

## OHCA Guideline

<b>Medical Procedure Class:</b>	<b>Actinotherapy for Adults</b>
Initial Implementation Date:	6/16/2015
Last Review Date:	06/10/2024
Effective Date:	06/10/2024
Next Review/Revision Date:	June 2027
* This document is not a contract, and these guidelines do not reflect or represent every conceived situation. Although all items contained in these guidelines may be met, this does not reflect, or imply any responsibility of this agency or department to change the plan provision to include the stated service as an eligible benefit.	
<input type="checkbox"/> New Criteria <span style="margin-left: 300px;"><input checked="" type="checkbox"/> Revision of Existing Criteria</span>	
<b>Summary</b>	
<b>Purpose:</b>	To provide guidelines to assure medical necessity and consistency in the prior authorization process.
<b>Definitions</b>	
<p><b>Phototherapy</b> - The exposure to nonionizing radiation for therapeutic benefit. It may involve exposure to ultraviolet A (UVA), ultraviolet B (UVB) or various combinations of UVA or UVB radiation.</p> <p><b>Cutaneous T-cell Lymphoma</b>- Rare type of cancer that begins in the white blood cells and attacks the skin.</p> <p><b>Mycosis Fungoides</b>- The most common form of cutaneous T-cell lymphoma</p> <p><b>Prurigo Nodularis</b>- Chronic skin disorder characterized by the presence of hard, extremely itchy nodules.</p>	
<b>CPT Code Covered Requiring Prior Authorization (PA)</b>	
96900 – Actinotherapy (ultraviolet light)	
Authorization required for adults aged 21 years and over; no authorization required for children aged 0-20 years.	
<b>Approval Criteria</b>	

## I. GENERAL

- A. Medical necessity must be met. All documentation submitted to request services or substantiate previously provided services must demonstrate through adequate objective medical records, evidence sufficient to justify the member's needs for the service in accordance with the OAC 317:30-3-1(f).
- B. All documentation must be easily legible, and images must be of diagnostic quality.

## II. INDICATIONS

### A. *Cutaneous T-cell lymphoma (mycosis fungoides)*

- For adults aged 21 years and over, office or clinic-based phototherapy with UVA and /or UVB up to 3 times per week for up to 6 months is considered medically necessary when the following are met:
- Documentation supports the member has cutaneous T-cell lymphoma (mycosis fungoides); **AND**
- Documentation supports conventional therapy (e.g., topical corticosteroids) has failed; **AND**
- Documentation includes baseline photos of affected areas.
- Continued treatment requires prior authorization every 6 months (unless otherwise specified); authorization for continued treatment requires documentation of improvement from the treatment in the member's medical record. This documentation should include baseline and current photos of the affected area(s).

### B. *Prurigo Nodularis*

- For adults aged 21 years and over, office or clinic-based phototherapy with UVA and /or UVB up to 3 times per week for up to 10 weeks is considered medically necessary when the following are met:
- Member has been evaluated and diagnosed by a dermatologist, allergist, or immunologist within the last 12 months (or an advanced care practitioner with a supervising physician who is a dermatologist, allergist, or immunologist); **AND**
- Documentation must clearly show member history or signs of repeated itch-scratch cycle (e.g., scratching, picking, or rubbing); with Worst-Itch Numeric Rating Scale score of  $\geq 7$ ; **AND**
- Documentation supports inadequate response to 1 medium potency to very-high potency Tier-1 topical corticosteroid/or intralesional corticosteroids; OR there is documented contraindication of intolerance to corticosteroids **AND**
- Documentation supports failed response to Dupixent (dupilumab) systemic treatment.

## References

1. Oklahoma Health Care Authority; Policies & Rules, OAC 317:30-3-1
2. Oklahoma Health Care Authority: Dupixent (Dupilumab) Prior Authorization, <https://oklahoma.gov/ohca/providers/types/pharmacy/prior-authorization/2024/respiratory.html>
3. BCBS of Oklahoma, Phototherapy for Dermatological Conditions, Number: THE801.033, /effective date 4/1/2020.
4. Aetna, 'Phototherapy and Photochemotherapy (PUVA) for Skin Conditions', Number 0205, 4/11/2024. [https://www.aetna.com/cpb/medical/data/200\\_299/0205.html](https://www.aetna.com/cpb/medical/data/200_299/0205.html)
5. Aetna, Coverage Policy/Guideline, Dupixent, effective date 04/15/2024. <https://www.aetnabetterhealth.com/content/dam/aetna/medicaid/pdfs/formulary/guidelines/Dupixent-Aetna-Medicaid-Policy-ua.pdf>
6. UpToDate, Prurigo Nodularis, current through 04/2024.