

Qutenza[®]
(capsaicin) 8% topical system



MY QUTENZA CONNECT OFFERS COMMERCIALLY INSURED PATIENTS 2 WAYS TO ACCESS SAVINGS ON TREATMENT

Help your eligible patients gain up to 3 months of pain relief and save on their treatments for painful diabetic peripheral neuropathy (DPN) of the feet or postherpetic neuralgia (PHN).¹

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 under close supervision of a physician are to administer and handle QUTENZA, following the procedures on the label.

Please see additional Important Safety Information inside.

COST SAVINGS PROGRAM

Eligible, commercially insured patients may save on out-of-pocket prescription and in-office administration costs.

QUTENZA SAVINGS

PATIENTS MAY
**PAY AS
LITTLE AS** **\$25***
FOR THEIR PRESCRIPTION

*Terms and conditions may apply.

PROCEDURE SAVINGS

UP TO
\$1,500* PER
PATIENT
PER YEAR FOR IN-OFFICE
ADMINISTRATION COSTS

*Terms and conditions may apply.

The program may apply toward copay, coinsurance, and deductibles.

PATIENTS MAY BE ELIGIBLE IF THEY:

- ✓ Have commercial insurance
- ✓ Are 18 years of age or older
- ✓ Have a valid prescription for QUTENZA

PATIENTS ARE NOT ELIGIBLE IF THEY:

- ✗ Have Medicare, Medicaid, TRICARE, or any other state or federal health insurance
- ✗ Pay for their prescription with cash
- ✗ Are uninsured
- ✗ Are insured, but QUTENZA is not covered
- ✗ Are insured, but the procedure code is not covered

*See full Terms and Conditions at QUTENZA.com/savings.

SUPPORT

The My QUTENZA Connect patient support center and Averitas team members are able to answer your cost-related questions.

Reimbursement Support:
1-833-295-3579

Averitas Account or Field Access Manager:
1-877-900-6479

Savings Portal



Scan the code to gain access to the **Patient Cost Savings Portal** or download the Patient **Cost Savings Program Enrollment Form**.

Start helping your patients save on their QUTENZA prescription and administration



Explore two options for submitting claims and enrolling eligible patients in the cost savings program.

Two options >

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PHYSICIAN REIMBURSEMENT PROCESS

Two ways to access savings

OPTION 1

Electronic claim submission

Follow the steps below to register your practice and successfully submit cost savings claims for QUTENZA treatments for your patients through the Patient Cost Savings Portal.

Before you begin, you will register your practice with IQVIA. Once IQVIA validates your practice, users will receive an email to activate their account.

1 Obtain the patient's Explanation of Benefits (EOB)

Work with your office to receive the explanation of benefits from the patient's primary insurance company.

2 Log in to the portal

Visit QUTENZA.com/savings to access the Patient Cost Savings Portal.

3 Submit the claim within the portal

For QUTENZA claims to be submitted successfully, be sure to include the following information:

- ✓ Patient name
- ✓ Prescriber name
- ✓ Explanation of benefits
- ✓ Quantity of medication dispensed
- ✓ Drug cost
- ✓ NDC#
- ✓ Drug name or J code
- ✓ Date of service
- ✓ CPT code

4 Reconcile payment

Once the patient claim for QUTENZA has been approved in the system, reimbursement will be distributed through the Electronic Funds Transfer (EFT) Program.

It will take 2 to 4 days to process claims using the Patient Cost Savings Portal when enrolled in the EFT Program.

Get your patients on the road to relief with QUTENZA



Scan the code to gain access to the **Patient Cost Savings Portal** and begin the process of registering your practice, or visit QUTENZA.com/savings.

The screenshot shows the login page for the Patient Cost Savings Program Portal. At the top left is the MQC logo, and at the top right is the Qutenza logo. The main heading is "Welcome to the Patient Cost Savings Program Portal" with the subtext "Submit co-pay claims for in-office administered therapy." Below this, there are instructions on what is needed to submit a claim: "Explanation of Benefits (EOB) form for insured patients" and "Specific information regarding the patient, prescriber, date of therapy administration, etc." To the right, there is a "Sign in" section with input fields for "Email" and "Password", and a "Sign in" button. Below the button, there is a link to "or register your practice". At the bottom left, there is a "Please note" section with a disclaimer. At the bottom center, there are links for "Privacy Policy", "Terms of Use", and "Contact Us", and a copyright notice for "©2023 IQVIA, Inc."

PHYSICIAN REIMBURSEMENT PROCESS

Two ways to access savings

OPTION 2

Mail or fax claim submission

1 Download and complete

Obtain and complete the Physician Reimbursement Form by scanning the QR code below or visiting QUTENZA.com/savings.

The form is titled 'MGC COST SAVINGS PROGRAM ENROLLMENT FORM'. It includes fields for patient information, provider information, and service details. A QR code is visible in the top right corner. The form is pre-populated with data, including a patient name and a provider name.

Pre-populated Physician Reimbursement Form*

- Each form will be pre-populated with the Group Number and Prescription ID
- Fill out the practice information, NPI number, and phone number
- Sign and date the form agreeing to the certification statement

2 Bill

Submit the claim to the patient's primary insurance using a standard HCFA/CMS 1500 Form.

A standard HCFA/CMS 1500 Form, which is a grid-based form used for submitting insurance claims. It contains various fields for patient information, provider information, and service details.

HCFA/CMS 1500 Form*

3 Obtain

Work with your office to receive the Explanation of Benefits from the patient's primary insurance company.

An Explanation of Benefits (EOB) form from Wellmark. It includes a table showing the details of a claim, including the date of service, patient account number, claim number, amount charged, network savings, amount paid by the health plan, deductible, copayment, coinsurance, and amount not covered. A red box at the bottom indicates 'You are responsible for \$0.00'.

Date of Service	Patient Account Number	Health Care Provider	Claim Number	Type of Service	Amount Charged	Network Savings	Amount Paid by Health Plan	Deductible	Copayment	Coinsurance	Amount Not Covered
09/19/2015	1234567890	Physician Name	1234567890	Office Medical Care	\$100.00	\$10.00	\$90.00	\$0.00	\$0.00	\$0.00	\$0.00
				Office Laboratory	\$30.00	\$3.00	\$27.00	\$0.00	\$0.00	\$0.00	\$0.00
				Office Laboratory	\$30.00	\$3.00	\$27.00	\$0.00	\$0.00	\$0.00	\$0.00
				Office Laboratory	\$30.00	\$3.00	\$27.00	\$0.00	\$0.00	\$0.00	\$0.00
				Claim Total	\$180.00	\$18.00	\$162.00	\$0.00	\$0.00	\$0.00	\$0.00
				Other Insurance Paid	\$18.00						

Explanation of Benefits*



Scan the code to download the **Pre-populated Physician Reimbursement Form** or visit QUTENZA.com/savings.

Final step on the next page >

*All three documents are needed in the submission to IQVIA for the QUTENZA Patient Cost Savings Program.

PHYSICIAN REIMBURSEMENT PROCESS

Two ways to access savings

OPTION 2 (CONT.)

Mail or fax claim submission

4 Mail or fax

Send all three completed documents to IQVIA by either mail or fax, as provided below.

- ✓ Pre-populated Physician Reimbursement Form
- ✓ HCFA/CMS 1500 Form
- ✓ Explanation of Benefits

Mail: Attn: Claims Processing Department
IQVIA, Inc.

77 Corporate Drive
Bridgewater, NJ 08807

Fax: 1-631-822-2893

SPECIALTY PHARMACY PROCESS

1 Patient ID

The specialty pharmacy will pull a unique patient ID and enter it into its system to process the claim.

2 Insurance

The claim is processed to the patient's primary insurance with My QUTENZA Connect Cost Savings Program listed as secondary insurance.

3 Process Request

The My QUTENZA Connect Cost Savings Program will receive the information and process the request. Patient responsibility is known immediately.

For both reimbursement and specialty pharmacy claims it will take 2–4 days to process claims. All successful claims will be processed and paid in the subsequent billing cycle.



Scan the code to download the **Pre-populated Physician Reimbursement Form** or visit [QUTENZA.com/savings](https://www.QUTENZA.com/savings).



For more information about the My QUTENZA Connect Patient Cost Savings Program or the physician reimbursement process, visit [QUTENZA.com/savings](https://www.QUTENZA.com/savings).

FREQUENTLY ASKED QUESTIONS

Q: Whom should a healthcare provider contact to request patient savings ID forms?

A: A physician's office can contact an Averitas Key Account Manager or Field Access Manager at 1-877-900-6479. A physician's office can also download a Physician Reimbursement Form or access the Patient Cost Savings Portal by scanning the QR code below or visiting [QUTENZA.com/savings](https://www.qutenza.com/savings).



Scan the code to set up your practice in the My QUTENZA Connect Cost Savings Portal or visit [QUTENZA.com/savings](https://www.qutenza.com/savings).

Q: Does the patient need to request an ID?

A: No, the patient does not need to request an ID for the cost savings program. The ID is requested by the physician's office or pharmacist.

Q: Does the patient need to enroll?

A: No, the physician's office or specialty pharmacy will request the ID for the patient to participate.

Q: Can an ID be used multiple times for the same eligible patient?

A: Yes, the same ID can be used for eligible patients for initial and subsequent prescriptions.

Q: Are government-employed patients allowed to use the program?

A: Federal and state employees, as well as those covered under the Healthcare Exchange (Affordable Care Act), are permitted to participate, so long as the patient does not have state- or federal-issued health insurance (eg, TRICARE or Medicare).

Q: Can a patient be issued more than one ID?

A: Yes, the program allows patients to use multiple IDs and not exceed the maximum annual benefit.

Q: Where do I submit for reimbursement?

A: Submit claims either through the Patient Cost Savings Portal at [QUTENZA.com/savings](https://www.qutenza.com/savings), or mail and fax all completed forms to IQVIA at:

Mail: Attn: Claims Processing Department
IQVIA, Inc.

77 Corporate Drive
Bridgewater, NJ 08807

Fax: 1-631-822-2893

Q: Where will the reimbursement be sent?

A: For claims submitted through the Patient Cost Savings Portal, payment will take 2–4 days made through the EFT Program and 2–4 weeks for the physician's office or specialty pharmacy. If claims were mailed or faxed, reimbursement will be sent in check format, in US dollars, to the submitting physician's office or specialty pharmacy.



For more information about the My QUTENZA Connect Cost Savings Program, visit [QUTENZA.com/savings](https://www.qutenza.com/savings).

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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

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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 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 properly. Because aerosolization of capsaicin can occur with rapid removal, administer QUTENZA in a well-ventilated area, and remove gently and slowly, rolling 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 ($\geq 5\%$ 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.



MQC
My Qutenza Connect



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ACCESS SAVINGS**



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