QUTENZA® (capsaicin) 8% Topical System Patient Chart Documentation

Last Name	First Name	Today's Date	Chart #

Date of Birth	Height	Weight	BP	Pulse	Respiratory Rate	Date of Next Office Visit
_____	___' ___"	_____	_____/_____	_____	_____ Breaths per Minute	

Patient History

1. Date of prior capsaicin 8% topical system treatment: _____ 1st Date _____ 2nd Date _____ 3rd Date _____ 4th Date

2. Please provide the patient's baseline Numeric Pain Rating Scale (NPRS) score (1st Treatment): _____ Please provide the patient's NPRS score: 2nd Treatment _____ 3rd Treatment _____ 4th Treatment _____

3. Please identify the main area(s) of pain on the body:
Which Side? ☐ Left ☐ Right ☐ Bilateral

4. Please provide date of onset of pain: _____

5. Please check the appropriate boxes below to identify the main area(s) of pain on the foot (feet):

☐ Left Foot				☐ Right Foot			
☐ Anterior	☐ Posterior	☐ Plantar	☐ Proximal	☐ Anterior	☐ Posterior	☐ Plantar	☐ Proximal
☐ Dorsal	☐ Medial	☐ Lateral	☐ Distal	☐ Dorsal	☐ Medial	☐ Lateral	☐ Distal

6. Check the words that best describe the patient's pain?

☐ Aching	☐ Stabbing	☐ Nagging	☐ Burning	☐ Throbbing	☐ Gnawing
☐ Numbness	☐ Tiring	☐ Shooting	☐ Penetrating	☐ Sharp	☐ Unbearable

Diagnosis Codes (It is solely the healthcare provider's responsibility to select the correct indication and codes.)

☐	B02.23	Postherpetic polyneuropathy	☐	B02.29	Other postherpetic nervous system involvement
☐	E08.40	Diabetes mellitus due to underlying condition with diabetic neuropathy, unspecified	☐	E08.42	Diabetes mellitus due to underlying condition with diabetic polyneuropathy
☐	E10.40	Type 1 diabetes mellitus with diabetic neuropathy, unspecified	☐	E10.42	Type 1 diabetes mellitus with diabetic polyneuropathy
☐	E11.40	Type 2 diabetes mellitus with diabetic neuropathy, unspecified	☐	E11.42	Type 2 diabetes mellitus with diabetic polyneuropathy
☐	E13.40	Other specified diabetes mellitus with diabetic neuropathy, unspecified	☐	E13.41	Other specified diabetes mellitus with diabetic mononeuropathy
☐	E13.42	Other specified diabetes mellitus with diabetic polyneuropathy	☐	Other:	_____

Performance Measurement CPT Codes (It is solely the healthcare provider's responsibility to select the correct indication and codes.)

☐	3051F	Most recent hemoglobin A1c (HbA1c) level greater than or equal to 7.0% and less than 8.0% (DM)	☐	3052F	Most recent hemoglobin A1c (HbA1c) level greater than or equal to 8.0% and less than or equal to 9.0% (DM)
☐	3046F	Most recent hemoglobin A1c level greater than 9.0%	☐	3044F	Most recent hemoglobin A1c (HbA1c) level less than 7.0% (DM)

Drug Codes (It is solely the healthcare provider's responsibility to select the correct indication and codes.)

☐ HCPCS Code: J7336	☐ JW Modifier Drug amount discarded/not administered to any patient	☐ JZ Modifier Zero drug amount discarded/not administered to any patient
☐ NDC # 72512-0928-01 One (1) Single use topical system	☐ NDC # 72512-0929-01 Two (2) Single use topical system(s)	☐ NDC # 72512-0930-01 Four (4) Single use topical system(s)

Administration Codes (It is solely the healthcare provider's responsibility to select the correct indication and codes.)

CPT Code(s)	E&M Code	Modifier(s)

Capsaicin 8% Topical System Applied Per Administration (each unit is 1 cm^2)

☐ 1 topical system (280 billing units)	☐ 2 topical systems (560 billing units)	☐ 3 topical systems (840 billing units)	☐ 4 topical systems (1120 billing units)	☐ Wastage _____ / _____ units administered units discarded
If Applicable	System Lot #		Exp Date	

Prescribed Use

☐ Initial Authorization: 270 Days (9 months / 3 applications) ☐ Continuation of Therapy: 12 Months (4 applications)

Additional Notes

Please see Important Safety Information on page 3

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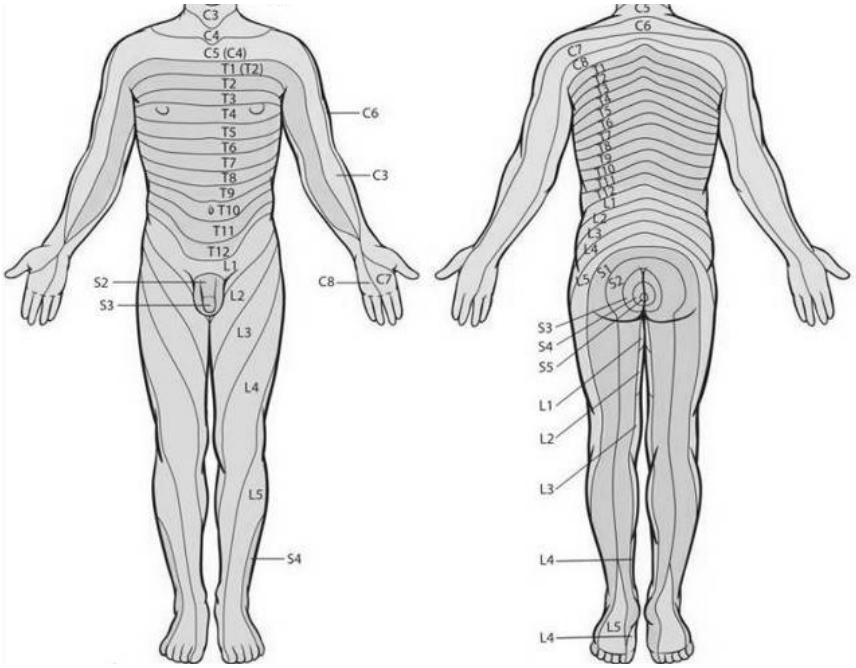
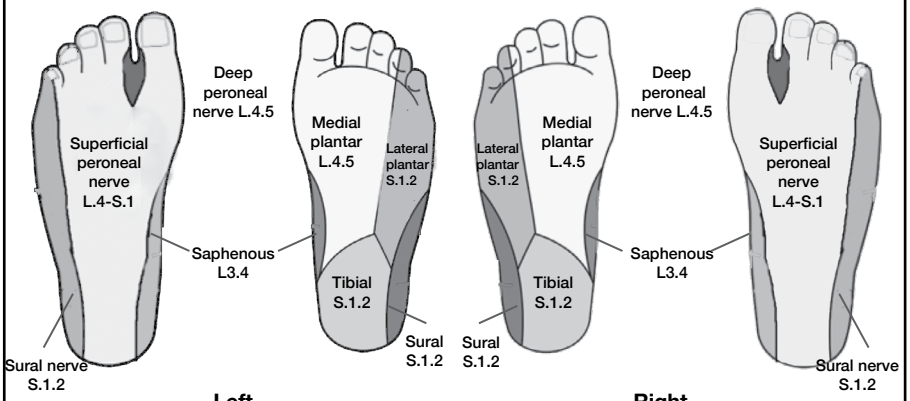
Please shade the area where the patient feels pain:
Average pain score (0 - 10 scale): _____



Front **Back**

Please shade the area where the patient feels pain:
Average pain score (0 - 10 scale): _____



Left **Right**

Patient has tried and failed and/or did not tolerate the following:

- ☐ Amitriptyline
- ☐ Amoxapine
- ☐ Capsaicin topical analgesic cream
  - ☐ RX ☐ OTC
- ☐ Clomipramine
- ☐ Desipramine
- ☐ Doxepin
- ☐ Duloxetine
- ☐ Gabapentin
- ☐ Imipramine
- ☐ Lidocaine
  - ☐ 5% patches ☐ RX ☐ OTC
  - ☐ Cream ☐ RX ☐ OTC
- ☐ Nortriptyline
- ☐ Pregabalin
- ☐ Protriptyline
- ☐ Trimipramine
- ☐ Venlafaxine
- ☐ Opioids (specify) _____
- ☐ Other _____

Additional Clinical Rationale

- ☐ ER Visits (#): _____
- ☐ Other: _____

Provider's Signature _____ Date _____

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INDICATION

QUTENZA® (capsaicin) 8% topical system is indicated in adults for the treatment of neuropathic pain associated with postherpetic neuralgia (PHN) or associated with diabetic peripheral neuropathy (DPN) of the feet.

Important Safety Information

Do not dispense QUTENZA to patients for self-administration or handling. Use only on dry, unbroken skin. Only physicians or healthcare professionals are to administer and handle QUTENZA, following the procedures in the label.

Warnings and Precautions

- **Severe Irritation:** Whether applied directly or transferred accidentally from other surfaces, capsaicin can cause severe irritation of eyes, mucous membranes, respiratory tract, and skin to the healthcare professional, patients, and others. Do not use near eyes or mucous membranes, including face and scalp. Take protective measures, including wearing nitrile gloves and not touching items or surfaces that the patient may also touch. Flush irritated mucous membranes or eyes with water and provide supportive medical care for shortness of breath. Remove affected individuals from the vicinity of QUTENZA. Do not re-expose affected individuals to QUTENZA if respiratory irritation worsens or does not resolve. If skin not intended to be treated comes into contact with QUTENZA, apply Cleansing Gel and then wipe off with dry gauze. Thoroughly clean all areas and items exposed to QUTENZA and dispose of properly. Because aerosolization of capsaicin can occur with rapid removal, administer QUTENZA in a well-ventilated area, and remove gently and slowly, rolling the adhesive side inward.
- **Application-Associated Pain:** Patients may experience substantial procedural pain and burning upon application and following removal of QUTENZA. Prepare to treat acute pain during and following application with local cooling (e.g., ice pack) and/or appropriate analgesic medication.
- **Increase in Blood Pressure:** Transient increases in blood pressure may occur with QUTENZA treatment. Monitor blood pressure during and following treatment procedure and provide support for treatment-related pain. Patients with unstable or poorly controlled hypertension, or a recent history of cardiovascular or cerebrovascular events, may be at an increased risk of adverse cardiovascular effects. Consider these factors prior to initiating QUTENZA treatment.
- **Sensory Function:** Reductions in sensory function (generally minor and temporary) have been reported following administration of QUTENZA. All patients with sensory deficits should be assessed for signs of sensory deterioration or loss prior to each application of QUTENZA. If sensory loss occurs, treatment should be reconsidered.

Adverse Reactions

The most common adverse reactions (≥5% and > control group) in all controlled clinical trials are application site erythema, application site pain, and application site pruritus.

To report SUSPECTED ADVERSE REACTIONS, contact Averitas Pharma, Inc. at 1-877-900-6479 or FDA at 1-800-FDA-1088 or www.fda.gov/medwatch.

Please see full Prescribing Information at https://qutenzahcp.com/pdfs/Qutenza_Prescribing_Information.pdf