

<b>POLICY NAME</b>	Hyperhidrosis Topicals	<b>POLICY #</b>	2688P
--------------------	------------------------	-----------------	-------

## Criteria

### Criteria for Coverage for Axillary Hyperhidrosis (excessive sweating of the underarms)

- ☐ 1.1 Diagnosis of difficult to control underarm sweating present for > 1 year
- ☐ 1.2 Age 9 years or older
- ☐ 1.3 Sweating severely impacted the member's occupational and social activities
- ☐ 1.4 Documented failure, intolerance, or contraindication to an adequate trial of topical aluminum chloride solution
- ☐ 1.5 Documented failure, intolerance, or contraindication to therapy taken by mouth (systemic)
  - Anticholinergics
  - Beta blockers
  - Benzodiazepines

### Exclusion Criteria – Any of the following prevents coverage

- ☐ 2.1 Qbrexza and Sofdra are only indicated for primary underarm sweating. Safety and efficacy has not been established for the treatment of palmar (hand), plantar (feet) or craniofacial (head/face) excessive sweating.