



STATE OF WEST VIRGINIA
DEPARTMENT OF HEALTH AND HUMAN RESOURCES
BUREAU FOR MEDICAL SERVICES



Office of Pharmacy Service
Prior Authorization Criteria

Qbrexza® (glycopyrronium - topical)
Effective 05/24/2019

[Prior Authorization Request Form](#)

QBREXZA is an anticholinergic indicated for topical treatment of primary axillary hyperhidrosis in adults and pediatric patients 9 years of age and older. 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.

Prior authorization requests for Qbrexza may be approved if the following criteria are met:

- 1) Diagnosis of primary axillary hyperhidrosis;
- 2) Prescribed by or in consultation with a dermatologist;
- 3) Patient must meet the minimum age restriction stated in the FDA-approved label;
- 4) Documented failure of a 3-month trial of topical aluminum chloride unless contraindicated or clinically significant adverse effects are experienced;
- 5) Dose does not exceed a single cloth per day.

Initial approvals are for 3 months. Additional authorization for up to 12 months at a time may be granted with documentation of efficacy and patient compliance.

REFERENCES

- 1) Qbrexza package insert 06/2018
- 2) Lexi-Comp Clinical Application 04/22/2019
- 3) UpToDate Articles accessed 04/22/19: Primary Focal Hyperhidrosis