

glycopyrronium topical (QBREXZA)

Diagnosis Considered for Coverage:

- Axillary hyperhidrosis

Coverage Criteria:

For diagnosis listed above:

- Patient is at least 9 years old, **and**
- Dose does not exceed FDA label maximum, **and**
- Attestation that excessive sweating is significantly disrupting professional or social life OR evidence of skin maceration with secondary infection, **and**
- Inadequate response or intolerable side effect to EITHER topical aluminum chloride OR one compendia supported systemic pharmacotherapy agent for excessive sweating:

Anticholinergics	Beta-blockers	Benzodiazepines
benztropine clonidine glycopyrrolate oxybutynin propantheline	propranolol	diazepam

Coverage Duration: one year

Effective Date: 8/2/2023