

**QUTENZA
(capsaicin patch)**

Pre - PA Allowance

None

Prior-Approval Requirements

Age 18 years of age or older

Diagnoses

Patient must have **ONE** of the following:

1. Neuropathic pain associated with postherpetic neuralgia (PHN)
2. Neuropathic pain associated with diabetic peripheral neuropathy (DPN) of the feet

AND the following:

1. Inadequate treatment response, intolerance, or contraindication to **ALL** of the following:
 - a. A topical lidocaine product
 - b. Another topical capsaicin product

Prior - Approval Limits

Quantity 4 patches every 90 days

Duration 3 months

Prior – Approval *Renewal* Requirements

Age 18 years of age or older

Diagnoses

Patient must have **ONE** of the following:

1. Neuropathic pain associated with postherpetic neuralgia (PHN)
2. Neuropathic pain associated with diabetic peripheral neuropathy (DPN) of the feet

AND the following:

1. Patient has not been treated with Qutenza patches in the past 90 days



**BlueCross
BlueShield**

Federal Employee Program.

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Prior - Approval *Renewal* Limits

Same as above