

| Market Applicability/Effective Date | | | | | | | | | | | | | | |
|-------------------------------------|----------|--------|--------|----|----|----|----|----|----|----|----|----|----|----|
| Market | FL & FHK | FL MMA | FL LTC | GA | KS | KY | LA | MD | NJ | NV | NY | TN | TX | WA |
| Applicable | X | NA | NA | X | NA | X | X | X | X | X | X | NA | NA | X |

*FHK- Florida Healthy Kids

Methoxsalen

| Override(s) | Approval Duration |
|---------------------|-------------------|
| Prior Authorization | 1 year |

| Medications |
|--|
| 8-MOP (methoxsalen capsules)** Oxsoralen-Ultra (methoxsalen capsules) |

**8-MOP was discontinued by the manufacturer as of 11-2016. Criteria will remain active as claims can adjudicate up to 3 years after agent discontinuation.

APPROVAL CRITERIA

Requests for methoxsalen capsules (8-MOP**, Oxsoralen-Ultra) may be approved if the following criteria are met:

- I. Individual has a diagnosis of severe, recalcitrant, disabling psoriasis; **AND**
 - A. Not adequately responsive to other forms of therapy; **AND**
 - B. The diagnosis has been supported by biopsy; **AND**
 - C. Used in conjunction with a schedule of controlled doses of long wave ultraviolet radiation

OR

- II. Individual has a diagnosis of idiopathic vitiligo*; **AND**
- III. Used in conjunction with a schedule of controlled doses of long wave ultraviolet radiation [AHFS]

OR

- IV. Individual has a diagnosis of the skin manifestations of cutaneous T-cell lymphoma, such as but not limited to Mycosis Fungoides and Sezary Syndrome^; **AND**
 - A. Used in conjunction with photopheresis with the UVAR[®] instrument; **AND**
 - B. Have not been responsive to other forms of treatment [Drug Dex, NCCN]

Note: Methoxsalen has a black box warning that concurrent use with UV radiation should only be used by physicians who have special competence in diagnosis and treatment of psoriasis and vitiligo and who have special training and experience in photochemotherapy. Photochemotherapy should be restricted to individuals with severe, recalcitrant, disabling psoriasis which is not adequately responsive to other forms of therapy, and only when the

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This policy does not apply to health plans or member categories that do not have pharmacy benefits, nor does it apply to Medicare. Note that market specific restrictions or transition-of-care benefit limitations may apply.

WEB-PEC-0645-17

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diagnosis is certain. Risks of therapy include ocular damage, aging of the skin, and skin cancer (including melanoma). The soft gelatin capsules (Oxсорalen-Ultra) should not be used interchangeably with regular hard gelatin capsules (8-MOP) due to greater bioavailability and earlier photosensitization onset time of the newer soft gelatin capsule dosage form.

*Indication is FDA-approved for 8-MOP. Accepted off-label (AHFS) indication for Oxсорalen-Ultra.

^Indication is FDA-approved for 8-MOP. Accepted off-label (NCCN 2A, DrugPoints BIIb) indication for Oxсорalen-Ultra.

Note: Edit applies to New Starts ONLY

| State Specific Mandates | | |
|-------------------------|----------------|---|
| State name | Date effective | Mandate details (including specific bill if applicable) |
| N/A | N/A | N/A |

Key References:

Clinical Pharmacology [database online]. Tampa, FL: Gold Standard, Inc.: 2017. URL: <http://www.clinicalpharmacology.com>. Updated periodically.

DailyMed. Package inserts. U.S. National Library of Medicine, National Institutes of Health website. <http://dailymed.nlm.nih.gov/dailymed/about.cfm>. Accessed January 30, 2017.

DrugPoints® System (electronic version). Truven Health Analytics, Greenwood Village, CO. Updated periodically.

Lexi-Comp ONLINE™ with AHFS™, Hudson, Ohio: Lexi-Comp, Inc.; 2017; Updated periodically.

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