LIGHT THERAPY FOR VITILIGO

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.

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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Description:

Vitiligo is an idiopathic skin disorder that causes depigmentation of sections of skin, most commonly on the extremities. Depigmentation occurs because melanocytes are no longer able to function properly.

There are numerous medical and surgical treatments aimed at decreasing disease progression and/or attaining repigmentation. Conservative therapy includes topical corticosteroids, coal/tar preparations and ultraviolet light). Light therapy for vitiligo includes both targeted phototherapy and photochemotherapy with psoralen plus ultraviolet A (PUVA).

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.
LIGHT THERAPY FOR VITILIGO (cont.)

Criteria:

For phototherapy for treatment of psoriasis, see BCBSAZ Medical Coverage Guideline, “Psoriasis Medical Treatments”.

For phototherapy for treatment of rosacea, see BCBSAZ Medical Coverage Guideline, “Nonpharmacologic Treatment of Rosacea”.

For PUVA therapy for treatment of psoriasis, see BCBSAZ Medical Coverage Guideline, “Psoriasis Medical Treatments”.

PUVA Therapy:

➢ PUVA therapy for treatment of vitiligo not responsive to other forms of conservative therapy (topical corticosteroids, coal/tar preparations and ultraviolet light) is considered medically necessary.

➢ PUVA therapy for all other indications not previously listed is considered cosmetic and not eligible for coverage.

Targeted Phototherapy:

➢ Targeted Phototherapy for treatment of vitiligo is considered medically necessary.

➢ Phototherapy for all other indications not previously listed is considered cosmetic and not eligible for coverage.

Resources:

Resources prior to 04/30/13 may be requested from the BCBSAZ Medical Policy and Technology Research Department.