Molina Clinical Review
Phototherapy, Photochemotherapy and Laser Therapy for Dermatological Conditions: Policy No. MCR-292

Last Approval: 4/5/2021
Next Review Due By: April 2022

DISCLAIMER

This Molina Clinical Review (MCR) is intended to facilitate the Utilization Management process. Policies are not a supplementation or recommendation for treatment; Providers are solely responsible for the diagnosis, treatment and clinical recommendations for the Member. It expresses Molina's determination as to whether certain services or supplies are medically necessary, experimental, investigational, or cosmetic for purposes of determining appropriateness of payment. The conclusion that a particular service or supply is medically necessary does not constitute a representation or warranty that this service or supply is covered (e.g., will be paid for by Molina) for a particular Member. The Member's benefit plan determines coverage – each benefit plan defines which services are covered, which are excluded, and which are subject to dollar caps or other limits. Members and their Providers will need to consult the Member's benefit plan to determine if there are any exclusion(s) or other benefit limitations applicable to this service or supply. If there is a discrepancy between this policy and a Member's plan of benefits, the benefits plan will govern. In addition, coverage may be mandated by applicable legal requirements of a State, the Federal government or CMS for Medicare and Medicaid Members. CMS's Coverage Database can be found on the CMS website. The coverage directive(s) and criteria from an existing National Coverage Determination (NCD) or Local Coverage Determination (LCD) will supersede the contents of this MCP and provide the directive for all Medicare members.[1] References included were accurate at the time of policy approval and publication.

OVERVIEW [2-19]

Phototherapy/Actinotherapy is used to treat various dermatological skin conditions and has been defined by the American Academy of Dermatology as "exposure to nonionizing radiation for therapeutic benefit. Treatment includes actinotherapy, type A ultraviolet (UVA) radiation; type B ultraviolet (UVB) radiation; and combination UVA/UVB radiation.

Photochemotherapy (PUVA) is the therapeutic use of radiation in combination with a photosensitizing chemical for various skin conditions. It currently involves the use of psoralens (typically oral or topical) prior to exposure to UVA radiation. Treatment with these modalities may involve partial or whole-body exposure and includes psoralens (P) and type A ultraviolet (UVA) radiation, known as PUVA photochemotherapy and combinations of P/UVA/UVB.

Excimer Laser uses a highly concentrated beam of ultraviolet light that provides targeted delivery of UV exposure to specific vitiligo patches or spots. The targeted delivery prevents exposure of adjacent skin to UV light.

COVERAGE POLICY

Initial Criteria [2-11,20-24]

1. Office-based phototherapy and photochemotherapy **may be considered medically necessary** when **ALL** of the following criteria are met:
   a. Diagnosis of **AND** of the following conditions:
      - Atopic dermatitis (i.e., atopic eczema); **OR**
      - Connective tissue diseases involving the skin (e.g., cutaneous graft vs. host disease [GVHD], localized scleroderma, lupus erythematosus); **OR**
      - Cutaneous T-cell lymphoma (CTCL) (e.g., mycosis fungoides); **OR**
      - Lichen planus; **OR**
      - Photodermatoses (e.g., polymorphic light eruption, actinic prurigo, chronic actinic dermatitis); **OR**
      - Psoriasis.

   AND

   b. Clinical documentation of inadequate symptom control, intolerance or contraindication to conventional medical management that may include **ANY** of the following, as applicable:
      - Biological agents; **OR**
      - Diet restrictions; **OR**
      - Oral immunosuppressants; **OR**
      - Stress management; **OR**

- Topical and oral steroids; **OR**
- Topical ointments or creams.

2. Topical targeted phototherapy (excimer laser) **may be considered medically necessary** when **ALL** of the following criteria are met:
   a. Diagnosis of localized, plaque psoriasis; **AND**
   b. Clinical documentation of inadequate symptom control, intolerance or contraindication to conventional medical management that includes **ANY** of the following:
      - Topical agents; **OR**
      - Phototherapy.

Frequency and Number of Treatments [20-24]

1. Phototherapy (UVA or UVB) with or without topical preparations **may be authorized** when the above criteria is met for phototherapy ~~as follows~~:
   - Three times per week for up to 12 weeks have shown to be effective. Documentation is required after the initial 12 weeks to determine if any improvement has occurred. Approval of additional treatments after the initial 12 weeks trial requires documentation of significant improvement for ongoing authorization.

2. Psoralen with Ultraviolet A (PUVA) **may be authorized** when the above criteria are met for PUVA ~~as follows~~:
   - Three times per week for up to 15 treatments have shown to be effective. Documentation is required after 15 treatments to determine if any improvement has occurred. Treatments beyond the initial 15 require documentation for necessity.

3. Topical targeted phototherapy (excimer laser) **may be authorized** when the above criteria is met for laser ~~as follows~~:
   - Two to three times a week for up to 12 treatments. Documentation is required after 12 treatments to determine medical necessity for continued treatment.

4. Home UVB phototherapy (Ultraviolet light only) **may be considered medically necessary** under the direction of a physician for the treatment of when the above criteria are met for phototherapy:
   - In patients who are unable to receive phototherapy in an office setting; **OR**
   - For those patients that have difficulty in maintaining frequent office visits due to their medical condition or considerable distance in travel from home to office (e.g.>45 minutes one way)

Limitations and Exclusions [2-11,20-24]

- Phototherapy, photochemotherapy or excimer laser therapy are considered not medically necessary for any other condition.
- PUVA or oral phototherapy treatment is contraindicated in children under age 12 and pregnant or breastfeeding women.
- Home UV phototherapy is considered NOT medically necessary for patients who need maintenance courses of outpatient UV phototherapy every 6 months, with 3-6 months of clearance in between.

DOCUMENTATION REQUIREMENTS. Molina Healthcare reserves the right to require that additional documentation be made available as part of its coverage determination; quality improvement; and fraud; waste and abuse prevention processes. Documentation required may include, but is not limited to, patient records, test results and credentials of the provider ordering or performing a drug or service. Molina Healthcare may deny reimbursement or take additional appropriate action if the documentation provided does not support the initial determination that the drugs or services were medically necessary, not investigational or experimental, and otherwise within the scope of benefits afforded to the member, and/or the documentation demonstrates a pattern of billing or other practice that is inappropriate or excessive.

SUMMARY OF MEDICAL EVIDENCE [25-70]

The peer-reviewed published medical literature, including randomized controlled trials, systematic reviews, clinical trials and case series, as well as professional societies and organizations support the safety and effectiveness of phototherapy and photochemotherapy for the treatment of atopic dermatitis, connected tissue diseases involving the skin, cutaneous T-cell lymphoma, lichen planus, photodermatoses, and psoriasis for patients who have inadequate symptom control, do not tolerate or are unresponsive to conventional medical management.

The peer-reviewed published medical literature, including randomized controlled trials, systematic reviews, clinical trials and case series, as well as professional societies and organizations support the safety and effectiveness of excimer laser therapy for the treatment of psoriasis in patients who are unresponsive to topical agents or phototherapy. There are a limited number of studies evaluating laser therapy for the treatment of atopic dermatitis and other conditions. Studies are primarily in the form of case series or retrospective reviews with small patient populations and short-term follow-ups.

SUPPLEMENTAL INFORMATION

None.

CODING & BILLING INFORMATION

CPT Codes

CPT	Description
96900	Actinotherapy (ultraviolet light)
96910	Photochemotherapy; tar and ultraviolet B (Goeckerman treatment) or petrolatum and ultraviolet B
96912	Photochemotherapy; psoralens and ultraviolet A (PUVA)
96913	Photochemotherapy (Goeckerman and/or PUVA) for severe photoresponsive dermatoses requiring at least four to eight hours of care under direct supervision of the physician (includes application of medication and dressings)
96920	Laser treatment for inflammatory skin disease (psoriasis); total area less than 250 sq cm
96921	Laser treatment for inflammatory skin disease (psoriasis); 250 sq cm to 500 sq cm
96922	Laser treatment for inflammatory skin disease (psoriasis); over 500 sq cm

HCPCS Codes

HCPCS	Description
E0691	Ultraviolet light therapy system panel, includes bulbs/lamps, timer, and eye protection; treatment area 2 sq. ft. or less
E0692	Ultraviolet light therapy system panel, includes bulbs/lamps, timer, and eye protection, 4 ft. panel
E0693	Ultraviolet light therapy system panel, includes bulbs/lamps, timer, and eye protection, 6 ft. panel
E0694	Ultraviolet multidirectional light therapy system in 6 ft. cabinet, includes bulbs/lamps, timer, and eye protection

CODING DISCLAIMER. Codes listed in this policy are for reference purposes only and may not be all-inclusive. Deleted codes and codes which are not effective at the time the service is rendered may not be eligible for reimbursement. Listing of a service or device code in this policy does guarantee coverage. Coverage is determined by the benefit document. Molina adheres to Current Procedural Terminology (CPT®), a registered trademark of the American Medical Association (AMA). All CPT codes and descriptions are copyrighted by the AMA; this information is included for informational purposes only. Providers and facilities are expected to utilize industry standard coding practices for all submissions. When improper billing and coding is not followed, Molina has the right to reject/deny the claim and recover claim payment(s). Due to changing industry practices, Molina reserves the right to revise this policy as needed.

APPROVAL HISTORY

3/8/2018, 6/19/2019, 4/23/2020, 4/5/2021	Policy reviewed, no changes to criteria, references updated.
1/25/2017	MCR is no longer scheduled for revisions.
6/15/2016	Policy reviewed, no changes.
12/16/2015	Policy reviewed, no changes.
6/12/2014	MCR is no longer scheduled for revisions.
10/26/2011	Policy reviewed, no changes.
11/20/2008	New policy.

REFERENCES

Government Agency

1. Centers for Medicare and Medicaid Services (CMS). Medicare coverage database. http://www.cms.gov/mcd/search.asp.

Other Evidence Based Reviews and Publications

2. Hayes. Health technology assessment: Phototherapy for acne vulgaris. https://evidence.hayesinc.com. Published January 2013. Archived 2014. Registration and login required.
3. Hayes. Health technology assessment: Ultraviolet B phototherapy for vitiligo. https://evidence.hayesinc.com. Published February 26, 2010. Updated February 24, 2014. Archived 2015. Registration and login required.
4. Hayes. Health technology assessment: Laser therapy for psoriasis. https://evidence.hayesinc.com. Published November 19, 2013. Updated October 2016. Registration and login required.
5. Hayes. EARB: Home ultraviolet B phototherapy for psoriasis. https://evidence.hayesinc.com. Updated July 2020. Registration and login required.
6. Hayes. Search and summary: Ultraviolet light B (UVB) therapy for the treatment of guttate psoriasis. https://evidence.hayesinc.com. Published August 2008. Archived. Registration and login required.
7. Hayes. Health technology brief: Office-based phototherapy for treatment of atopic dermatitis in adults. https://evidence.hayesinc.com. Published October 16, 2013. Archived 2014. Registration and login required.
8. Hayes. Health technology brief: Office-based phototherapy for treatment of atopic dermatitis in children. https://evidence.hayesinc.com. Published October 16, 2013. Archived 2014. Registration and login required.
9. Hayes. Search and summary: Excimer laser therapy (ELT) for vitiligo. https://evidence.hayesinc.com. Published June 2017. Archived 2018. Registration and login required.
10. Hayes. Comparative effectiveness review: Laser and light therapies for rosacea. https://evidence.hayesinc.com. Published December 2018. Updated May 2020. Registration and login required.
11. Hayes. Comparative effectiveness review: Laser therapy for psoriasis. https://evidence.hayesinc.com. Published April 2019. Updated July 2020. Registration and login required.
12. Goldstein B, Goldstein A. Vitiligo. http://www.uptodate.com. Registration and login required.
13. Dover J, Batra P. Light-based, adjunctive, and other therapies for acne vulgaris. http://www.uptodate.com. Registration and login required.
14. Richard EG, Morison W. Psoralen plus ultraviolet A (PUVA) photochemotherapy. http://www.uptodate.com. Registration and login required.
15. Weston WL, Howe W, Dellavalle RP et al. Treatment of atopic dermatitis (eczema). http://www.uptodate.com. Registration and login required.
16. Spergel J. Management of severe refractory atopic dermatitis (eczema). http://www.uptodate.com. Registration and login required.
17. Honigsmann H. UVB therapy (broadband and narrowband). http://www.uptodate.com. Registration and login required.
18. Feldman S. Targeted phototherapy. http://www.uptodate.com. Registration and login required.
19. Dynamed. EBSCO Information Services. Psoriasis. 1995-2021.

National and Specialty Organizations

20. National Institute for Health and Clinical Excellence (NICE). Psoriasis: The assessment and management of psoriasis. 2012 Oct. 61 p. (no. 153). https://www.nice.org.uk/guidance/cg153/evidence/full-guideline-pdf-188351533.
21. Scottish Intercollegiate Guidelines Network (SIGN). Diagnosis and management of psoriasis and psoriatic arthritis in adults: A national clinical guideline. 2010 Oct. 65 p. (SIGN publication; no. 121).
22. Menter A, Korman NJ, Elmets CA, Feldman SR, Gelfand JM, Gordon KB, et al. Guidelines of care for the management of psoriasis and psoriatic arthritis: Section 5 – guidelines of care for the treatment of psoriasis with phototherapy and photochemotherapy. J Am Acad Dermatol. 2010 Jan;62(1):114-35.
23. Schneider L, Tilles S, et al. Atopic dermatitis: A practice parameter update 2012. The Joint Task Force on Practice Parameters, representing the American Academy of Allergy, Asthma & Immunology (AAAAI); the American College of Allergy, Asthma & Immunology (ACAAI); and the Joint Council of Allergy, Asthma and Immunology. J Allergy Clin Immunol 2013;131:295-9. https://www.aaaai.org/Aaaai/media/MediaLibrary/PDF%20Documents/Practice%20and%20Parameters/Atopic-dermatitis-2013.pdf.
24. Sidbury R, American Academy of Dermatology (AAD), et al. Guidelines of care for the management of atopic dermatitis: Section 3 – management and treatment with phototherapy and systemic agents. J Am Acad Dermatol 2014 Aug;71(2):327-49. https://www.aad.org/practicecenter/quality/clinical-guidelines/atopic-dermatitis.

Peer Reviewed Publications

25. Abd El-Samad Z, Shaaban D. Treatment of localized non-segmental vitiligo with intradermal 5-flurouracil injection combined with narrow-band ultraviolet B: a preliminary study. J Dermatolog Treat. 2012 Dec;23(6):443-8.
26. Al-Mutairi N, Noor T, Al-Haddad A. Single blinded left-to-right comparison study of excimer laser versus pulsed dye laser for the treatment of nail psoriasis. Dermatol Ther (Heidelb). 2014 Dec;4(2):197-205. doi: 10.1007/s13555-014-0057-y.

27. Almutawa F, Alnomair N, et al. Systematic review of UV-based therapy for psoriasis. Am J Clin Dermatol. 2013 Apr;14(2):87-109.
28. Babilas P, Schreml S et al. Intense pulsed light (IPL): A review. Lasers Surg Med. 2010 Feb;42(2):93-104.
29. Bailey EE, Ference EH, et al. Combination treatments for psoriasis: a systematic review and meta-analysis. Arch Dermatol. 2012 Apr;148(4):511-22.
30. Brenninkmeijer EE, Spuls PI, Lindeboom R, van der Wal AC, Bos JD, Wolkerstorfer A. Excimer laser vs. clobetasol propionate 0·05% ointment in prurigo form of atopic dermatitis: a randomized controlled trial, a pilot. Br J Dermatol. 2010 Oct;163(4):823-31.
31. Buense R, Duarte IA, Bouer M. Localized scleroderma: assessment of the therapeutic response to phototherapy. An Bras Dermatol. 2012 Jan-Feb;87(1):63-9.
32. Chen X, et al. Narrow-band ultraviolet B phototherapy versus broad-band ultraviolet B or psoralen-ultraviolet A photochemotherapy for psoriasis. Cochrane Database Syst Rev. 2013 Oct 23;10:CD009481.
33. Clayton TH, Clark SM, Turner D, et al. The treatment of severe atopic dermatitis in childhood with narrowband ultraviolet B phototherapy. Clin Exp Dermatology 2007 Jan;32(1):28-33.
34. Eichenfield LF, Wynnis LT, et al. American Academy of Dermatology guidelines of care for the management of atopic dermatitis. Section 1: Diagnosis and assessment of atopic dermatitis. 2013. http://www.aad.org/education/clinical-guidelines.
35. El-Zawahry BM, Bassiouny DA, Sobhi RM, et al. A comparative study on efficacy of UVA1 vs. narrow-band UVB phototherapy in the treatment of vitiligo. Photodermatol Photoimmunol Photomed. 2012 Apr;28(2):84-90.
36. Erceg A, de Jong EM, et al. The efficacy of pulsed dye laser treatment for inflammatory skin diseases: a systematic review. J Am Acad Dermatol. 2013 Oct;69(4):609-615.e8.
37. Farnaghi F, Seirafi H, Ehsani AH, Agdari ME, Noormohammadpour P. Comparison of the therapeutic effects of narrow band UVB vs. PUVA in patients with pityriasis lichenoides. J Eur Acad Dermatol Venereol. 2011 Aug;25(8):913-6.
38. Franken SM, Witte B, Pavel S, Rustemeyer T. Psoriasis and daily low-emission phototherapy: effects on disease and vitamin D level. Photodermatol Photoimmunol Photomed. 2015 Mar;31(2):83-9. doi: 10.1111/phpp.12151.
39. Garritsen FM, Brouwer MW, Limpens J, Spuls PI. Photo(chemo)therapy in the management of atopic dermatitis: an updated systematic review with implications for practice and research. Br J Dermatol 2014; 170:501.
40. Haedersdal M, Togsverd-Bo K, Wiegell SR, Wulf HC. Long-pulsed dye laser versus long-pulsed dye laser-assisted photodynamic therapy for acne vulgaris: A randomized controlled trial. J Am Acad Dermatol. 2008b Mar;58(3):387-94.
41. Haedersdal M, Togsverd-Bo K, Wulf HC. Evidence-based review of lasers, light sources and photodynamic therapy in the treatment of acne vulgaris. 2008. J Euro Acad of Dermatol Venereol, 22:267-278.
42. Hallaji Z, Ghiasi M, Eisazadeh A, Damavandi MR. Evaluation of the effect of disease duration in generalized vitiligo on its clinical response to narrowband ultraviolet B phototherapy. Photodermatol Photoimmunol Photomed. 2012 Jun;28(3):115-9. doi: 10.1111/j.1600-0781.2012.00648.x.
43. Hamilton FL, Car J, Lyons C, Car M, Layton A, Majeed A. Laser and other light therapies for the treatment of acne vulgaris: Systematic review. Br J Dermatol. 2009 Jun;160(6):1273-85.
44. Hoare C, Po A, Williams H. Systematic review of treatments for atopic eczema: Health technology assessment NHS R &D HTA Programme. http://www.ncbi.nlm.nih.gov/pubmed/11134919.
45. Higgins E, Ralph N, Ryan S, et al. A randomised half body prospective study of low and medium dose regimens using the 308 nm excimer laser in the treatment of localised psoriasis. J Dermatolog Treat. 2016 Sep 29:1-6.
46. Ingram JR, Grindlay DJ, Williams HC. Management of acne vulgaris: An evidence-based update. Clin Exp Dermatol. 2010 Jun;35(4):351-4.
47. Karsai S, Schmitt L, Raulin C. The pulsed-dye laser as an adjuvant treatment modality in acne vulgaris: A randomized controlled single-blinded trial. Br J Dermatol. 2010 Aug;163(2):395-401.
48. Leheta TM. Role of the 585-nm pulsed dye laser in the treatment of acne in comparison with other topical therapeutic modalities. J Cosmet Laser Ther. 2009 Jun;11(2):118-24.
49. Levin E, Nguyen CM, Danesh MJ. An open label pilot study of supraerythemogenic excimer laser in combination with clobetasol spray and calcitriol ointment for the treatment of generalized plaque psoriasis. J Dermatolog Treat. 2015 Sep 28:1-4.
50. Lui H, Gulliver W, Tan J, et al. A randomized controlled study of combination therapy with alefacept and narrow band UVB phototherapy (UVB) for moderate to severe psoriasis: Efficacy, onset, and duration of response. J Drugs Dermatol. 2012 Aug;11(8):929-37.
51. Meduri NB, Vandergriff T, Rasmussen H, et al. Phototherapy in the management of atopic dermatitis: A systematic review. Photodermatology Photimmuno Photomed. 2007 Aug 23(4):106-12.
52. Nordal EJ, Guleng GE, Rönnevig JR. Treatment of vitiligo with narrowband-UVB (TL01) combined with tacrolimus ointment (0.1%) vs. placebo ointment, a randomized right/left double-blind comparative study. J Eur Acad Dermatol Venereol. 2011 Dec;25(12):1440-3. doi: 10.1111/j.1468-3083.2011.04002.x.
53. Orringer JS, Sachs DL, Bailey E, Kang S, Hamilton T, Voorhees JJ. Photodynamic therapy for acne vulgaris: a randomized, controlled, split-face clinical trial of topical aminolevulinic acid and pulsed dye laser therapy. J Cosmet Dermatol. 2010 Mar;9(1):28-34.
54. Ozkan I, Köse O, et al. Efficacy and safety of non-laser, targeted UVB phototherapy alone and in combination with psoralen gel or calcipotriol ointment in the treatment of localized, chronic, plaque-type psoriasis. Int J Dermatol. 2012 May;51(5):609-13.
55. Paul C, Gallini A, Archier E, Castela E, et al. Evidence-based recommendations on topical treatment and phototherapy of psoriasis: systematic review and expert opinion of a panel of dermatologists. J Eur Acad Dermatol Venereol. 2012 May;26 Suppl 3:1-10.
56. Pavlotsky F, Nathansohn N, Kriger G, Shpiro D, Trau H. Ultraviolet-B treatment for cutaneous lichen planus: Our experience with 50 patients. Photodermatol Photoimmunol Photomed. 2008 Apr;24(2):83-6.
57. Ponte P, Serrão V, Apetato M. Efficacy of narrowband UVB vs. PUVA in patients with early-stage mycosis fungoides. J Eur Acad Dermatol Venereol. 2010 Jun;24(6):716-21.
58. Riddle CC, Terrell SN, Menser MB, et al. A review of photodynamic therapy (PDT) for the treatment of acne vulgaris. J Drugs Dermatol. 2009 Nov;8(11):1010-9.
59. Rubegni P, Poggiali S, Cevenini G, et al. Long-term follow-up results on severe recalcitrant atopic dermatitis treated with extracorporeal photochemotherapy. J Eur Acad Dermatol Venereol 2013; 27:523.
60. Sami NA, Attia AT, Badawi AM. Phototherapy in the treatment of acne vulgaris. J Drugs Dermatol. 2008 Jul;7(7):627-32.
61. Sapam R, Agrawal S, Dhali TK. Systemic PUVA vs. narrowband UVB in the treatment of vitiligo: A randomized controlled study. Int J Dermatol. 2012 Sep;51(9):1107-15.

62. Schmitt J, Langan S, Deckert S, et al. Assessment of clinical signs of atopic dermatitis: a systematic review and recommendation. J Allergy Clin Immunol 2013; 132:1337.
63. Sun Y, et al. Treatment of 308-nm excimer laser on vitiligo: A systemic review of randomized controlled trials. J Dermatolog Treat 2015 Aug;26(4):347-53.
64. Tzaneva S, Kittler H, Holzer G, Reljic D, Weber M, Hönigsmann H, Tanew A. 5-Methoxypsoralen plus ultraviolet (UV) A is superior to medium-dose UVA1 in the treatment of severe atopic dermatitis: a randomized crossover trial. Br J Dermatol. 2010 Mar;162(3):655-60.
65. Verhaeghe E, Lodewick E et al. Intrapatient comparison of 308-nm monochromatic excimer light and localized narrow-band UVB phototherapy in the treatment of vitiligo: a randomized controlled trial. Dermatology. 2011;223(4):343-8.
66. Whitton ME, et al. Interventions for vitiligo. Cochrane Database Syst Rev. 2015 Feb 24;2:CD003263.
67. Whitton ME, Pinart M, Batchelor J, et al. Interventions for vitiligo. Cochrane Database Syst Rev. 2010 Jan 20;(1):CD003263.
68. Xiao BH, et al. Treatment of vitiligo with NB-UVB: A systematic review. J Dermatolog Treat 2015 Aug;26(4):340-6.
69. Yones SS, Palmer RA, Garibaldinos, et al. Randomized double-blind trial of the treatment of chronic plaque psoriasis. Arch Dermatology. July 2006;142:836-842.
70. Yones SS, Palmer RA, Garibaldinos TM, et al. Randomized double-blind trial of treatment of vitiligo: Efficacy of psoralen UVA therapy vs. narrowband UVB therapy. Arch Dermatology 143(5):578-84. May 2007.

Other Peer Reviewed and National Organization Publications (used in the development of this policy)

71. Food and Drug Administration (FDA) Center for Devices and Radiological Health (CDRH). http://www.accessdata.fda.gov/scripts/cdrh/cfdocs/cfPMN/pmn.cfm.
72. Agency for Healthcare Research and Quality (AHRQ). Effective Health Care Program: Comparative effectiveness review number 85. Biologic and Nonbiologic Systemic Agents and Phototherapy for Treatment of Chronic Plaque Psoriasis. Published November 2012.

APPENDIX

Reserved for State specific information *(to be provided by the individual States, not Corporate). Information includes, but is not limited to, State contract language, Medicaid criteria and other mandated criteria*