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Developed By: Medical Criteria Committee	

Csaba Mera M.D.

Approved: Csaba Mera, MD

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Description:

Psoriasis is a chronic skin disease that affects 2-3% of the world's population and according to the National Institute of Health (NIH), between 5.8 and 7.5 million Americans have it. There are several types of psoriasis, each of which has distinctive characteristics. Plaque psoriasis, or psoriasis vulgaris, is the most common type and is characterized by the appearance of red, thickened, scaly patches on the skin. The goals of psoriasis treatment are to reduce inflammation and to control the excessive proliferation and shedding of the skin cells. Treatment is individualized and depends on the type and severity of the disease, the patient's health, lifestyle and age. Treatment may include topical therapy, systemic medications, phototherapy, photochemotherapy or laser therapy.

Laser therapy has been investigated as an alternative to standard ultraviolet A light (UVA) or ultraviolet B light (UVB) phototherapy for the treatment of localized plaque psoriasis. Laser treatments may decrease the risk of complications and improve outcomes for patients with disease that is refractory to standard local therapies, and for whom systemic therapy may not be appropriate. The types of lasers used to treat plaque psoriasis include the excimer laser, flashlamp-pumped pulsed dye laser (FLPDL) and the erbium:yttrium-aluminum-garnet (Er:YAG) laser.

Grenz rays are a form of black light that have been used by dermatologists for many years. Grenz rays are classified as ultrasoft radiation due to their very limited level of penetration. Grenz rays can reduce the inflammation of the skin associated with plaque psoriasis. Grenz ray treatments are typically not a replacement for other psoriasis treatments, but are added to them to get a more complete result.

Criteria:

ODS will cover treatment of plaque psoriasis with an excimer laser or Grenz ray to plan limitations when **all** of the following criteria are met:

1. The patient has localized mild-to-moderate plaque psoriasis (10% or less of body surface area that is affected by plaque psoriasis); and
2. Patient's psoriasis has proven to be refractory to a 2 month trial of conservative treatment with topical agents and/or phototherapy

ODS will not cover the following as they are considered experimental and investigational:

1. Laser or Grenz ray therapy for the treatment of other types of psoriasis (inverse, guttate, pustular, erythrodermic). There is inadequate clinical evidence in peer-reviewed medical literature regarding the safety and effectiveness.
2. Treatment of psoriasis with a flashlamp-pumped pulsed dye laser (FLPDL) or erbium:yttrium-aluminum-garnet (Er:YAG) laser.

Information to be Submitted with Pre-Authorization Request:

- Medical records from the treating provider documenting that the patient has localized, mild-moderate plaque psoriasis and which treatments have been tried and/or failed.

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References:

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- Lindelof B, Johannesson A. Psoriasis of the scalp treated with Grenz rays or topical corticosteroids combined with Grenz rays. A comparative randomized trial. Br J of Dermatol. 1988 Aug; 119(2):241-244.
- Taibjee SM, Cheung ST, Laube S, Lanigan SW. Controlled study of excimer and pulsed dye lasers in the treatment of psoriasis. Br J Dermatol. 2005 Nov;153(5):960-6.
- Trehan M, Taylor CR. Medium-dose 308-nm excimer laser for the treatment of psoriasis. J Am Acad Dermatol. 2002 Nov;47(5):701-8.
- Trehan M, Taylor CR. The 308-nm excimer laser is practical therapy for psoriasis. J Am Acad Dermatol. 2002 Nov;47:701-8.
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