capsaicin 8% patch (Qutenza®)	**Place of Service** **Office Administration** **Outpatient Facility Infusion Administration** **Infusion Center Administration** **Use HCPC: J7336 per 1 cm^2** (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 self-administered topical patch (e.g lidocaine patch) used for PHN,
  AND
  If patient is less than 65 years 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 65 years old or greater
  - Inadequate response, intolerable side effect(s) or contraindication to one 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

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^2. 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[1], EFNS[2],) 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 http://www.lexi.com
- DrugDex®. Available by subscription at http://www.micromedexsolutions.com/home/dispatch

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.