

Criteria-Based Consultation Prescribing Program

CRITERIA FOR DRUG COVERAGE

Glycopyrronium cloth (Qbrexza)

Notes:

- Quantity Limit: Yes

Initiation (new start) criteria, criteria for current Kaiser Permanente members already taking the medication who have not been reviewed previously, and criteria for new members entering Kaiser Permanente already taking the medication who have not been reviewed previously : Non-formulary glycopyrronium (Qbrexza) will be covered on the prescription drug benefit for 12 months when the following criteria are met:

- Prescriber is a dermatologist
- Patient has a diagnosis of bilateral axillary hyperhidrosis
- Patient is 9 years of age or older
- Physician attestation that the patient has the following:
 - Symptoms impair daily activities
 - At least two episodes per week
- Patient has tried and failed, intolerant to, or has a contraindication to aluminum chloride 20%
- Patient has tried and failed, intolerant to, or has a contraindication to onabotulinumtoxinA (Botox) injections
- Patient does NOT have any of the following diagnoses:
 - Glaucoma
 - Paralytic ileus
 - Myasthenia gravis
 - Sjögren's syndrome

Continued use criteria (12 months after initiation): Non-formulary glycopyrronium (Qbrexza) will continue to be covered on the prescription drug benefit for 12 months when the following criteria are met:

- Prescriber is a dermatologist
- Dermatologist has documented improvement in patient's symptoms
- Patient has NOT developed any of the following:
 - Glaucoma
 - Paralytic ileus
 - Myasthenia gravis
 - Sjögren's syndrome

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