



Louisiana

Light Therapy for Vitiligo

Policy # 00699

Original Effective Date: 05/01/2020

Current Effective Date: 03/13/2023

Applies to all products administered or underwritten by Blue Cross and Blue Shield of Louisiana and its subsidiary, HMO Louisiana, Inc. (collectively referred to as the "Company"), unless otherwise provided in the applicable contract. Medical technology is constantly evolving, and we reserve the right to review and update Medical Policy periodically.

Note: Dermatologic Applications of Photodynamic Therapy is addressed separately in medical policy 00098.

Note: Light Therapy for Psoriasis is addressed separately in medical policy 00131.

Note: In-office narrow band UVB (NB-UVB) phototherapy is not subject of this medical policy, only PUVA, home NB-UVB light box and targeted phototherapy (e.g. excimer lasers and excimer lamps).

When Services Are Eligible for Coverage

Coverage for eligible medical treatments or procedures, drugs, devices or biological products may be provided only if:

- *Benefits are available in the member's contract/certificate, and*
- *Medical necessity criteria and guidelines are met.*

Based on review of available data, the Company may consider psoralen plus ultraviolet A for the treatment of vitiligo that is not responsive to other forms of conservative therapy (eg, topical corticosteroids, coal/tar preparations, NB-UVB ultraviolet light) to be **eligible for coverage.****

When Services May Be Eligible for Coverage

Coverage for eligible medical treatments or procedures, drugs, devices or biological products may be provided only if:

- *Benefits are available in the member's contract/certificate, and*
- *Medical necessity criteria and guidelines are met.*

Based on review of available data, the Company may consider home ultraviolet light therapy to be **eligible for coverage.****

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Patient Selection Criteria

Coverage eligibility may be considered for home ultraviolet light therapy when ALL of the following criteria are met:

- The device must be approved for home use by the Food and Drug Administration (FDA) and appropriate for the body surface and area treated; AND
- The member has generalized vitiligo affecting > 10% of body surface area, with documented response to in-office phototherapy, for which narrowband ultraviolet B (NB-UVB) is prescribed and indicated; AND
- Long-term maintenance UV light treatment is planned and patient is unable to attend office based treatment; AND
- The member is motivated, able to administer the treatment correctly, willing and able to keep records of treatments and attend regular follow-up visits with prescribing physician.

Note: Tanning beds are not eligible for coverage.

When Services Are Considered Investigational

Coverage is not available for investigational medical treatments or procedures, drugs, devices or biological products.

Based on review of available data, the Company considers targeted phototherapy (e.g. excimer lasers or excimer lamps) for the treatment of vitiligo to be **investigational**.*

The use of home ultraviolet light therapy when patient selection criteria are not met is considered to be **investigational**.*

Policy Guidelines

The following therapies are currently being used to treat vitiligo: topical medications and narrowband ultraviolet B (NB-UVB) light therapy (in office or home). The most appropriate comparison for targeted phototherapy (e.g. excimer laser or excimer lamp) is NB-UVB, which is considered a standard treatment for active and/or widespread vitiligo based on efficacy and safety.

During psoralen plus ultraviolet A therapy, the patient needs to be assessed on a regular basis to determine the effectiveness of the therapy and the development of side effects. These evaluations

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are essential to ensure that the exposure dose of radiation is kept to the minimum compatible with adequate control of the disease. Therefore, psoralen plus ultraviolet A is generally not recommended for home therapy.

Background/Overview

Vitiligo

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. The cause of vitiligo is unknown; it is sometimes considered an autoimmune disease. The most common form of the disorder is nonsegmental vitiligo in which depigmentation is generalized, bilateral, symmetrical, and increases in size over time. In contrast, segmental vitiligo, also called asymmetric or focal vitiligo, covers a limited area of skin. The typical natural history of vitiligo involves stepwise progression with long periods in which the disease is static and relatively inactive, and relatively shorter periods in which areas of pigment loss increase.

Treatment

There are numerous medical and surgical treatments aimed at decreasing disease progression and/or attaining repigmentation. Topical corticosteroids, alone or in combination with topical vitamin D₃ analogues, are common first-line treatments for vitiligo. Alternative first-line therapies include topical calcineurin inhibitors, systemic steroids, and topical antioxidants. Treatment options for vitiligo recalcitrant to first-line therapy include, among others, light box therapy with narrowband ultraviolet B and psoralen plus ultraviolet A (PUVA).

Targeted phototherapy with handheld lamps or lasers is also being evaluated. Potential advantages of targeted phototherapy include the ability to use higher treatment doses and to limit exposure to surrounding tissue. Original ultraviolet B devices consisted of a Phillips TL-01 fluorescent bulb with a maximum wavelength (λ_{max}) of 311 nm. Subsequently, xenon chloride lasers and lamps were developed as targeted ultraviolet B treatment devices; these devices generate monochromatic or very narrowband radiation with a λ_{max} of 308 nm. Targeted phototherapy devices are directed at specific lesions or affected areas, thus limiting exposure to the surrounding normal tissues. They may, therefore, allow higher dosages compared with a lightbox, which could result in fewer treatments.

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Psoralen plus ultraviolet A uses a psoralen derivative in conjunction with long-wavelength ultraviolet A (UVA) light (sunlight or artificial) for photochemotherapy of skin conditions. Psoralens are tricyclic furocoumarins that occur in certain plants and can also be synthesized. They are available in oral and topical forms. Oral PUVA is generally given 1.5 hours before exposure to UVA radiation. Topical PUVA therapy refers to the direct application of psoralen to the skin with subsequent exposure to UVA light. With topical PUVA, UVA exposure is generally administered within 30 minutes of psoralen application.

FDA or Other Governmental Regulatory Approval

U.S. Food and Drug Administration (FDA)

In 2001, XTRAC^{TM†} (PhotoMedex), a xenon chloride (XeCl) excimer laser, was cleared for marketing by the U.S. Food and Drug Administration (FDA) through the 510(k) process for the treatment of skin conditions such as vitiligo. The 510(k) clearance has subsequently been obtained for a number of targeted UVB lamps and lasers, including newer versions of the XTRAC system including the XTRAC Ultra^{TM†}, the VTRAC^{TM†} lamp (PhotoMedex), the BCclear^{TM†} lamp (Lumenis), the 308 excimer lamp phototherapy system (Quantel Medical), MultiClear Multiwavelength Targeted Phototherapy System, Psoria-Light^{TM†}, and the Excilite^{TM†} and Excilite μ ^{TM†} XeCl lamps. The intended use of all of these devices includes vitiligo among other dermatologic indications. Some light-emitting devices are handheld.

FDA product code: GEX.

The oral psoralen product, Oxsoresalen-Ultra (methoxsalen soft gelatin capsules), has been approved by the FDA and is made by Bausch Health; a generic product is also available from various manufacturers. Topical psoralen products (Oxsoresalen; Valeant Pharmaceuticals) and methoxsalen hard gelatin capsules have been discontinued.

Rationale/Source

This medical policy was developed through consideration of peer-reviewed medical literature generally recognized by the relevant medical community, U.S. Food and Drug Administration approval status, nationally accepted standards of medical practice and accepted standards of medical practice in this community, technology evaluation centers, reference to federal regulations, other plan medical policies, and accredited national guidelines.

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Description

Vitiligo is an idiopathic skin disorder that causes depigmentation of sections of skin, most commonly on the extremities. Topical corticosteroids, alone or in combination with topical vitamin D₃ analogues, are common first-line treatments for vitiligo. Alternative first-line therapies include topical calcineurin inhibitors, systemic steroids, and topical antioxidants. Treatment options for vitiligo recalcitrant to first-line therapy include, among others, ultraviolet B, light box therapy, and psoralen plus ultraviolet A (PUVA). Targeted phototherapy is also being evaluated.

Summary of Evidence

For individuals who have vitiligo who receive targeted phototherapy, the evidence includes systematic reviews of randomized controlled trials (RCTs), 2 individual RCTs, and 2 retrospective studies. Relevant outcomes are a change in disease status, quality of life, and treatment-related morbidity. Individual studies tend to have small sample sizes, and few were designed to isolate the effect of laser therapy. Two meta-analyses were attempted; however, results from a meta-analysis could not be verified because the selected studies were not available in English, and 1 estimate was imprecise due to the small number of studies and participants. Randomized controlled trials have shown targeted phototherapy to be associated with statistically significant improvements in Vitiligo Area Scoring Index scores and/or repigmentation compared to alternate treatment options. However, 1 of the RCTs only showed marginal differences between groups in these outcomes, limiting clinical significance; the second compared phototherapy to oral vitamin E, which is not an optimal comparator. Overall, there is a lack of clinical trial evidence that compares targeted phototherapy with more conservative treatments or no treatment/placebo. The evidence is insufficient to determine that the technology results in an improvement in the net health outcome.

For individuals who have vitiligo who have not responded to conservative therapy who receive PUVA (photochemotherapy), the evidence includes systematic reviews and RCTs. Relevant outcomes are a change in disease status, quality of life, and treatment-related morbidity. There is some evidence from randomized studies, mainly those published before 1985, that PUVA is more effective than a placebo for treating vitiligo. When compared with narrowband ultraviolet B (NB-UVB) in meta-analyses, results have shown that patients receiving NB-UVB experienced higher rates of repigmentation than patients receiving PUVA, though the differences were not statistically significant. Based on the available evidence and clinical guidelines, PUVA may be considered in patients with vitiligo who have not responded adequately to conservative therapy. The evidence is sufficient to determine that the technology results in an improvement in the net health outcome.

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Supplemental Information

Practice Guidelines and Position Statements

Guidelines or position statements will be considered for inclusion in 'Supplemental Information' if they were issued by, or jointly by, a US professional society, an international society with US representation, or National Institute for Health and Care Excellence (NICE). Priority will be given to guidelines that are informed by a systematic review, include strength of evidence ratings, and include a description of management of conflict of interest.

Vitiligo Working Group

The Vitiligo Working Group is supported by the National Institute of Arthritis and Musculoskeletal and Skin Diseases, part of the National Institutes of Health. In 2017, the group published guidelines on current and emerging treatments for vitiligo.¹⁵ The Working Group indicated that psoralen plus ultraviolet A (PUVA) has largely been replaced by NB-UVB, but that "PUVA may be considered in patients with darker Fitzpatrick skin phototypes or those with treatment-resistant vitiligo (level I evidence)." The Working Group also stated that "Targeted phototherapy (excimer lasers and excimer lamps) can be considered when <10% of body surface area is affected (level II evidence)."

U.S. Preventive Services Task Force Recommendation

Not applicable.

Medicare National Coverage

There is no national coverage determination. In the absence of a national coverage determination, coverage decisions are left to the discretion of local Medicare carriers.

Ongoing and Unpublished Clinical Trials

A search of [ClinicalTrials.gov](https://clinicaltrials.gov) in October 2022 did not identify any ongoing or unpublished trials that may influence this review.

References

1. Blue Cross and Blue Shield of Louisiana, "Light Therapy for Psoriasis", 00131, December 12, 2022.

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2. Lopes C, Trevisani VF, Melnik T. Efficacy and Safety of 308-nm Monochromatic Excimer Lamp Versus Other Phototherapy Devices for Vitiligo: A Systematic Review with Meta-Analysis. *Am J Clin Dermatol*. Feb 2016; 17(1): 23-32. PMID 26520641
3. Whitton ME, Pinart M, Batchelor J, et al. Interventions for vitiligo. *Cochrane Database Syst Rev*. Feb 24 2015; (2): CD003263. PMID 25710794
4. Sun Y, Wu Y, Xiao B, et al. Treatment of 308-nm excimer laser on vitiligo: A systemic review of randomized controlled trials. *J Dermatolog Treat*. 2015; 26(4): 347-53. PMID 25428573
5. Yang YS, Cho HR, Ryou JH, et al. Clinical study of repigmentation patterns with either narrow-band ultraviolet B (NB-UVB) or 308 nm excimer laser treatment in Korean vitiligo patients. *Int J Dermatol*. Mar 2010; 49(3): 317-23. PMID 20465673
6. Poolsuwan P, Churee C, Pattamadilok B. Comparative efficacy between localized 308-nm excimer light and targeted 311-nm narrowband ultraviolet B phototherapy in vitiligo: A randomized, single-blind comparison study. *Photodermatol Photoimmunol Photomed*. Mar 2021; 37(2): 123-130. PMID 33047405
7. Wu Y, Sun Y, Qiu L, et al. A multicentre, randomized, split face and/or neck comparison of 308-nm excimer laser and 0.1% tacrolimus ointment for stable vitiligo plus intramuscular slow-releasing betamethasone for active vitiligo. *Br J Dermatol*. Jul 2019; 181(1): 210-211. PMID 30644997
8. Nisticò S, Chiricozzi A, Saraceno R, et al. Vitiligo treatment with monochromatic excimer light and tacrolimus: results of an open randomized controlled study. *Photomed Laser Surg*. Jan 2012; 30(1): 26-30. PMID 22054204
9. Oh SH, Kim T, Jee H, et al. Combination treatment of non-segmental vitiligo with a 308-nm xenon chloride excimer laser and topical high-concentration tacalcitol: a prospective, single-blinded, paired, comparative study. *J Am Acad Dermatol*. Aug 2011; 65(2): 428-430. PMID 21763570
10. Saraceno R, Nisticò SP, Capriotti E, et al. Monochromatic excimer light 308 nm in monotherapy and combined with topical khellin 4% in the treatment of vitiligo: a controlled study. *Dermatol Ther*. 2009; 22(4): 391-4. PMID 19580584
11. Fa Y, Lin Y, Chi XJ, et al. Treatment of vitiligo with 308-nm excimer laser: our experience from a 2-year follow-up of 979 Chinese patients. *J Eur Acad Dermatol Venereol*. Feb 2017; 31(2): 337-340. PMID 27538097
12. Dong DK, Pan ZY, Zhang J, et al. Efficacy and Safety of Targeted High-Intensity Medium-Band (304-312 nm) Ultraviolet B Light in Pediatric Vitiligo. *Pediatr Dermatol*. May 2017; 34(3): 266-270. PMID 28318054

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13. Bae JM, Jung HM, Hong BY, et al. Phototherapy for Vitiligo: A Systematic Review and Meta-analysis. JAMA Dermatol. Jul 01 2017; 153(7): 666-674. PMID 28355423
14. Njoo MD, Spuls PI, Bos JD, et al. Nonsurgical repigmentation therapies in vitiligo. Meta-analysis of the literature. Arch Dermatol. Dec 1998; 134(12): 1532-40. PMID 9875190
15. Yones SS, Palmer RA, Garibaldinos TM, et al. Randomized double-blind trial of treatment of vitiligo: efficacy of psoralen-UV-A therapy vs Narrowband-UV-B therapy. Arch Dermatol. May 2007; 143(5): 578-84. PMID 17519217
16. Rodrigues M, Ezzedine K, Hamzavi I, et al. Current and emerging treatments for vitiligo. J Am Acad Dermatol. Jul 2017; 77(1): 17-29. PMID 28619557

Policy History

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02/06/2020	Medical Policy Committee review
02/12/2020	Medical Policy Implementation Committee approval. New policy.
02/04/2021	Medical Policy Committee review
02/10/2021	Medical Policy Implementation Committee approval. Removed “box” from home ultraviolet box therapy in the coverage section. Coverage eligibility unchanged.
02/03/2022	Medical Policy Committee review
02/09/2022	Medical Policy Implementation Committee approval. Added an investigational statement for when criteria are not met. Coverage eligibility unchanged.
02/02/2023	Medical Policy Committee review
02/08/2023	Medical Policy Implementation Committee approval. Coverage eligibility unchanged.

Next Scheduled Review Date: 02/2024

Coding

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Codes used to identify services associated with this policy may include (but may not be limited to) the following:

Code Type	Code
CPT	96912, 96913, 96920, 96921, 96922, 96999
HCPCS	E0691, E0692, E0693, E0694
ICD-10 Diagnosis	H02.731-H02.739, L80

*Investigational – A medical treatment, procedure, drug, device, or biological product is Investigational if the effectiveness has not been clearly tested and it has not been incorporated into standard medical practice. Any determination we make that a medical treatment, procedure, drug, device, or biological product is Investigational will be based on a consideration of the following:

- A. Whether the medical treatment, procedure, drug, device, or biological product can be lawfully marketed without approval of the U.S. Food and Drug Administration (FDA) and whether such approval has been granted at the time the medical treatment, procedure, drug, device, or biological product is sought to be furnished; or
- B. Whether the medical treatment, procedure, drug, device, or biological product requires further studies or clinical trials to determine its maximum tolerated dose, toxicity, safety, effectiveness, or effectiveness as compared with the standard means of treatment or

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diagnosis, must improve health outcomes, according to the consensus of opinion among experts as shown by reliable evidence, including:

1. Consultation with technology evaluation center(s);
2. Credible scientific evidence published in peer-reviewed medical literature generally recognized by the relevant medical community; or
3. Reference to federal regulations.

****Medically Necessary (or “Medical Necessity”)** - Health care services, treatment, procedures, equipment, drugs, devices, items or supplies that a Provider, exercising prudent clinical judgment, would provide to a patient for the purpose of preventing, evaluating, diagnosing or treating an illness, injury, disease or its symptoms, and that are:

- A. In accordance with nationally accepted standards of medical practice;
- B. Clinically appropriate, in terms of type, frequency, extent, level of care, site and duration, and considered effective for the patient's illness, injury or disease; and
- C. Not primarily for the personal comfort or convenience of the patient, physician or other health care provider, and not more costly than an alternative service or sequence of services at least as likely to produce equivalent therapeutic or diagnostic results as to the diagnosis or treatment of that patient's illness, injury or disease.

For these purposes, “nationally accepted standards of medical practice” means standards that are based on credible scientific evidence published in peer-reviewed medical literature generally recognized by the relevant medical community, Physician Specialty Society recommendations and the views of Physicians practicing in relevant clinical areas and any other relevant factors.

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NOTICE: If the Patient’s health insurance contract contains language that differs from the BCBSLA Medical Policy definition noted above, the definition in the health insurance contract will be relied upon for specific coverage determinations.

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