# Prior Authorization Approval Criteria

**Qutenza (capsaicin)**

<table>
<thead>
<tr>
<th>Generic name:</th>
<th>capsaicin 8% patch</th>
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<tbody>
<tr>
<td>Brand name:</td>
<td>Qutenza</td>
</tr>
<tr>
<td>Medication class:</td>
<td>Dermatological Agents; Counterirritants</td>
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<tr>
<td>FDA-approved uses:</td>
<td>management of neuropathic pain associated with postherpetic neuralgia.</td>
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<tr>
<td>Available dosage forms:</td>
<td>8% patch contains 179 mg of capsaicin.</td>
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<tr>
<td>Usual dose:</td>
<td>A single, 60-minute application of up to 4 patches. Treatment may be repeated every 3 months or as warranted by the return of pain, but not more frequently than every 3 months.</td>
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<tr>
<td>Approximate monthly cost:</td>
<td>$810.00 per patch. (based on AWP 2010)</td>
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<tr>
<td>Duration of therapy:</td>
<td>Varies</td>
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</table>

**Criteria for use (bullet points below are all inclusive unless otherwise noted):**

- The indicated diagnosis (including any applicable labs and /or tests) and medication usage must be supported by documentation from the patient’s medical records.
- Must be administered by a physician or health care professional under the close supervision of a physician.
- Must be prescribed by a pain specialist (anesthesiologist, neurologist, physical medicine and rehabilitation physicians).
- Must have clinically documented neuropathic pain associated with postherpetic neuralgia.
- Must have tried and failed or intolerant to tricyclic antidepressants.
- Must have tried and failed or intolerant to gabapentin.
- Must have tried and failed or intolerant to lidocaine patches.
- Must have tried and failed or intolerant to OTC topical capsaicin.

**Caution:**

- Increased blood pressure during or shortly after Qutenza treatment. Increases were on average 10 mmHg, although some patients had greater increases and these changes lasted for about 2 hours after patch removal.

**Contraindication:**

- None known at this time.

**Not approved if:**

- Patient does not meet the above stated criteria
Special considerations:
  - This is a medical benefit and must be administered by a physician or health care professional under the close supervision of a physician.

Fallon Health Pharmacy and Therapeutics Committee approval: __________________________

Date: ______________________

Adopted: 09/08/10