



MEDICAL COVERAGE GUIDELINES  
SECTION: MEDICINE

ORIGINAL EFFECTIVE DATE: 03/23/10  
LAST REVIEW DATE: 01/22/19  
LAST CRITERIA REVISION DATE: 03/04/14  
ARCHIVE DATE:

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## PSORIASIS MEDICAL TREATMENTS

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Non-Discrimination Statement and Multi-Language Interpreter Services information are located at the end of this document.

Coverage for services, procedures, medical devices and drugs are dependent upon benefit eligibility as outlined in the member's specific benefit plan. This Medical Coverage Guideline must be read in its entirety to determine coverage eligibility, if any.

This Medical Coverage Guideline provides information related to coverage determinations only and does not imply that a service or treatment is clinically appropriate or inappropriate. The provider and the member are responsible for all decisions regarding the appropriateness of care. Providers should provide BCBSAZ complete medical rationale when requesting any exceptions to these guidelines.

The section identified as "Description" defines or describes a service, procedure, medical device or drug and is in no way intended as a statement of medical necessity and/or coverage.

The section identified as "Criteria" defines criteria to determine whether a service, procedure, medical device or drug is considered medically necessary or experimental or investigational.

State or federal mandates, e.g., FEP program, may dictate that any drug, device or biological product approved by the U.S. Food and Drug Administration (FDA) may not be considered experimental or investigational and thus the drug, device or biological product may be assessed only on the basis of medical necessity.

Medical Coverage Guidelines are subject to change as new information becomes available.

For purposes of this Medical Coverage Guideline, the terms "experimental" and "investigational" are considered to be interchangeable.

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## PSORIASIS MEDICAL TREATMENTS (cont.)

### Description:

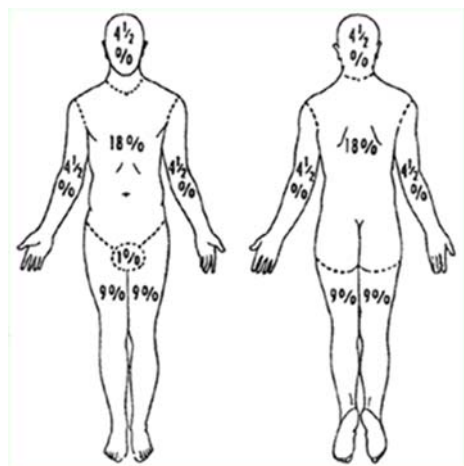
Psoriasis is a chronic skin disorder characterized by scaly plaques on the body. Treatment for psoriasis depends on type, location, extent and severity of the disease. Treatments include topical agents (corticosteroids, coal tar derivatives, vitamin D analogs, and retinoids), light therapy, a combination of light therapy with an oral medication and systemic immunosuppressive chemotherapy.

Medical therapies for psoriasis include:

- Grenz Ray treatment: Low voltage radiation that does not penetrate beneath the dermis of the skin
- Light therapy: Phototherapy with Ultraviolet B (UVB) which penetrates the skin, using either broadband or narrow band UVB (NB-UVB)
- Goeckerman treatment: Combination treatment of coal tar dressings with broadband UVB
- PUVA therapy: Combination of psoralen (a light-sensitizing medication) with exposure to Ultraviolet A (UVA)
- Targeted phototherapy: High intensity UVB lamps or lasers which focus monochromatic or very narrow band radiation specifically on individual lesions, thus limiting exposure to the surrounding normal tissues
- Total body laser therapy

**Injectable medication therapies for psoriasis are addressed by medication name on separate Medical Coverage Guidelines.**

Body Regions as Percent of Body Surface Area:



Body Region	Percent Body Surface Area
Head	9%
Trunk	36%
Upper Extremities	18%
Lower Extremities	36%
Genital Area	1%

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## PSORIASIS MEDICAL TREATMENTS (cont.)

### Definitions:

#### Mild Psoriasis:

Lesions covering less than 2% of the body

#### Moderate Psoriasis:

Lesions covering 2% to 10% of the body

#### Severe Psoriasis:

Lesions covering greater than 10% of the body

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### Criteria:

#### Goeckerman Therapy:

- Goeckerman therapy for the treatment of refractory moderate to severe psoriasis is considered **medically necessary**.

#### Grenz Ray Therapy:

- Grenz Ray therapy as an adjunct to standard therapeutic modalities for the treatment of moderate to severe psoriasis is considered **medically necessary**.

#### PUVA Therapy:

- PUVA therapy for disabling psoriasis not responsive to other forms of conservative therapy (e.g., topical corticosteroids, coal tar/petrolatum preparations and ultraviolet light, unless otherwise contraindicated) is considered **medically necessary**.

#### Targeted Phototherapy:

- Targeted phototherapy, using lamps or lasers, for the treatment of moderate to severe localized psoriasis comprising less than 20% of body surface area is considered **medically necessary** when used to avoid systemic exposure of NB-UVB or PUVA when only specific body areas or lesions are being treated.
- Targeted phototherapy, using lamps or lasers, for the treatment of mild to moderate localized psoriasis that is unresponsive to conservative treatment (e.g., topical corticosteroids, coal tar/petrolatum preparations and ultraviolet light, unless otherwise contraindicated) is considered **medically necessary**.

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## PSORIASIS MEDICAL TREATMENTS (cont.)

### Criteria: (cont.)

- Targeted phototherapy for the treatment of psoriasis for all other indications not previously listed or if above criteria not met is considered **experimental or investigational** based upon:
  1. Insufficient scientific evidence to permit conclusions concerning the effect on health outcomes and
  2. Insufficient evidence to support improvement of the net health outcome, and
  3. Insufficient evidence to support improvement of the net health outcome as much as, or more than, established alternatives.

These indications include, *but are not limited to:*

- First line treatment of mild psoriasis
- Generalized psoriasis
- Psoriatic arthritis

### Total Body Laser Therapy:

- Total body laser therapy for the treatment of psoriasis is considered **experimental or investigational** based upon:
  1. Insufficient scientific evidence to permit conclusions concerning the effect on health outcomes and
  2. Insufficient evidence to support improvement of the net health outcome, and
  3. Insufficient evidence to support improvement of the net health outcome as much as, or more than, established alternatives.

### UVB Light Therapy:

- UVB light therapy for the treatment of moderate to severe psoriasis is considered **medically necessary**.
- UVB home unit for the treatment of moderate to severe psoriasis is considered **medically necessary**.



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## PSORIASIS MEDICAL TREATMENTS (cont.)

### Resources:

Literature reviewed 01/30/18. We do not include marketing materials, poster boards and non-published literature in our review.

The BCBS Association Medical Policy Reference Manual (MPRM) policy is included in our guideline review. References cited in the MPRM policy are not duplicated on this guideline.

1. 2.01.47 BCBS Association Medical Policy Reference Manual. Light Therapy for Psoriasis. Re-issue date 12/14/2017, issue date 11/20/2001.
2. American Academy of Dermatology. Consensus Statement on Psoriasis Therapies. 04/17/2003 2003.
3. Blue Shield of California Medical Policy Committee on Quality and Technology. Laser Treatment for Psoriasis. 10/16/2002 2002.
4. Coven TR, Burack LH, Gilleaudeau R, Keogh M, Ozawa M, Krueger JG. Narrowband UV-B produces superior clinical and histopathological resolution of moderate-to-severe psoriasis in patients compared with broadband UV-B. *Arch Dermatol*. 1997 Dec 1997;133(12):1514-1522.
5. Fallah-Arani S, Prens EP. Systemic Therapies for Moderate to Severe Psoriasis. *Business Briefing: European Pharmacotherapy*. 2006 2006:62.
6. Moschella S, and Hurley, H. Papulosquamous Eruptions and Exfoliative Dermatitis. *Dermatology*. 1992 1992;One(Third Edition):619-621.
7. National Psoriasis Foundation. Psoriasis Therapies. 2002, accessed 12/26/2002.



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## PSORIASIS MEDICAL TREATMENTS (cont.)

### Non-Discrimination Statement:

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If you believe that BCBSAZ has failed to provide these services or discriminated in another way on the basis of race, color, national origin, age, disability or sex, you can file a grievance with: BCBSAZ's Civil Rights Coordinator, Attn: Civil Rights Coordinator, Blue Cross Blue Shield of Arizona, P.O. Box 13466, Phoenix, AZ 85002-3466, (602) 864-2288, TTY/TDD (602) 864-4823, [crc@azblue.com](mailto:crc@azblue.com). You can file a grievance in person or by mail or email. If you need help filing a grievance BCBSAZ's Civil Rights Coordinator is available to help you. You can also file a civil rights complaint with the U.S. Department of Health and Human Services, Office for Civil Rights electronically through the Office for Civil Rights Complaint Portal, available at <https://ocrportal.hhs.gov/ocr/portal/lobby.jsf>, or by mail or phone at: U.S. Department of Health and Human Services, 200 Independence Avenue SW., Room 509F, HHH Building, Washington, DC 20201, 1-800-368-1019, 800-537-7697 (TDD). Complaint forms are available at <http://www.hhs.gov/ocr/office/file/index.html>

### Multi-Language Interpreter Services:

Spanish: Si usted, o alguien a quien usted está ayudando, tiene preguntas acerca de Blue Cross Blue Shield of Arizona, tiene derecho a obtener ayuda e información en su idioma sin costo alguno. Para hablar con un intérprete, llame al 602-864-4884.

Navajo: Díí kwe'é atah nilinígíí Blue Cross Blue Shield of Arizona haada yit'éego bina'idíłkídkgo éí doodago Háida bíjá anilyeedígíí t'áadoo le'é yina'idíłkídkgo beehaz'áanii hółq díí t'áá hazaadk'ehjí háká a'doowołgo bee haz'ą doo baqah ílínígóó. Ata' halne'ígíí kojí' bich'í' hodíłnih 877-475-4799.

Chinese: 如果您，或是您正在協助的對象，有關於插入項目的名稱 Blue Cross Blue Shield of Arizona 方面的問題，您有權利免費以您的母語得到幫助和訊息。洽詢一位翻譯員，請撥電話 在此插入數字 877-475-4799。

Vietnamese: Nếu quý vị, hay người mà quý vị đang giúp đỡ, có câu hỏi về Blue Cross Blue Shield of Arizona quý vị sẽ có quyền được giúp và có thêm thông tin bằng ngôn ngữ của mình miễn phí. Để nói chuyện với một thông dịch viên, xin gọi 877-475-4799.

### Arabic:

إن كان لديك أو لدى شخص تساعد أسئلة بخصوص Blue Cross Blue Shield of Arizona، فلديك الحق في الحصول على المساعدة والمعلومات الضرورية بلغتك من دون أية تكلفة. للتحدث مع مترجم اتصل بـ 877-475-4799.

