



Commercial PA Criteria

Effective: July 31, 2024

Prior Authorization: Sofdra

Products Affected: Sofdra (sofipronium) topical gel

Medication Description: Sofdra, a topical anticholinergic, is indicated for the treatment of primary axillary (i.e., underarm) hyperhidrosis in patients ≥ 9 years of age.

Covered Uses: Primary axillary hyperhidrosis

Exclusion Criteria:

1. Hyperhidrosis, other than Primary Axillary - Sofdra is not intended for application to areas other than the axillae.
2. Concurrent Use with Qbrexza - The safety and efficacy of concurrent use of Sofdra and Qbrexza (glycopyrronium 2.4% cloth) have not been established.

Required Medical Information:

1. Diagnosis
2. Medication history

Prescriber Restriction: None

Age Restriction: ≥ 9 years of age

Coverage Duration: 12 months

Other Criteria:

Initial Approval Criteria

1. **Hyperhidrosis, Primary Axillary.** Approve for 1 year if the patient meets ALL of the following (A, B, C, **AND** D):
 - A. Patient is ≥ 9 years of age; **AND**
 - B. Hyperhidrosis is significantly interfering with the ability to perform age-appropriate activities of daily living; **AND**
 - C. The prescriber has excluded secondary causes of hyperhidrosis; **AND**
 - D. Patient meets ONE of the following (i **OR** ii):
 - i. Patient has tried one prescription strength aluminum chloride-containing topical antiperspirant for at least 4 weeks and experienced inadequate efficacy; **OR**
Note: Examples of prescription aluminum chloride-containing topical antiperspirants include Xerac AC (aluminum chloride 6.25% topical solution), Drysol (aluminum chloride 20% topical solution).
 - ii. According to the prescriber, the patient has experienced significant intolerance with an aluminum-containing topical antiperspirant.

July 2024



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References:

1. Sofdra™ topical gel, 12.45% [prescribing information]. Wayne, PA: Botanix; June 2024.

Policy Revision history

Rev #	Type of Change	Summary of Change	Sections Affected	Date
1	New Policy	New Policy	All	07/31/2024