blue california
Promise Health Plan

capsaicin (Qutenza)

Medical Benefit Drug Policy

Place of Service

Infusion Center Administration
Office Administration
Outpatient Facility Infusion Administration

Drug Details

USP Category: DERMATOLOGICAL AGENTS
Mechanism of Action: Transient receptor potential vanilloid-1 receptors (TRPV1) channel agonist
HCPCS:
J7336:Capsaicin 8% patch, per square centimeter
How Supplied:
Qutenza patch contains 8% capsaicin (640 mcg/cm^2) 280 cm^2. Each patch contains a total of 179 mg of capsaicin.

Condition(s) listed in policy *(see coverage criteria for details)*

- Diabetic Peripheral Neuropathy (DPN)
- Postherpetic Neuralgia (PHN)

Any condition not listed in this policy requires a review to confirm it is medically necessary. For conditions that have not been approved for intended use by the Food and Drug Administration (i.e., off-label use), the criteria outlined in the California Code of Regulations (CCR), Title 22, Section 51303 and 51313 must be met.

Special Instructions and Pertinent Information

Provider must submit documentation (such as office chart notes, lab results or other clinical information) to ensure the member has met all medical necessity requirements.

The member's specific benefit may impact drug coverage. Other utilization management processes, and/or legal restrictions may take precedence over the application of this clinical criteria.

Coverage Criteria
The following condition(s) require Prior Authorization/Preservice.

Diabetic Peripheral Neuropathy (DPN)
Meets medical necessity if all the following are met:

1. Inadequate response, intolerable side effect(s), or contraindication to a self-administered topical preparation (e.g., capsaicin cream) used for DPN
2. 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, SNRIs, anticonvulsants) used to treat DPN

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Covered Doses:
Up to 4 patches applied topically per treatment session, and not more frequently than every 3 months

Coverage Period:
Initial: 3 months
Reauthorization: Yearly based upon continued response to treatment.

ICD-10:
E11.21

Postherpetic Neuralgia (PHN)
Meets medical necessity if all the following are met:
1. Inadequate response, intolerable side effect(s), or contraindication to self-administered topical patch (e.g lidocaine patch) used for PHN
2. 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

Covered Doses:
Up to 4 patches applied topically per treatment session, and not more frequently than every 3 months

Coverage Period:
Initial: 3 months
Reauthorization: Yearly based upon continued response to treatment.

ICD-10:
B02.21, B02.22, B02.23, B02.24, B02.29

References

1. AHFS. Available by subscription at http://www.lexi.com
2. DrugDex. Available by subscription at http://www.micromedexsolutions.com/home/dispatch
3. Qutenza (capsaicin) Prescribing Information. Averitas Pharma, Inc., Morristown, NJ: 7/2024.
4. Price R, Smith D, Franklin G, et al. Oral and Topical Treatment of Painful Diabetic Polyneuropathy: Practice Guideline Update Summary – Report of the AAN Guideline Subcommittee. Neurology 2022; 98:31-43.
5. Attal N, Cruccu C, Baron R, et al. EFNS guidelines on pharmacological treatment of neuropathic pain: 2010 revision. European Journal of Neurology 2010, 17: 1113–1123.
6. Saguil A, Kane S, Mercado M, et al. Herpes Zoster and Postherpetic Neuralgia: Prevention and Management. Am Fam Physician 2017; 96:656-663.

Review History

Date of Last Annual Review: 1Q2026

Changes from previous policy version:

- No clinical changes following routine annual review

Blue Shield of California Medication Policy to Determine Medical Necessity Reviewed by P&T Committee