



LIBRARY OF PRIOR AUTHORIZATION GUIDELINES

CAPSAICIN

Generic	Brand	HICL	GCN	Medi-Span	Exception/Other
CAPSAICIN 8% PATCH	QUTENZA	36916		GPI-10 (9085002530)	

GUIDELINES FOR USE

1. Does the patient have neuropathic pain associated with **ONE** of the following conditions?

- Postherpetic neuralgia (PHN)
- Diabetic peripheral neuropathy (DPN) of the feet

If yes, **approve for 12 months by HICL or GPI-10 for 4 fills with a quantity limit of up to #4 patches per fill (maximum dose is 4 patches every 3 months).**

If no, do not approve.

DENIAL TEXT: *Some terms are already pre-defined in parenthesis. Please use these definitions if the particular text you need to use does not already have definition(s) in it.

Our guideline named **CAPSAICIN (Qutenza)** requires the following rule be met for approval:

A. You have a diagnosis of neuropathic pain associated with ONE of the following conditions:

- Postherpetic neuralgia (PHN) (painful condition that affects the nerve fibers and skin after having shingles)
- Diabetic peripheral neuropathy (DPN) of the feet (numbness of the feet that is caused by diabetes)

Your doctor told us **[INSERT PT SPECIFIC INFO PROVIDED]**. We do not have information showing you **[INSERT UNMET CRITERIA]**. This is why your request is denied. Please work with your doctor to use a different medication or get us more information if it will allow us to approve this request.

RATIONALE

For further information, please refer to the Prescribing Information and/or Drug Monograph for Qutenza.

REFERENCES

- Qutenza [Prescribing Information]. Ardsley, NY. Acorda Therapeutics, Inc. July 2020.

Library	Commercial	NSA
Yes	Yes	No

Part D Effective: N/A

Commercial Effective: 08/24/20

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Client Approval: 07/20

P&T Approval: 10/20