PDL DRUG REVIEW

Proprietary Name: Qbrexza®
Common Name: glycopyrronium
PDL Category: Topical-Astringents/Protectants

Comparable Products	Preferred Drug List Status
Xerac AC	Preferred

Summary

Pharmacology/Usage: Glycopyrronium, the active ingredient of Qbrexza®, is a competitive inhibitor of acetylcholine receptors that are located on certain peripheral tissues, including sweat glands. In hyperhidrosis, glycopyrronium inhibits the action of acetylcholine on sweat glands, reducing sweating.

Indication: For the topical treatment of primary axillary hyperhidrosis in adult and pediatric patients 9 years of age and older.

There is no pregnancy category for this medication; however, the risk summary indicates there are no available data on use in pregnant women to inform a drug associated risk for adverse developmental outcomes. The safety and efficacy of use in the pediatric population under 9 years of age have not been established.

Dosage Form: Cloth, a single-use cloth pre-moistened with 2.4% glycopyrronium solution, packaged in a pouch. Each pouch contains 105mg glycopyrronium tosylate, equivalent to 66mg of glycopyrronium.

Recommended Dosage: For topical use in the underarm area only and not for use in other body areas. Apply to clean dry skin and do not use more frequently than once every 24 hours.

Open the pouch, unfold the cloth, and wipe it across one entire underarm once. Using the same cloth, wipe the other underarm once. A single cloth should be used to apply Qbrexza® to both underarms. Wash hands immediately with soap and water after applying and discarding the cloth. Qbrexza® may cause temporary dilation of the pupils and blurred vision if it comes in contact with the eyes. Avoid transfer of Qbrexza® to the periocular area. Do not apply to broken skin and avoid using with occlusive dressings.

Drug Interactions: Coadministration of Qbrexza® with anticholinergic medications may result in additive interaction leading to an increase in anticholinergic adverse effects. Avoid concurrent use of Qbrexza® with other anticholinergic-containing drugs.

Common Adverse Drug Reactions: *Listed % incidence for adverse drug reactions= reported % incidence for drug (Qbrexza®) minus reported % incidence for vehicle. Please note that an incidence of 0% means the incidence was the same as or that the active drug was less than placebo.* The most frequently reported adverse events included dry mouth (18.6%), mydriasis (6.8%), oropharyngeal pain (4.4%), headache (2.8%), urinary hesitation (3.5%), vision

blurred (3.5%), nasal dryness (2.2%), dry throat (2.6%), dry eye (2.0%), dry skin (2.2%), and constipation (2.0%). Local skin reactions included erythema (0.1%), burning/stinging (0%), and pruritus (2.0%).

Use with caution in patients with a history or presence of documented urinary retention. Patients with a history of urinary retention were not included in the clinical studies.

In the presence of high ambient temperature, heat illness (hyperpyrexia and heat stroke due to decreased sweating) can occur with the use of anticholinergic drugs, such as Qbrexza®. Advise patients using the cloth to watch for generalized lack of sweating when in hot over very warm environmental temperatures and to avoid use if not sweating under these conditions.

Transient blurred vision may occur with Qbrexza® use. If blurred vision occurs, the patient should discontinue until symptoms resolve. Do not engage in activities that require clear vision such as operating a motor vehicle or other machinery or performing hazardous work until the symptoms have resolved.

Contraindications: In patients with medical conditions that can be exacerbated by the anticholinergic effects of Qbrexza® (e.g. glaucoma, paralytic ileus, unstable cardiovascular status in acute hemorrhage, severe ulcerative colitis, toxic megacolon complicating ulcerative colitis, myasthenia gravis, Sjogren's syndrome).

Manufacturer: Dermira

Analysis: The safety and efficacy of Qbrexza® were assessed in 2 randomized, vehicle-controlled multicenter trials that included subjects with primary axillary hyperhidrosis aged 9 years or older (N=697). Prior to the start of treatment, all subjects had to produce at least 50mg of sweat in each axilla over a 5-minute period and rate the severity of their sweating daily over a week with a mean score of ≥4 on the Axillary Sweating Daily Diary (ASDD) item #2, a patient reported outcome instrument scored from 0 (no sweating) to 10 (worst possible sweating).

The median sweat production over 5 minutes at baseline was 122mg in the Qbrexza® arm and 113mg in the vehicle arm in study 1 and was 127mg in the Qbrexza® arm and 117mg in the vehicle arm in study 2. The average weekly mean score on the ASDD item #2 at baseline was about 7.2 across both studies. Item #2 on the ASDD focused on the severity of sweating.

The co-primary end points were the proportion of subjects having at least a 4-point improvement from baseline in the weekly mean ASDD item #2 score at week 4 and the mean absolute change from baseline in gravimetrically measured sweat production at week 4. Results can be seen in the table below, which was adapted from the prescribing information.

	Trial 1		Trial 2	
	Qbrexza® (N=229)	Vehicle (N=115)	Qbrexza® (N=234)	Vehicle (N=119)
ASDD Item #2 Response at week 4				
Proportion with ≥4-point improvement from baseline in the weekly mean ASDD item #2	53%	28%	66%	27%
NTT (provided by CHC)	4		3	
Change from baseline in sweat production at week 4 (mg/5minutes)				
Median	-81	-66	-79	-58
25th percentile, 75th percentile	-149, -40	-106, -28	-144, -45	-122, -21

There was no information in the prescribing information regarding statistical significance between Qbrexza® and vehicle. Per the full text study by Glaser et al[2], statistically significant differences were seen in both trials with

Qbrexza® as compared with vehicle for the proportion with a ≥4-point improvement from baseline in the weekly mean ASDD item #2 ($p<0.001$ for both trials). While the full-text study indicated that there was a statistically significant difference favoring Qbrexza® as compared with the vehicle for mean absolute change from baseline in sweat production in study 2 ($p<0.001$), statistically significant differences were not seen between treatments in study 1 ($p=0.065$).

Place in Therapy: Qbrexza® is a topical glycopyrronium cloth indicated for the topical treatment of primary axillary hyperhidrosis in adult and pediatric patients 9 years of age and older. It was found to be significantly more effective than vehicle for the co-primary endpoint of the proportion with a ≥4-point improvement form baseline in the weekly mean ASDD item #2 in both studies, as well as a statistically significant difference favoring Qbrexza® as compared with the vehicle for mean absolute change from baseline in sweat production in study 2

There is no evidence that Qbrexza® is safer or more effective than the currently available, more cost-effective medications. It is therefore recommended that Qbrexza® remain non-preferred and require prior authorization and be available to those who are unable to tolerate or who have failed on preferred medications.

PDL Placement:
- ☐ **Preferred**
- ☒ **Non-Preferred**

References

[1] Qbrexza [package insert]. Menlo Park, CA: Dermira Inc; 2018.

[2] 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(1): 128-138.