  - Symptoms impair daily activities
  - Patient has at least one episode per week
  - Onset occurred prior to patient turning 25 years old
  - Patient has a family history of primary axillary hyperhidrosis
  - Symptoms do not occur during sleep

**CONTINUED ON NEXT PAGE**



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**RATIONALE**

For further information, please refer to the Prescribing Information and/or Drug Monograph for Qbrexza.

**REFERENCES**

- Qbrexza [Prescribing Information]. Menlo Park, CA. Dermira, Inc. June 2018.

Library	Commercial	NSA
Yes	Yes	No

Part D Effective: N/A

Commercial Effective: 01/01/19

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