PSORIASIS MEDICAL TREATMENTS

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:

<table>
<thead>
<tr>
<th>Body Region</th>
<th>Percent Body Surface Area</th>
</tr>
</thead>
<tbody>
<tr>
<td>Head</td>
<td>9%</td>
</tr>
<tr>
<td>Trunk</td>
<td>36%</td>
</tr>
<tr>
<td>Upper Extremities</td>
<td>18%</td>
</tr>
<tr>
<td>Lower Extremities</td>
<td>36%</td>
</tr>
<tr>
<td>Genital Area</td>
<td>1%</td>
</tr>
</tbody>
</table>

Picture Source: Arizona Burn Center – Medpro, Inc., Copyright 2000
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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

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.
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.
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.


PSORIASIS MEDICAL TREATMENTS (cont.)

Non-Discrimination Statement:

Blue Cross Blue Shield of Arizona (BCBSAZ) complies with applicable Federal civil rights laws and does not discriminate on the basis of race, color, national origin, age, disability or sex. BCBSAZ provides appropriate free aids and services, such as qualified interpreters and written information in other formats, to people with disabilities to communicate effectively with us. BCBSAZ also provides free language services to people whose primary language is not English, such as qualified interpreters and information written in other languages. If you need these services, call (602) 864-4884 for Spanish and (877) 475-4799 for all other languages and other aids and services.

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. 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 de 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 níilíngíí Blue Cross Blue Shield de Arizona haad aít’égó bina’ídiłkidgo éí doodago Háídá biį́į́ aníłyeedíí t’áadoo le’e yina’ídi łkidgo beehažááníí hóó dií t’áąí hazaadk’ehjí háhá a’doo wóólogo bee haaz’ą́ doo bą́ąłí ilíí dóó. Aťaa’ halne’ígíí kojí bích’į́ hodílińíí 877-475-4799.

Chinese: 如果您，或是您正在協助的對象，有關請插入項目的名稱 Blue Cross Blue Shield of Arizona 方面的問，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 كانت لديك أو لدى شخص تحديد أسلحة بخصومي في Stanford. للحصول على المساعدة والمعلومات 877-475-4799.
PSORIASIS MEDICAL TREATMENTS (cont.)

Multi-Language Interpreter Services: (cont.)

Tagalog: Kung ikaw, o ang iyong tinutulungan, ay mga may katanungan tungkol sa Blue Cross Blue Shield of Arizona, may karapatan ka na makakuha ng tulong at impormasyon sa iyong wika ng walang gastos. Upang makuasaap ang isang tagasalin, tumawag sa 877-475-4799.

Korean: 민약 치료 또는 치료가 드고 있는 어떤 사람이 Blue Cross Blue Shield of Arizona 에 관해 질문이 있다면 치료를 드는 의료정보를 치료의 영어로 비용 부담없이 알 수 있는 권리가 있습니다. 그렇게 통역사와 얘기하기 위해서는 877-475-4799 로 전화하십시오.

French: Si vous, ou quelqu’un que vous êtes en train d’aider, a des questions à propos de Blue Cross Blue Shield of Arizona, vous avez le droit d’obtenir de l’aide et l’information dans votre langue à aucun coût. Pour parler à un interprète, appelez 877-475-4799.

German: Falls Sie oder jemand, dem Sie helfen, Fragen zum Blue Cross Blue Shield of Arizona haben, haben Sie das Recht, kostenlose Hilfe und Informationen in Ihrer Sprache zu erhalten. Um mit einem Dolmetscher zu sprechen, rufen Sie bitte die Nummer 877-475-4799 an.

Russian: Если у вас или лица, которому вы помогаете, имеются вопросы по поводу Blue Cross Blue Shield of Arizona, то вы имеете право на бесплатное получение помощи и информации на вашем языке. Для разговора с переводчиком позвоните по телефону 877-475-4799.

Japanese: ご本人様、またはお客様の身の回りの方でも、Blue Cross Blue Shield of Arizona についてご質問がございましたら、ご希望の言語でサポートを受けたり、情報を入手したりすることができます。料金はかかりません。通訳をお願いされる場合、877-475-4799 までお電話ください。

Farsi: اگر شما یا کسی که شما به آن کمک می‌کنید، سوالاتی در مورد اطلاعات به زبان خود را به طور رایگان دریافت نمایید 877-475-4799.

Assyrian:

Serbo-Croatian: Ukoliko Vi ili neko kome Vi pomažete ima pitanje o Blue Cross Blue Shield of Arizona, imate pravo da besplatno dobijete pomoć i informacije na Vašem jeziku. Da biste razgovarali sa prevodiocem, nazovite 877-475-4799.

Thai: หากคุณ หรือคนที่คุณช่วยเหลือไม่สามารถขอ Blue Cross Blue Shield of Arizona คุณสามารถขอความช่วยเหลือและข้อมูลภาษา ของคุณได้โดยโทรศัพท์ โทร 877-475-4799.