



MEDICAL COVERAGE GUIDELINES
SECTION: MEDICINE

ORIGINAL EFFECTIVE DATE: 02/03/15
LAST REVIEW DATE: 01/22/19
LAST CRITERIA REVISION DATE: 01/17/17
ARCHIVE DATE:

DERMATOLOGIC APPLICATIONS OF PHOTODYNAMIC THERAPY

Non-Discrimination Statement and Multi-Language Interpreter Services information are located at the end of this document.

Coverage for services, procedures, medical devices and drugs are dependent upon benefit eligibility as outlined in the member's specific benefit plan. This Medical Coverage Guideline must be read in its entirety to determine coverage eligibility, if any.

This Medical Coverage Guideline provides information related to coverage determinations only and does not imply that a service or treatment is clinically appropriate or inappropriate. The provider and the member are responsible for all decisions regarding the appropriateness of care. Providers should provide BCBSAZ complete medical rationale when requesting any exceptions to these guidelines.

The section identified as "Description" defines or describes a service, procedure, medical device or drug and is in no way intended as a statement of medical necessity and/or coverage.

The section identified as "Criteria" defines criteria to determine whether a service, procedure, medical device or drug is considered medically necessary or experimental or investigational.

State or federal mandates, e.g., FEP program, may dictate that any drug, device or biological product approved by the U.S. Food and Drug Administration (FDA) may not be considered experimental or investigational and thus the drug, device or biological product may be assessed only on the basis of medical necessity.

Medical Coverage Guidelines are subject to change as new information becomes available.

For purposes of this Medical Coverage Guideline, the terms "experimental" and "investigational" are considered to be interchangeable.

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Description:

Photodynamic therapy (PDT) is a two-stage process involving application of a topical preparation directly to skin lesions, followed by irradiation with a photodynamic therapy illuminator.

- Levulan® Kerastick is a topical preparation of aminolevulinic acid HCl (ALA) and is used in conjunction with the BLU-U® blue light illuminator.
- Metvixia™ is a topical preparation of methyl aminolevulinate (MAL) and is used in conjunction with Aktillite CL 128 lamp, a red light illuminator.

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Criteria:

For photodynamic therapy for rosacea, see BCBSAZ Medical Coverage Guideline #O681, “*Nonpharmacologic Treatment of Rosacea*”.

- Photodynamic therapy (PDT) with Kerastick or Metvixia for treatment of **ANY** of the following is considered **medically necessary**.
 1. Actinic keratoses on the face and scalp with **ONE** of the following:
 - Non-hyperkeratotic lesions
 - Hyperkeratotic lesions that have been debrided with a dermatological curette or liquid nitrogen to remove scales and crusts, resulting in a non-hyperkeratotic lesion
 2. Low-risk (e.g., superficial and nodular) basal cell carcinoma with documentation that surgery and radiation are contraindicated
 3. Bowen’s disease (squamous cell carcinoma in situ) with documentation that surgery and radiation are contraindicated
- Photodynamic therapy for treatment of the following skin conditions is considered **cosmetic** and **not eligible for coverage**:

These conditions include, *but are not limited to*:

- End-stage acne scarring
- Hair removal
- Lentigo (Benign solar lentigo)
- Melasma¹ (Also referred to as the “mask of pregnancy”)
- Photoaged skin
- Skin rejuvenation
- Wrinkles



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Criteria: (cont.)

- Photodynamic therapy with Kerastick or Metvixia for treatment of all other skin conditions not previously listed or if above criteria not met is considered **experimental or investigational** based upon:

1. Lack of final approval from the Food and Drug Administration, and
2. Insufficient scientific evidence to permit conclusions concerning the effect on health outcomes, and
3. Insufficient evidence to support improvement of the net health outcome and
4. Insufficient evidence to support improvement of the net health outcome as much as, or more than, established alternatives, and
5. Insufficient evidence to support improvement outside the investigational setting.

These conditions include, *but are not limited to*:

- Acne vulgaris
- Hidradenitis suppurativa
- Mycoses
- High-risk basal cell carcinoma
- Invasive squamous cell carcinoma

- ¹ The diagnosis of melasma may not be established until completion of the initial office consultation. Therefore, the initial office consultation is **eligible for coverage** to establish this diagnosis. Additional care/treatment is subject to medical review for benefit eligibility.



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Resources:

Literature reviewed 01/08/18. We do not include marketing materials, poster boards and non-published literature in our review.

The BCBS Association Medical Policy Reference Manual (MPRM) policy is included in our guideline review. References cited in the MPRM policy are not duplicated on this guideline.

Resources prior to 03/05/13 may be requested from the BCBSAZ Medical Policy and Technology Research Department.

1. 2.01.44 BCBS Association Medical Policy Reference Manual. Dermatologic Applications of Photodynamic Therapy. Re-issue date 12/14/2017, issue date 11/20/2001.
2. Buinauskaite E, Maciulaitis R, Buinauskiene J, Valiukeviciene S. Topical photodynamic therapy of actinic keratoses with 5-aminolevulinic acid: randomized controlled trial with six months follow-up. *J Dermatolog Treat.* Dec 2014;25(6):519-522.
3. Goldenberg G, Perl M. Actinic keratosis: update on field therapy. *The Journal of clinical and aesthetic dermatology.* Oct 2014;7(10):28-31.
4. UpToDate.com. Treatment and prognosis of cutaneous squamous cell carcinoma. 10/24/2017, 12/21/2015.



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Non-Discrimination Statement:

Blue Cross Blue Shield of Arizona (BCBSAZ) complies with applicable Federal civil rights laws and does not discriminate on the basis of race, color, national origin, age, disability or sex. BCBSAZ provides appropriate free aids and services, such as qualified interpreters and written information in other formats, to people with disabilities to communicate effectively with us. BCBSAZ also provides free language services to people whose primary language is not English, such as qualified interpreters and information written in other languages. If you need these services, call (602) 864-4884 for Spanish and (877) 475-4799 for all other languages and other aids and services.

If you believe that BCBSAZ has failed to provide these services or discriminated in another way on the basis of race, color, national origin, age, disability or sex, you can file a grievance with: BCBSAZ's Civil Rights Coordinator, Attn: Civil Rights Coordinator, Blue Cross Blue Shield of Arizona, P.O. Box 13466, Phoenix, AZ 85002-3466, (602) 864-2288, TTY/TDD (602) 864-4823, crc@azblue.com. You can file a grievance in person or by mail or email. If you need help filing a grievance BCBSAZ's Civil Rights Coordinator is available to help you. You can also file a civil rights complaint with the U.S. Department of Health and Human Services, Office for Civil Rights electronically through the Office for Civil Rights Complaint Portal, available at <https://ocrportal.hhs.gov/ocr/portal/lobby.jsf>, or by mail or phone at: U.S. Department of Health and Human Services, 200 Independence Avenue SW., Room 509F, HHH Building, Washington, DC 20201, 1-800-368-1019, 800-537-7697 (TDD). Complaint forms are available at <http://www.hhs.gov/ocr/office/file/index.html>

Multi-Language Interpreter Services:

Spanish: Si usted, o alguien a quien usted está ayudando, tiene preguntas acerca de Blue Cross Blue Shield of Arizona, tiene derecho a obtener ayuda e información en su idioma sin costo alguno. Para hablar con un intérprete, llame al 602-864-4884.

Navajo: Díí kwe'é atah nilínigíí Blue Cross Blue Shield of Arizona haada yit'éego bina'idííkidgo éí doodago Háida bíjá anilyeedígíí t'áadoo le'é yina'idííkidgo beehaz'áanii hólg díí t'áa hazaadk'ehjí háká a'doowołgo bee haz'ą doo baqah ilínígóó. Ata' halne'ígíí kojí' bich'í' hodíilnih 877-475-4799.

Chinese: 如果您，或是您正在協助的對象，有關於插入項目的名稱 Blue Cross Blue Shield of Arizona 方面的問題，您有權利免費以您的母語得到幫助和訊息。洽詢一位翻譯員，請撥電話 在此插入數字 877-475-4799。

Vietnamese: Nếu quý vị, hay người mà quý vị đang giúp đỡ, có câu hỏi về Blue Cross Blue Shield of Arizona quý vị sẽ có quyền được giúp và có thêm thông tin bằng ngôn ngữ của mình miễn phí. Để nói chuyện với một thông dịch viên, xin gọi 877-475-4799.

Arabic:

إن كان لديك أو لدى شخص تساعد أسئلة بخصوص Blue Cross Blue Shield of Arizona، فلديك الحق في الحصول على المساعدة والمعلومات الضرورية بلغتك من دون أية تكلفة. للتحدث مع مترجم اتصل بـ 877-475-4799.

