

Blue Cross of South Carolina

CAM 20147 Targeted Phototherapy for Psoriasis

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Description:

Targeted phototherapy describes the use of ultraviolet light that can be focused on specific body areas or lesions to treat patients with psoriasis. Conventional phototherapeutic treatment options for treatment of psoriasis include photochemotherapy with psoralen plus ultraviolet A (PUVA) and both broad and narrowband ultraviolet B (UVB) light. UVB therapy has been commonly used to treat patients with mild to moderate psoriasis. While PUVA therapy is considered more effective than UVB, the requirement of systemic exposure and the higher risk of adverse reactions (including a higher carcinogenic risk) have generally limited PUVA therapy to patients with severe recalcitrant psoriasis. UVB is typically directed to the whole body or large sections of the body with light panels or light cabinets, requiring multiple treatments given several times a week.

Broadband UVB devices emitting wavelengths from 290 to 320 nm have been largely replaced by narrowband UVB (NB-UVB) devices. NB-UVB devices eliminate wavelengths below 290 nm, which are considered erythomogenic and carcinogenic but not therapeutic.

Original NB-UVB devices consisted of a Phillips TL-01 fluorescent bulb with a maximum wavelength (lambda max) at 311 nm. Xenon chloride (XeCl) lasers and lamps have been developed as targeted NB-UVB treatment devices. These devices generate monochromatic or very narrow band radiation with a lambda max of 308 nm. In 2001, a XeCl excimer laser (XTRAC™ by PhotoMedex) received 510 (k) clearance from the U.S. Food and Drug Administration (FDA) for the treatment of mild to moderate psoriasis. 510(k) clearance has subsequently been obtained for a number of targeted UVB lamps and lasers, including the XTRAC XL™ and VTRAC™ lamp (PhotoMedex), the BClear™ lamp (Lumenis) and the European manufactured Excilite™ and Excilite μ™ XeCL lamps. The indicated use of these devices is targeted UVB phototherapy for treatment of skin conditions including psoriasis, vitiligo, atopic dermatitis and leukoderma.

This type of FDA approval does not require data regarding clinical efficacy. Essentially, these devices are considered a different technique for generating UVB light. The proposed advantage of a hand-held device is that it specifically targets individual lesions, thus limiting exposure to the surrounding normal tissue. Targeted phototherapy may therefore allow higher dosages compared to a light box, which could result in fewer treatments to produce clearing. The original indication of the excimer laser was for

patients with mild to moderate psoriasis, defined as involvement of less than 10 percent of the skin. Typically, these patients have not been considered candidates for light box therapy, since the risks of exposing the entire skin to the carcinogenic effects of UVB light may outweigh the benefits of treating a small number of lesions. Patients with mild localized psoriasis are treated primarily with topical therapy. A variety of agents may be used: calcipotrience (Dovonex[®]), tazarotene (Tazovac[®]) and flucinonide (Lidex[®]) are examples.

Policy:

Targeted phototherapy may be considered **MEDICALLY NECESSARY** for the treatment of moderate to severe psoriasis comprising of less than 20 percent body area for which NB-UVB or PUVA are indicated.

Targeted phototherapy may be considered **MEDICALLY NECESSARY** for the treatment of mild to moderate psoriasis that is unresponsive to conservative treatment.

Some state or federal mandates (i.e., the Federal Employee Program [FEP]) prohibit plans from denying FDA approved technologies as investigational. In these instances, plans may have to consider the coverage eligibility of FDA-approved technologies on the basis of medical necessity alone.

References:

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