

Division: Pharmacy Policy	Subject: Prior Authorization Criteria
Original Development Date: Original Effective Date: Revision Date:	November 13, 2024

Qutenza® (capsaicin) topical system

LENGTH OF AUTHORIZATION: Up to 1 year

REVIEW CRITERIA:

- Patient must be ≥ 18 years of age; **AND**
- Patient must have one of the following diagnoses and meets all associated requirements:

Neuropathic pain associated with postherpetic neuralgia (PHN):

- Patient has postherpetic neuralgia that has persisted for at least 6 months following healing of herpes zoster rash.
- Documented baseline Numerical Pain Rating Scale (NPRS) score.
- Patient must have documented one-month treatment failure on lidocaine 5% transdermal patches and at least two of the following preferred agents. (*clinical documentation required*):
 - Amitriptyline
 - Duloxetine
 - Gabapentinoids (e.g., gabapentin, pregabalin)

Neuropathic pain associated with diabetic peripheral neuropathy (DPN) of the feet:

- Patient has neuropathic pain associated with diabetic peripheral neuropathy (DPN) diagnosed within the past year.
- Documented baseline Numerical Pain Rating Scale (NPRS) score.
- Patient must have documented one-month treatment failure on at least two of the following preferred agents. (*clinical documentation required*):
 - Amitriptyline
 - Duloxetine
 - Gabapentinoids (e.g., gabapentin, pregabalin)

CONTINUATION OF THERAPY:

- Patient met initial review criteria; **AND**
- Documentation of improved clinical response (e.g., decreased NPRS score); **AND**
- Patient has not experienced any treatment-restricting adverse effects; **AND**
- Dosing is appropriate as per labeling or is supported by compendia.

DOSING AND ADMINISTRATION:

- Refer to product labeling at <https://www.accessdata.fda.gov/scripts/cder/daf/>
- Available as a capsaicin 8% single-use topical system stored in a sealed pouch and packaged with a 50 gram tube of cleansing gel.