



## **RX.PA.097.CCH Qutenza (Capsaicin) 8% Patch**

The purpose of this policy is to define the prior authorization process for Qutenza (capsaicin) 8% patch for management of pain associated with post-herpetic neuralgia and neuropathic pain associated with diabetic peripheral neuropathy (DPN) of the feet. Up to four patches can be applied for 60 minutes by, or under the close supervision of, a doctor. Treatment may be repeated every three months or as warranted by the return of pain (but not more frequently than every three months).

### **DEFINITIONS**

N/A

### **POLICY**

It is the policy of the Health Plan to maintain a prior authorization process that promotes appropriate utilization of specific drugs with potential for misuse or limited indications. This process involves a review using Food and Drug Administration (FDA) criteria to make a determination of Medical Necessity, and approval by the Medical Policy Committee.

The drug, Qutenza (capsaicin) 8% patch, is subject to the prior authorization process.

### **PROCEDURE**

#### **Initial Authorization Criteria:**

*Must meet all the criteria listed below:*

- Must be age 18 years or older
- Must have one of the following diagnoses:
  - Post-herpetic neuralgia (PHN)
  - Neuropathic pain associated with diabetic peripheral neuropathy (DPN) of the feet
- Must not be using more than 4 patches every 3 months
- Must be administered in a provider's office
- **For PHN:** Must have a trial and failure the following:
  - Capsaicin topical cream (available over the counter)
  - Either a tricyclic antidepressant (e.g., amitriptyline) **OR** gabapentin
- **For DPN:** Must have a trial and failure of the following:
  - Capsaicin topical cream (available over the counter)
  - Gabapentin

**Reauthorization Criteria:**

All prior authorization renewals are reviewed on an annual basis to determine the Medical Necessity for continuation of therapy. Authorization may be extended at 1-year intervals if ALL the following are met:

- Must not be receiving the requested medication more often than every 3 months
- Must have chart note documentation from the prescriber that the member's condition has improved based upon the prescriber's assessment while on therapy

**Limitations:**

<b>Length of Authorization (if above criteria met)</b>	
Initial Authorization	Up to 12 months
Reauthorization	Same as initial

If the established criteria are not met, the request is referred to a Medical Director for review, if required for the plan and level of request.

**Codes:**

<b>CPT Codes / HCPCS Codes / ICD-10 Codes</b>		
Code	Brand	Description
J7336	Qutenza	Capsaicin 8% patch, per square centimeter

**References:**

1. Qutenza [package insert]. Morristown, NJ: Averitas Pharma, Inc; August 2022
2. "Dosage Forms" Capsaicin: Drug Information. UpToDate® Accessed 3/24/10.
3. Price R, Smith D, et al. Oral and Topical Treatment of Painful Diabetic Polyneuropathy: Practice Guideline Update Summary Report of the AAN Guideline Subcommittee. Neurology Jan 2022, 98 (1) 31-43; DOI: 10.1212/WNL.0000000000013038
4. Hempenstall K, Nurmikko TJ, Johnson RW, A'Hern RP, Rice AS. Analgesic therapy in postherpetic neuralgia: a quantitative systematic review. PLoS Med. 2005 Jul;2(7):e164. Doi: 10.1371/journal.pmed.0020164. Epub 2005 Jul 26. PMID: 16013891; PMCID: PMC1181872

**Revision History**

<b>DESCRIPTION OF REVIEW / REVISION</b>	<b>DATE APPROVED</b>
New Policy	04/2024


**Record Retention**

Records Retention for Evolent Health documents, regardless of medium, are provided within the Evolent Health records retention policy and as indicated in CORP.028.E Records Retention Policy and Procedure.

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