Harvard Pilgrim Health Care | TUFTS Health Plan

Pharmacy Medical Necessity Guidelines:
Qbrexza (glycopyrronium)

Effective: September 15, 2026

Guideline Type	☒ Prior Authorization ☐ Non-Formulary ☐ Step-Therapy ☐ Administrative

Applies to:

Commercial Products

☒ Harvard Pilgrim Health Care Commercial products; Fax: 617-673-0988

☒ Tufts Health Plan Commercial products; Fax: 617-673-0988

Public Plans Products

☒ Tufts Health Direct – A Massachusetts Qualified Health Plan (QHP) (a commercial product); Fax: 617-673-0988

Note: While you may not be the provider responsible for obtaining prior authorization, as a condition of payment you will need to ensure that prior authorization has been obtained.

Overview

Food and Drug Administration – Approved Indications

Qbrexza (glycopyrronium) is an anticholinergic indicated for topical treatment of primary axillary hyperhidrosis in adults and pediatric patients 9 years of age and older.

Clinical Guideline Coverage Criteria

The plan may authorize coverage of Qbrexza (glycopyrronium) when **ALL** of the following criteria are met:

For patients between the age of 9 and 17:

1. Patient is at least 9 years of age

AND

2. Patient has a documented diagnosis of primary axillary hyperhidrosis

AND

3. Patient has had a trial and failure with an aluminum chloride containing antiperspirant

For patients age 18 and older:

1. Patient has a documented diagnosis of primary axillary hyperhidrosis

AND

2. Patient has had a trial and failure with an aluminum chloride containing antiperspirant

AND

3. Patient has had a trial and failure with Botox

Limitations

1. Documentation of a patient having needle phobia does not qualify as a medically acceptable contraindication or clinical inappropriateness to Botox therapy.

Codes

None

References

1. Qbrexza (glycopyrronium) [prescribing Information]. Scottsdale, AZ: Journey Medical Corporation; November 2022.

Approval And Revision History

September 2022: Reviewed by the Pharmacy & Therapeutics Committee.

Subsequent endorsement date(s) and changes made:

1. September 12, 2023: Administrative edit within the criteria for patients age 18 and older to remove criterion that patient is at least 9 years of age

2. September 10, 2024: No changes
3. September 9, 2025: No changes
4. September 15, 2026: Administrative update to remove Carelink from Medical Necessity Guideline template.

Background, Product and Disclaimer Information

Pharmacy Medical Necessity Guidelines have been developed for determining coverage for plan benefits and are published to provide a better understanding of the basis upon which coverage decisions are made. The plan makes coverage decisions on a case-by-case basis considering the individual member's health care needs. Pharmacy Medical Necessity Guidelines are developed for selected therapeutic classes or drugs found to be safe, but proven to be effective in a limited, defined population of patients or clinical circumstances. They include concise clinical coverage criteria based on current literature review, consultation with practicing physicians in the service area who are medical experts in the particular field, FDA and other government agency policies, and standards adopted by national accreditation organizations. The plan revises and updates Pharmacy Medical Necessity Guidelines annually, or more frequently if new evidence becomes available that suggests needed revisions.

For self-insured plans, coverage may vary depending on the terms of the benefit document. If a discrepancy exists between a Pharmacy Medical Necessity Guideline and a self-insured Member’s benefit document, the provisions of the benefit document will govern.

Treating providers are solely responsible for the medical advice and treatment of members. The use of this policy is not a guarantee of payment or a final prediction of how specific claim(s) will be adjudicated. Claims payment is subject to member eligibility and benefits on the date of service, coordination of benefits, referral/authorization and utilization management guidelines when applicable, and adherence to plan policies and procedures and claims editing logic.