



**GEORGIA MEDICAID FEE-FOR-SERVICE
HYPERHIDROSIS AGENTS PA SUMMARY**

Preferred	Non-Preferred
Xerac AC (aluminum chloride solution, 20%)	Qbrexza (glycopyrronium cloth, 2.4%)

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.