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July 09, 2025

Wisconsin Physician Services Insurance Corporation  
Joelle Vlahakis, MD  
J5 & J8 Part B  
1717 West Broadway  
Madison, WI 53713

Submitted Electronically: [policycomments@wpsic.com](mailto:policycomments@wpsic.com)

**Re: Proposed Local Coverage Determination (LCD) DL36408 Allergen Immunotherapy (AIT) with Subcutaneous Immunotherapy (SCIT)**

Dear Dr. Vlahakis,

On behalf of the American Academy of Dermatology Association (AADA) and the Dermatologic Medicare Contractor Advisory Committee (DermCAC), thank you for the opportunity to comment on the Proposed LCD, DL36408 Allergen Immunotherapy (AIT) with Subcutaneous Immunotherapy (SCIT).

The AADA is the leading society in dermatological care, representing more than 17,500 dermatologists nationwide. The AADA is committed to excellence in the medical and surgical treatment of skin disease; advocating for high standards in clinical practice, education, and research in dermatology and dermatopathology; and driving continuous improvement in patient care and outcomes while reducing the burden of skin disease. The DermCAC is a national coalition of dermatologist representatives selected by their state dermatology societies and represents the board-certified dermatologists in your carrier region. The DermCAC advocates for policies that prioritize patient well-being.

**The AADA and DermCAC support the proposed inclusion of atopic dermatitis (AD) due to dust mite sensitization as a covered indication for SCIT as an adjunctive treatment option for select patients with confirmed sensitization and a consistent clinical history.** The criteria outlined in the draft policy—which require both documented IgE-mediated sensitization

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and a consistent pattern of symptoms with allergen exposure— are consistent with guidance that supports stepwise, individualized evaluation of aeroallergen relevance in AD management. The AAD's guidelines recommend assessing clinical history to determine potential allergen triggers, followed by targeted testing to confirm sensitization in appropriate cases.<sup>1</sup> This patient-specific approach aligns with the policy's intent to limit coverage to those with a demonstrable allergic component contributing to their disease.

While SCIT is not routinely recommended for the general AD population,<sup>2</sup> there is recent evidence supporting its use in select patients with confirmed house dust mite (HDM) sensitization and a clearly defined allergic trigger. Multiple prospective studies—including randomized controlled trials—have reported improvements in AD severity, pruritus, and reduced use of topical corticosteroids in HDM-sensitized patients who received SCIT.<sup>3,4</sup> Although the current body of evidence is based on a limited number of small studies with varied methodologies, these findings suggest that SCIT may offer clinical benefit as an adjunct to standard AD management in appropriately selected patients. **The AADA and DermCAC urge WPS to retain the proposed coverage of SCIT for atopic dermatitis due to dust mite sensitization in the final policy, as an adjunctive treatment option for appropriately selected patients.**

The AADA and DermCAC appreciate the opportunity to provide feedback on the proposed LCD on allergen immunotherapy with subcutaneous immunotherapy. Thank you for your consideration of these comments. On behalf of dermatologists in the WPS region and nationwide, the AADA and DermCAC remain committed to ensuring patients have access to high-quality, medically necessary dermatologic care. We value continued collaboration with Medicare administrative contractors on all policies impacting the specialty.

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<sup>1</sup> Sidbury, Robert et al. Guidelines of care and management of atopic dermatitis. Section 4. Prevention of disease flares and use of adjunctive therapies and approaches. *Journal of the American Academy of Dermatology*. 2014 Dec; 71(6): 1218-1233.

<https://doi.org/10.1016/j.jaad.2014.08.038>.

<sup>2</sup> *Id.*

<sup>3</sup> Yepes-Nunez, JJ et al. Allergen immunotherapy for atopic dermatitis: Systematic review and meta-analysis of benefits and harms. *Journal of Allergy and Clinical Immunology*. 2023 Jan; 151(1): 147-158. <https://doi.org/10.1016/j.jaci.2022.09.020>

<sup>4</sup> Tam, HH et al. Specific allergen immunotherapy for the treatment of atopic eczema: a Cochrane systematic review. *Allergy*. 2016 Sept;71(9):1345-56. <https://doi.org/10.1111/all.12932>

If you have any questions or would like more information about the comments in this letter, please contact Cameron Huff, MHA, Manager, Payment Policy at [chuff@aad.org](mailto:chuff@aad.org). We welcome the opportunity to discuss this further.

Sincerely,

A handwritten signature in black ink that reads "Susan C. Taylor MD, FAAD". The signature is fluid and cursive, with "Susan C." on the first line, "Taylor" on the second line, "MD" on the third line, and "FAAD" on the fourth line.

Susan C. Taylor, MD, FAAD  
President, American Academy of Dermatology / Association

A handwritten signature in black ink that reads "Howard Wooding Rogers". The signature is fluid and cursive, with "Howard" on the first line, "Wooding" on the second line, and "Rogers" on the third line.

Howard Wooding Rogers, MD, PhD, FAAD  
Chair, Dermatologic Medicare Contractor Advisory Committee