Clinical Position Statement

Targeted Phototherapy for Psoriasis

Note: Although the services described in this position statement are not subject to routine medical necessity review, utilization may be audited.

CLINICAL POSITION STATEMENT

Targeted phototherapy (also called concentrated phototherapy, focused phototherapy or microphototherapy) describes the use of ultraviolet light that is focused on specific body areas or lesions to treat psoriasis. Targeted phototherapy is available through the use of narrowband (NB)-UVB devices and psoralen plus ultraviolet A (PUVA). Treatments are done in a provider’s office, a psoriasis clinic or at home with provider-prescribed phototherapy unit.

- There is sufficient evidence to suggest that targeted phototherapy may be effective to treat:
  - Mild to moderate localized psoriasis that is unresponsive to conservative treatment.
  - Moderate to severe localized psoriasis comprising less than 10% body area for which NB-UVB or PUVA are indicated.
- Twice per week treatment sessions with a minimum of 48 hours between treatments are recommended by the National Psoriasis Foundation.
- An average of 4 – 10 sessions is generally adequate to treat most cases of psoriasis. More than 10 sessions may be appropriate if significant improvement is demonstrated.
- There is insufficient evidence to determine the effectiveness of targeted phototherapy for:
  - First-line treatment of mild psoriasis
  - Treatment of generalized psoriasis or psoriatic arthritis
  - All other dermatologic conditions
- Targeted phototherapy may be performed in the home setting using FDA-approved prescription-only light sources under the supervision of a physician.

RATIONALE

National Psoriasis Foundation[1,2]

- The National Psoriasis Foundation (NPF) recommends targeted phototherapy for those patients with less than 5-10% of body covered by psoriasis or for lesions localized to specific areas of the body.
- Recommended treatment frequency is twice per week with a minimum of 48 hours between treatments.
- It can take an average of four to 10 sessions to see results, depending on the severity of the case.
- The NPF states there is insufficient long-term data to indicate how long improvement or clearance lasts following a course of treatment.
• The NPF does not support the use of indoor tanning beds as a substitute for phototherapy performed in the office or home setting with a prescription-only light source under the supervision of a physician.[2]

American Academy of Dermatology[3]

• The American Academy of Dermatology (AAD) guidelines recommend targeted phototherapy for the treatment of adults or children with mild, moderate, or severe psoriasis with less than 10% body surface area involvement.
• Recommended treatment frequency is 2-3 times per week with a minimum of 48 hours between treatments.
• An average of 10-12 treatments is needed.
• No studies in pregnancy, nursing, or large-scale studies in children have been performed; however, based on expert opinion, the AAD indicates targeted therapy is safe in these groups.
• Phototherapy is contraindicated in patients with known lupus erythematosus, porphyria, or xeroderma pigmentosum.

Other

There is concern for the possibility of cancer induction with long-term UVB treatment and PUVA has been associated with increased cancer risk. However, there is currently no evidence that supports increased risk following extended UVB treatment.[4-6] Given the higher minimal erythematic dose (MED) of plaques and reduced exposure of unaffected skin, targeted NB-UVB may have an improved benefit/risk ratio over non-targeted phototherapy for localized psoriasis.

There is currently no evidence to recommend any one targeted or non-targeted NB-UVB device over another. Devices with smaller focal areas may result in more frequent blistering due to “tiling,” the practice of overlapping adjoining treatment zones.

REFERENCES


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