

Federal Employee Program.

# AMINOLEVULINIC ACID Ameluz Gel, Levulan Kerastick (aminolevulinic acid)

### Pre - PA Allowance

None

## **Prior-Approval Requirements**

Age 18 years of age or older

**Diagnoses** 

Patient must have **ONE** of the following:

#### **Ameluz**

- 1. Actinic keratoses (AK) on face or scalp
  - a. Mild to moderate AK

#### Levulan

- 1. Actinic keratosis (AK) on face or scalp
  - a. Minimally to moderately thick AK
- 2. Actinic keratoses (AK) of the upper extremities

#### **AND ALL** of the following for **ALL** indications:

- 1. Inadequate treatment response, intolerance, or contraindication to at least **ONE** topical skin product (e.g. imiquimod)
- Used in combination with the BF-RhodoLED lamp (if using Ameluz gel)
   OR in combination with the BLU-U Blue Light Photodynamic Therapy
   (PDT) Illuminator (if using Levulan Kerastick)
- 3. NO history of porphyria
- 4. **NO** history of photodermatoses
- 5. **NO** dual therapy with another aminolevulinic acid agent

### **Prior - Approval Limits**

**Duration** 3 months of Levulan Kerastick or Ameluz gel

# Prior – Approval Renewal Requirements

Age 18 years of age or older

**Diagnoses** 

Patient must have **ONE** of the following:



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# AMINOLEVULINIC ACID Ameluz Gel, Levulan Kerastick (aminolevulinic acid)

- 1. Actinic keratoses (AK) on face or scalp
- 2. Levulan **only:** Actinic keratoses (AK) of the upper extremities

#### **AND ALL** of the following for **ALL** indications:

- 1. Re-evaluation of lesion(s) for improvement
- 2. A minimum of 3 months have elapsed since initial treatment for the requested site
- Used in combination with the BF-RhodoLED lamp (if using Ameluz gel)
   OR in combination with the BLU-U Blue Light Photodynamic Therapy (PDT) Illuminator (if using Levulan Kerastick)
- 4. NO dual therapy with another aminolevulinic acid agent

## Prior - Approval Renewal Limits

**Duration** 3 months of Levulan Kerastick or Ameluz gel

<sup>\*</sup>One renewal only per site – face, scalp, and upper extremities are considered separate treatment sites

<sup>\*\*</sup>Continuation of therapy for the same site must be completed with the same aminolevulinic acid agent