MQC
My Qutenza Connect

BENEFIT INVESTIGATION REQUEST AND PRESCRIPTION FORM

Phone: 855-802-8746
Fax: 855-454-8746
MyQUTENZAConnect.com
Hours: (M-F) 9 AM–7 PM ET

Case ID: _____
Received: _____

PATIENT INFORMATION

Last Name	First Name	MI	Sex Assignment[1] ☐ Male ☐ Female	Date of Birth	Phone

Street Address	City	State	ZIP	Email

Patient's Initial Treatment?	☐ Yes ☐ No – If No, Date of Initial Treatment:	Allergies	Anticipated Treatment Date

MEDICAL INSURANCE - PRIMARY

Plan Name	Phone
Member ID	**Group #**

MEDICAL INSURANCE - SECONDARY

Plan Name	Phone
Member ID	**Group #**

PHARMACY INSURANCE - PRIMARY

Member ID	BIN
PCN	**Group #**

PHARMACY INSURANCE - SECONDARY

Member ID	BIN
PCN	**Group #**

PRESCRIBER INFORMATION

Prescriber's Full Name	Practice Name	Practice Contact

Address	City	State	ZIP

Phone	Fax	NPI Number	TAX ID Number

CLINICAL INFORMATION

ICD-10-CM Code	CPT Code	A list of codes that may be appropriate can be found in the QUTENZA Reimbursement Guide. It is the physician's responsibility to provide the correct indication and codes.

☐ Postherpetic polyneuropathy (PHN) ☐ Diabetic peripheral neuropathy of the feet (DPN) ☐ Other:

☐ Physician Office ☐ Hospital Outpatient ☐ Other Site of Service:

PRESCRIPTION INFORMATION

Qutenza® (capsaicin) 8% topical system

Quantity
# of Topical Systems (280 cm^2 billing units)
_____

Refills
_____

Fulfillment Options
☐ 1 Kit (carton includes 1 topical system and Cleansing Gel) NDC #72512-928-01
☐ 2 Kit (carton includes 2 topical systems and Cleansing Gel) NDC #72512-929-01
☐ 4 Kit (carton includes 4 topical systems and Cleansing Gel) NDC #72512-930-01

HA1C Levels

☐ **Auto Transfer**
By checking this box, if Rx coverage is found, your prescription will be automatically transferred to a specialty pharmacy for fulfillment

Directions

Shipping Address (if different from above)

ATTACH THE PATIENT CHART AND / OR CLINICAL DATA WITH THE SUBMISSION OF THIS INTAKE FORM TO BEGIN THE PA PROCESS.

PRESCRIBER'S SIGNATURE[2]

☐ Automatically re-investigate patient for potential retreatment in 91 days

Prescriber's Signature: _____ **Date:** _____

1. Gender override edits may be permissible by payer.
2. Authorization for Release of Health Information: By signing this form, I represent to My QUTENZA Connect that I have obtained all necessary federal and state authorizations and consents from my patient to allow me to release health information to My QUTENZA Connect and its contracted third parties. I authorize My QUTENZA Connect to act on my behalf for the limited purposes of transmitting this prescription to the appropriate pharmacy designated by the patient utilizing their benefit plan. My signature on this form also provides consent to contact this patient's insurance provider for this prescription on the prescriber's behalf.

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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 accompanying full Prescribing Information.

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(capsaicin) 8% topical system