### Qbrexza

#### Description

**Qbrexza (glycopyrronium)**

**Background**

Qbrexza (glycopyrronium) is a competitive inhibitor of acetylcholine receptors that are located on certain peripheral tissues, including sweat glands. In hyperhidrosis, Qbrexza inhibits the action of acetylcholine on sweat glands, which reduces sweating (1).

**Regulatory Status**

FDA-approved indication: Qbrexza is an anticholinergic indicated for topical treatment of primary axillary hyperhidrosis in adults and pediatric patients 9 years of age and older (1).

Qbrexza should be used with caution in patients with a history or presence of documented urinary retention. Prescribers and patients should be alert for signs and symptoms of urinary retention (e.g., difficulty passing urine, distended bladder), especially in patients with prostatic hypertrophy or bladder-neck obstruction. Patients should be instructed to discontinue use immediately and consult a physician should any of these signs or symptoms develop (1).

In the presence of high ambient temperature, heat illness (hyperpyrexia and heat stroke due to decreased sweating) can occur with the use of anticholinergic drugs such as Qbrexza. Patients using Qbrexza should be advised to watch for generalized lack of sweating when in hot or very warm environmental temperatures and to avoid use if not sweating under these conditions (1).

Transient blurred vision may occur with use of Qbrexza. If blurred vision occurs, the patient should discontinue use until symptoms resolve. Patients should be warned not to engage in
activities that require clear vision such as operating a motor vehicle or other machinery, or performing hazardous work until the symptoms have resolved (1).

The safety and efficacy of Qbrexza have not been established in pediatric patients under 9 years of age (1).

### Related policies

**Policy**

*This policy statement applies to clinical review performed for pre-service (Prior Approval, Precertification, Advanced Benefit Determination, etc.) and/or post-service claims.*

Qbrexza may be considered **medically necessary** in patients 9 years of age and older with primary axillary hyperhidrosis and if the conditions indicated below are met.

Qbrexza may be considered **investigational** in patients less than 9 years of age and for all other indications.

### Prior-Approval Requirements

**Age**  
9 years of age and older

**Diagnosis**

Patient must have the following:

Primary axillary hyperhidrosis

**AND** the following:

1. Inadequate treatment response, intolerance, or contraindication to at least **TWO** over-the-counter antiperspirants

**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 Requirements**

**Age**
9 years of age and older

**Diagnosis**

Patient must have the following:

Primary axillary hyperhidrosis

**AND** the following:
1. Documented improvement in symptoms

**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

**Policy Guidelines**

**Pre - PA Allowance**
None

**Prior - Approval Limits**

**Quantity**
90 cloths per 90 days

**Duration**
12 months

**Prior – Approval Renewal Limits**
Same as above

**Rationale**
Summary
Qbrexza (glycopyrronium) is a competitive inhibitor of acetylcholine receptors that are located on certain peripheral tissues, including sweat glands. In hyperhidrosis, Qbrexza inhibits the action of acetylcholine on sweat glands, which reduces sweating. The safety and efficacy of Qbrexza have not established in pediatric patients under 9 years of age (1).

Prior authorization is required to ensure the safe, clinically appropriate and cost-effective use of Qbrexza while maintaining optimal therapeutic outcomes.

References

Policy History

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<thead>
<tr>
<th>Date</th>
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<tbody>
<tr>
<td>May 2019</td>
<td>New Addition</td>
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<tr>
<td>June 2019</td>
<td>Annual review. Revised continuation criteria to include documented improvement in symptoms</td>
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Keywords

This policy was approved by the FEP® Pharmacy and Medical Policy Committee on June 20, 2019 and is effective on July 1, 2019.