

Pharmacy Drug Policy & Procedure

Policy Name: Hyperhidrosis Topicals Policy#: 2688P

Purpose of the Policy

The purpose of this policy is to define coverage criteria for Qbrexza (glycopyrronium) and Sofdra (sofpironium).

Statement of the Policy

Health Alliance Medical Plans will approve the use of Qbrexza (glycopyrronium) or Sofdra (sofpironium) under the pharmacy benefit if the following criteria are met.

Criteria

- 1. 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

2. Exclusion Criteria

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.

3. Managed Dose Limit

- 3.1 Qbrexza: 1 box (30 pads) per 30 days
- 3.2 Sofdra: 40.2mL per 30 days

4. Approval Period

- 4.1 Initial: 12 months
- 4.2 Reauthorization: 12 months with documented clinical benefit from therapy

CPT Codes	
HCPCS Codes	

References

1. Qbrexza (glycopyrronium) cloth [prescribing information]. Scottsdale, AZ: Journey Medical Corporation;

December 2023.

- 2. Sofdra (sofpironium) [prescribing information]. Wayne, PA: Botanix SB Inc; June 2024.
- 3. Arora G, et al. Treatment of axillary hyperhidrosis. J Cosmet Dermatol. 2022;21(1):62-70.
- 4. Walling HW. Systemic therapy for primary hyperhidrosis: a retrospective study of 59 patients treated with glycopyrrolate or clonidine. J Am Acad Dermatol 2012; 66:387.
- 5. Schollhammer M, Brenaut E, Menard-Andivot N, et al. Oxybutynin as a treatment for generalized hyperhidrosis: a randomized, placebo-controlled trial. Br J Dermatol 2015; 173:1163.
- 6. Glaser DA, Hebert AA, Nast A, et al. Topical glycopyrronium tosylate for the treatment of primary axillary hyperhidrosis: Results from the ATMOS-1 and ATMOS-2 phase 3 randomized controlled trials. J Am Acad Dermatol 2019; 80:128.

Created Date: 06/05/2019 Effective Date: 06/05/2019 Posted to Website: 01/01/2022 Revision Date: 04/02/2025

DISCLAIMER

This Medical Policy has been developed as a guide for determining medical necessity. The process of medical necessity review also entails review of the most recent literature and physician review. Medical Policy is not intended to dictate to providers how to practice medicine. Providers are expected to exercise their medical judgment in providing the most appropriate care. Health Alliance encourages input from providers when developing and implementing medical policies. Benefit determinations are based on applicable contract language in the member's Policy/ Subscription Certificate/ Summary Plan Description. This Medical Policy does not guarantee coverage. There may be a delay between the revision of this policy and the posting on the web. Please contact the Health Alliance Customer Service Department at 1-800-851-3379 for verification of coverage.