Premier Health Plan

# POLICY AND PROCEDURE



**POLICY TITLE:** ***Qutenza (capsaicin) Patch 8%***
**DEPARTMENT:** **Clinical Pharmacy Services- Utilization Management**
**ORIGINAL DATE:** ***April 2010 (as adopted from UPMC Health Plan)***

**Last P & T Committee Approval Date:** *February 2018*

**Product Applicability:** *mark all applicable products below:*

| | |
|---|---|
| **COMMERCIAL** | [ ] HMO [ ] PPO *Products*: [ ] Small [ ] Indiv. [ ] Large *Exchange*: [ ] Shop [ ] Indiv. [x ] All |
| **OTHER** | [ x ] Self-funded/ASO |

## PURPOSE

The purpose of this policy is to define the prior authorization process for Qutenza (capsaicin) Patch 8%.

Qutenza (capsaicin) Patch 8% is indicated for management of pain associated with post-herpetic neuralgia. Up to four patches can be applied for 60 minutes by or under the close supervision of a doctor. Treatment may be repeated every three months or as warranted by the return of pain (but not more frequently than every three months).

## DEFINITIONS

N/A

## POLICY

It is the policy of the Health Plan to maintain a prior authorization process that promotes appropriate utilization of specific drugs with potential for misuse or limited indications. This process involves a review using Food and Drug Administration (FDA) criteria to make a determination of Medical Necessity, and approval by the Pharmacy & Therapeutics Committee of the criteria for prior authorization, as described in RX.002

Pharmacy and Therapeutics Committee and RX.003-Prior Authorization Process.

The drug, Qutenza (capsaicin) Patch, is subject to the prior authorization process.

## PROCEDURE

### Initial Authorization Criteria:

*Must meet all of the criteria listed below:*

- Must be 18 years of age or older
- Must have a diagnosis of post-herpetic neuralgia
- Must have a trial and failure of either a tricyclic antidepressant (i.e., amitriptyline) OR gabapentin.
- Must be administered in a physician's office

### Reauthorization Criteria:

All prior authorization renewals are reviewed on an annual basis to determine the Medical Necessity for continuation of therapy. Authorization may be extended at 1-year intervals based upon chart documentation from the prescriber that the member's condition has improved based upon the prescriber's assessment while on therapy.

### Limitations:

| Length of Authorization (if above criteria met) | |
|---|---|
| Initial Authorization | Up to 90 days |
| Reauthorization | Up to 1 year |

If the established criteria are not met, the request is referred to a Medical Director for review.

## REFERENCES

1. Qutenza [package insert]. San Mateo, CA: NeurogesX, Inc; November 2009
2. Dubinsky RM, Kabbani H, El-Chami Z, et al. Practice parameter: treatment of postherpetic neuralgia: an evidence-based report on the quality standards subcommittee of the American Academy of Neurology. *Neurology*. 2004: 63:959-965.
3. "Dosage Forms" Capsaicin: Drug Information. *UpToDate*® Accessed 3/24/10.

## RECORD RETENTION

Records Retention for Evolent Health documents, regardless of medium, are provided within the Evolent Health records retention policy and as indicated in CORP.028.E Records Retention Policy and Procedure.

## REVIEW HISTORY

| DESCRIPTION OF REVIEW / REVISION | DATE APPROVED |
|---|---|
| *Annual review* | *02/17, 02/18* |
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