



INLAND EMPIRE HEALTH PLAN

IEHP UM Subcommittee Approved Authorization Guidelines
Iontophoresis for Hyperhidrosis

Policy:

IEHP considers treatment of intractable disabling primary hyperhidrosis with iontophoresis (electrophoresis, Drionic device) medically necessary when all of the following criteria are met:

1. Topical aluminum chloride or other extra-strength antiperspirants are ineffective or result in severe rash; and
2. Member is unresponsive or unable to tolerate pharmacotherapy prescribed for excessive sweating (e.g., Drysol, anti-cholinergics, beta-blockers, benzodiazepines) if sweating is episodic; and
3. Significant disruption of professional and/or social life has occurred because of excessive sweating.

Background:

Hyperhidrosis is defined as a condition of excessive sweating beyond what is necessary for thermal regulation. Hyperhidrosis can be classified as either primary or secondary. Primary localized hyperhidrosis is idiopathic and typically involving hands (palmar), feet (plantar), or axillary. Secondary hyperhidrosis may be result of variety of medications or underlying disease/conditions and typically is generalized or craniofacial.

Iontophoresis is the introduction of ionizable drugs through intact skin by administration of continuous, direct electrical current into to the tissue.

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Bibliography:

1. Aetna (2009) Medical Policy Bulletin Number: 0229.
2. Aetna (2009) Medical Policy Bulletin Number: 0504.
3. Anthem/Blue Cross (2008). Iontophoresis for Medical Indications -Clinical Guideline Number CG-MED-28.
4. Blue Cross Blue Shield NC Medical Policy Hyperhidrosis, Treatment of, 9/2004
5. Medical Review Criteria Guidelines for Managing Care, Dermatology DER 120, Hyperhidrosis, Volume I, part 1, pg186
6. HealthNet: Medical Policy :Hyperhidrosis treatment NMP7, 2004
7. Highmark; Treatment of Hyperhidrosis S-178, 2007
8. Primary Care Dermatology Society Clinical guidance: Hyperhidrosis <http://www.pcids.org.uk/clinical-guidance/hyperhidrosis#management>
9. Walling H, Swick B. Treatment options of hyperhidrosis. *Am J Clin Dermatol.*2011;12(5);285-295
10. Karamfilov T, Konrad H, Karte K, et al. Lower relapse rate of botulinum toxin A therapy for axillary hyperhidrosis by dose increase. *Arch Dermatol.*2000;136(4):487-490.
11. Naver H, Swartling C, Aquilonius SM. Palmar and axillary hyperhidrosis treated with botulinum toxin: One-year clinical follow-up. *Eur J Neurol.*2000;7(1):55-62.
12. Heckmann M, Breit S, Ceballos-Baumann A, et al. Side-controlled intradermal injection of botulinum toxin A in recalcitrant axillary hyperhidrosis. *J Am Acad Dermatol.* 1999;41(6):987-990.
13. Odderson IR. Hyperhidrosis treated by botulinum A exotoxin. *Dermatol Surg.* 1998;24(11):1237-124.
14. Solomon BA, Hayman R. Botulinum toxin type A therapy for palmar and digital hyperhidrosis. *J Am Acad Dermatol.* 2000;42(6):1026-1029.
15. U.S. Pharmacopoeial Convention, Inc. Botulinum toxin type A (parenteral-local). In: *USP DI-Drug Information for the Health Care Professional.*20th ed. Greenwood Village, CO: Micromedex; 2000.
16. Hashmonai M, Kopelman D, Assalia A. The treatment of primary palmar hyperhidrosis: A review. *Surg Today.* 2000;30(3):211-218.
17. Stolman LP. Treatment of hyperhidrosis. *Dermatol Clin.* 1998; 16(4):863-869.
18. Reinauer S, Neusser A, Schauf G, et al. Iontophoresis with alternating current and direct current offset (AC/DC iontophoresis): A new approach for the treatment of hyperhidrosis. *Br J Dermatol.* 1993;129(2):166-169.
19. Grice K. Treating hyperhidrosis. *Practitioner.*1988;232:953-956.
20. Akins DL, Meisenheimer JL, Dobson RL. Efficacy of the Drionic unit in the treatment of hyperhidrosis. *J Am Acad Dermatol.* 1987;26:828-832.
21. Moran KT, Brady MP. Surgical management of primary hyperhidrosis. *Br J Surg.* 1991;78(3):279-283.
22. Myers RS. *Saunders Manual of Physical Therapy Practice.* Philadelphia, PA: WB Saunders Co;1995:607-609.
23. Elgart ML, Fuchs G. Tapwater iontophoresis in the treatment of hyperhidrosis. *Int J Dermatol.* 1987;26(1):194-197.
24. Joynt, RJ, Griggs, RC, eds. *Clinical Neurology.* Philadelphia, PA: Lippincott-Raven. 1996;4 (57):33.
25. Lewis DR, Irvine, CD, Smith FC et al. Sympathetic skin response and patient satisfaction on long-term follow-up after thoracoscopic sympathectomy for hyperhidrosis. *Eur J Vasc Endovasc Surg.* 1998;15(3):239-243
26. Krasna MJ, Demmy TI, McKenna RJ, et al. Thoracoscopic sympathectomy: The U.S. experience. *Eur J Surg Suppl.*1998;(580):19-21.
27. Shellow WR. Disturbances of skin hydration: Dry skin and excessive sweating. In: Goroll AH, *Primary Care Medicine.*3rd ed. Philadelphia, PA: JB Lippincott Co;1995:904-906.
28. Shenefelt PD. Hypnosis in dermatology. *Arch Dermatol.*2000;136(3):393-399.
29. Swinehart JM. Treatment of axillary hyperhidrosis:Combination of the starch-iodine test with the tumescent liposuction technique. *Dermatol Surg.*2000;26(4):392-396.
30. Payne CM, Doe PT. Liposuction for axillary hyperhidrosis. *Clin exp Dermatol.*1998;23(1):9-10.
31. Drott C, Claes G. Hyperhidrosis treated by thoracoscopic sympathectomy.*Cardiovasc Surg.*1996;4(6):788-791.
32. Noppen M, Vincken W, Dhaese J, et al. Thoracoscopic sympathectomy for essential hyperhidrosis: Immediate and one year follow-up results in 35 patients and review of the literature. *Acta Clin Belg.*1996;51(4):244-253.
33. Drott C, Gothberg G, Claes G. Endoscopic transthoracic sympathectomy: An efficient and safe method for the treatment of hyperhidrosis. *J Am Acad Dermatol.* 1995;33(1):78-81.
34. Atkins JL, Butler PE. Hyperhidrosis: A review of current management. *Plast Reconstr Surg.*2002;110(1):222-228.

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35. Togel B, Greve B, Raulin C. Current therapeutic strategies for hyperhidrosis: A review. *Eur J Dermatol.*2002;12(3):219-223.
36. Alric R, Branchereau P, Berthet JP, et al. Video-assisted thoracoscopic sympathectomy for palmar hyperhidrosis: Results in 102 cases. *Ann Vasc Surg.* 2002;16(6):708-713.
37. Connolly M, de Berker D. Management of primary hyperhidrosis: A summary of the different treatment modalities. *Am J Clin Dermatol.*2003;4(10):681-697.
38. Nyamekye IK. Current therapeutic options for treating primary hyperhidrosis. *Eur J Vasc Endovasc Surg.* 2004;27(6):571-576.
39. Eedy DJ, Corbett JR. Olfactory facial hyperhidrosis responding to amitriptyline. *Clin Exp Dermatol.*1978;12:298-299.
40. Tkach JR. Indomethacin treatment of generalized hyperhidrosis. *J Am Acad Dermatol.*1982;6:545.
41. Feder R. Clonidine treatment of excessive sweating. *J Clin Psychiatry.*1995;56:35.
42. Tyrer P. Current status of beta-blocking drugs in the treatment of anxiety disorders. *Drugs.*1988;36(6):773-783.
43. Noyes R Jr. Beta-adrenergic blocking drugs in anxiety and stress. *Psychiatr Clin North Am.*1985;8(1):119-132.
44. Fonte RJ, Stevenson JM. The use of propranolol in the treatment of anxiety disorders. *Hillside J Clin Psychiatry.*1985;7(1):54-62.
45. No authors listed. Sweating. GP Notebook. Cambridge, UK:Oxbridge Solutions, Ltd.;2003.
46. No authors listed. Botulinum toxin for hyperhidrosis. *Bandolier Extra.* Oxford, UK: Bandolier;2002.
47. Rzany B, Spinner DM. Interventions for localized excessive sweating (Protocol for a Cochrane Review). *The Cochrane Library*, Issue 4, 2002. Oxford, UK: Update Software.
48. No authors listed. What are the treatment options for hyperhidrosis? *ATTRACT Database.* Gwent, Wales, UK: National Health Service; November 15, 2002.
49. Altman R, Kihiczak G. Hyperhidrosis. *eMedicine Dermatology Topic 893.* Omaha, NE: eMedicine.com; update August 18, 2004.
50. Eisenach JH, Atkinson JL, Fealey RD. Hyperhidrosis: Evolving therapies for a well-established phenomenon. *Mayo Clin Proc.* 2005;80(5):657-666.
51. Dressler D, Saberi FA, Benecke R. Botulinum toxin type B for treatment of axillar hyperhidrosis. *J Neurol.*2002;249(12):1729-1732.
52. Baumann LS, Helam ML. Botulinum toxin-B and the management of hyperhidrosis. *Dermatology.* 2004;22(1):60-65.
53. Glaser DA. The use of botulinum toxins to treat hyperhidrosis and gustatory sweating syndrome. *Neurotox Res.* 2006;9(2-3):173-177.
54. International Hyperhidrosis Society. *Hyperhidrosis treatment Clinical Guidelines.* Philadelphia, PA: International Hyperhidrosis Society; 2006.

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