capsaicin 8% patch (Qutenza®)

Place of Service
Office Administration
Outpatient Facility Infusion
Administration
Infusion Center Administration

Use HCPC: J7336 per 1 cm<sup>2</sup> (1 patch is 280 units)

### Condition listed in policy (see criteria for details)

• Postherpetic neuralgia

AHFS therapeutic class: External Analgesic

**Mechanism of action:** Topical administration of capsaicin causes an initial enhanced stimulation of cutaneous nociceptors that may be associated with painful sensations. This is followed by pain relief thought to be mediated by a reduction in nociceptive nerve endings.

# (1) Special Instructions and Pertinent Information

**Covered under the Medical Benefit**, please submit clinical information for prior authorization review via fax.

(2) Prior Authorization/Medical Review is required for the following condition(s)

All requests for Qutenza® (capsaicin) must be sent for clinical review and receive authorization prior to drug administration or claim payment.

### Postherpetic neuralgia (PHN)

- Diagnosis of postherpetic neuralgia (PHN), AND
- Inadequate response, intolerable side effect(s), or contraindication to selfadministered topical patch (e.g lidocaine patch) used for PHN,
   AND

# If patient is <u>less than 65 years</u> old

 Inadequate response, intolerable side effect(s) or contraindication to at least two oral drugs (e.g. tricyclic antidepressants and anticonvulsants) used to treat PHN

OR

# If patient is <u>65 years</u> old or greater

o Inadequate response, intolerable side effect(s) or contraindication to <u>one</u> oral drug (e.g. anticonvulsants) used to treat PHN

#### **Covered Doses**

Up to 4 patches per treatment session, and not more frequently than every 3 months

#### **Coverage Period**

Cover for 3 months, initially.

Reauthorization yearly, based upon continued response to treatment.

ICD-10:

B02.21-B02.24, B02.29

# (3) The following condition(s) **DO NOT** require Prior Authorization/Preservice

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All requests for Qutenza® (capsaicin) must be sent for clinical review and receive authorization prior to drug administration or claim payment.

### (4) This Medication is NOT medically necessary for the following condition(s)

Blue Shield's research indicates there is inadequate clinical evidence to support off-label use of this drug for the following conditions (Health and Safety Code 1367.21):

Coverage for a Non-FDA approved indication, requires that criteria outlined in Health and Safety Code § 1367.21, including objective evidence of efficacy and safety are met for the proposed indication.

Please refer to the Provider Manual and User Guide for more information.

### (5) Additional Information

### How supplied:

Qutenza patch contains 8% capsaicin (640 mcg/cm2) 280 cm<sup>2</sup>. Each patch contains a total of 179 mg of capsaicin.

1 patch = 280 units

#### Administration of Qutenza:

- Only physicians or health care professionals under the close supervision of a physician are to administer Qutenza
- Use only nitrile (not latex) gloves when handling Qutenza and when cleaning treatment areas.
- Burning and erythema reported in majority of patients treated with Qutenza.

Consensus guideline-recognized (AAN<sup>1</sup>, EFNS<sup>2</sup>,) oral and topical alternatives for PHN:

- Tricyclic antidepressants
- Anticonvulsants: gabapentin, pregabalin
- Opioids (oxycodone or morphine sulfate, controlled release)
- Topical: lidocaine patch

### (6) References

- Qutenza® prescribing information. Acorda Therapeutics. 2013.
- AHFS®. Available by subscription at <a href="http://www.lexi.com">http://www.lexi.com</a>
- DrugDex®. Available by subscription at <u>http://www.micromedexsolutions.com/home/dispatch</u>
- 1. Dubinsky RM, Kabbani H, El-Chami C, et al. Practice Parameter: Treatment of postherpetic neuralgia: An evidence-based report of the Quality Standards Subcommittee of the American Academy of Neurology. Neurology 2004;63;959-965.
- 2. Attala N, Cruccua C, Baron R, et al. EFNS guidelines on pharmacological treatment of neuropathic pain: 2010 revision. European Journal of Neurology 2010, 17: 1113–1123.

### (7) Policy Update

Date of last revision: 3Q2018 Date of next review: 2Q2019

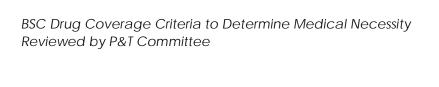
Changes from previous policy version:

• No clinical change to policy following routine annual review.

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