

**Capsaicin 8% patch (Qutenza®)**

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

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

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

- [Diabetic peripheral neuropathy](#)
- [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.**

### **Diabetic peripheral neuropathy (DPN)**

1. Either of the following:
  - a. ***Effective through 4/29/2023***: Inadequate response, intolerable side effect(s), or contraindication to a self-administered product (e.g., lidocaine patch, capsaicin cream) used for DPN, **OR**
  - b. ***Effective 4/30/2023 and after***: Inadequate response, intolerable side effect(s), or contraindication to a self-administered topical preparation (e.g., capsaicin cream) used for DPN

#### **AND**

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

#### **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:**

E11.21

### **Postherpetic neuralgia (PHN)**

1. Inadequate response, intolerable side effect(s), or contraindication to self-administered topical patch (e.g lidocaine patch) used for PHN, **AND**
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 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)**

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/cm<sup>2</sup>) 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>) oral alternatives for DPN:

- SNRI: duloxetine, venlafaxine, desvenlafaxine
- Gabapentinoid: gabapentin, pregabalin
- Sodium channel antagonist/blocker: oxcarbazepine, lamotrigine, lacosamide, valproic acid
- Tricyclic antidepressant: amitriptyline
- Topical: capsaicin

Consensus guideline-recognized (AAN<sup>2</sup>, EFNS<sup>3</sup>, AAFP<sup>4</sup>) oral and topical alternatives for PHN:

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

## **(6) References**

- AHFS®. Available by subscription at <http://www.lexi.com>
  - DrugDex®. Available by subscription at <http://www.micromedexsolutions.com/home/dispatch>
  - Qutenza® (capsaicin) [Prescribing information]. Morristown, NJ: Averitas Pharma, Inc., 8/2022.
1. 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.
  2. 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.
  3. 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.
  4. Saguil A, Kane S, Mercado M, et al. Herpes Zoster and Postherpetic Neuralgia: Prevention and Management. *Am Fam Physician* 2017; 96:656-663.

## **(7) Policy Update**

Date of last review: 1Q2023

Date of next review: 1Q2024

Changes from previous policy version:

- Section (2): Diabetic peripheral neuropathy - Clarified prerequisite therapy to include topical capsaicin. Effective 4/29/2023, will remove lidocaine patch as a qualifying prerequisite therapy  
*Rationale: 2021 American Academy of Neurology (AAN) guideline for treatment of Painful diabetic neuropathy*

*BSC Drug Coverage Criteria to Determine Medical Necessity  
Reviewed by P&T Committee*