

Pre - PA Allowance

None

Prior-Approval Requirements

Age 9 years of age and older

Diagnosis

Patient must have the following:

Primary axillary hyperhidrosis

AND ALL of the following:

1. Inadequate treatment response, intolerance, or contraindication to **ALL** of the following:
 - a. **ONE** over the counter topical antiperspirant (e.g., Bromi-lotion)
 - b. **ONE** legend aluminum chloride-containing topical antiperspirants (e.g., Drysol, Hypercare, Xerac AC)
2. Documented baseline evaluation of the condition using a scoring tool, such as the Hyperhidrosis Disease Severity Scale (HDSS) (e.g., <https://www.sweathelp.org/pdf/HDSS.pdf>)

AND NONE of the following:

1. Glaucoma
2. Paralytic ileus
3. Unstable cardiovascular status in acute hemorrhage
4. Severe ulcerative colitis
5. Toxic megacolon complicating ulcerative colitis
6. Myasthenia gravis
7. Sjogren's syndrome

Prior - Approval Limits

Quantity 90 cloths per 90 days

Duration 12 months



Federal Employee Program.

QBREXZA
(glycopyrronium)

Prior – Approval *Renewal* Requirements

Age 9 years of age and older

Diagnosis

Patient must have the following:

Primary axillary hyperhidrosis

AND the following:

1. Documented improvement from baseline using a scoring tool such as the Hyperhidrosis Disease Severity Scale (HDSS)
(e.g., <https://www.sweathelp.org/pdf/HDSS.pdf>)

AND NONE of the following:

1. Glaucoma
2. Paralytic ileus
3. Unstable cardiovascular status in acute hemorrhage
4. Severe ulcerative colitis
5. Toxic megacolon complicating ulcerative colitis
6. Myasthenia gravis
7. Sjogren's syndrome

Prior - Approval *Renewal* Limits

Same as above