GEORGIA MEDICAID FEE-FOR-SERVICE
HYPERHIDROSIS AGENTS PA SUMMARY

<table>
<thead>
<tr>
<th>Preferred</th>
<th>Non-Preferred</th>
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<tr>
<td>Xerac AC (aluminum chloride solution, 20%)</td>
<td>Qbexza (glycopyrronium cloth, 2.4%)</td>
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LENGTH OF AUTHORIZATION: Initial: 3 months; Renewal: 1 year

PA CRITERIA:

❖ Approvable for members 9 years of age or older with a diagnosis of primary axillary hyperhidrosis who have a resting sweat production of at least 50 mg of sweat in each axilla over a 5-minute period and when secondary causes of hyperhidrosis have been evaluated and ruled out or treated

AND

❖ Member has tried aluminum chloride solution 20% for at least 3 months and failed to achieve an adequate response or has an allergy, contraindication or intolerable side effect to aluminum chloride 20%.

EXCEPTIONS:

• Exceptions to these conditions of coverage are considered through the prior authorization process.

• The Prior Authorization process may be initiated by calling OptumRx at 1-866-525-5827.

PREFERRED DRUG LIST:

• For online access to the Preferred Drug List (PDL), please go to http://dch.georgia.gov/preferred-drug-lists.

PA and APPEAL PROCESS:

• For online access to the PA process, please go to www.dch.georgia.gov/prior-authorization-process-and-criteria and click on Prior Authorization (PA) Request Process Guide.

QUANTITY LEVEL LIMITATIONS:

• For online access to the current Quantity Level Limits (QLL), please go to www.mmis.georgia.gov/portal, highlight Pharmacy and click on Other Documents, then select the most recent quarters QLL List.

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