KAISER PERMANENTE® Mid-Atlantic States	**Vitiligo Treatment** **Medical Coverage Policy**

UTILIZATION * ALERT*

- Prior to use of this MCP for evaluation of medical necessity, benefit MUST be verified in the member's EOC or benefit document if it includes the optional rider.
- Please refer to CMS guidelines: National Coverage Determination (NCD) or Local Coverage Determination (LCD) for Medicare members. This MCP applies if no CMS criteria are available.
- Note: After searching the Medicare Coverage Database, if no NCD/LCD/LCA is found, then use the policy referenced above for coverage purposes

I. Specialty: Dermatology

II. Coverage and Exclusions

We cover treatment of vitiligo to prevent sun damage to the skin and to decrease susceptibility of affected areas to skin cancer.

A. Covered Condition:

1. Vitiligo

B. Criteria and Limitations

1. Treatment of vitiligo with photochemotherapy which includes psoralens (P) and type A ultraviolet (UVA) radiation, (combined as "PUVA") or narrow beam ultraviolet light (NB-UVB) should be restricted to patients who have not responded to topical and/or systemic corticosteroid therapy, tacrolimus or pimecrolimus.
2. Excimer Laser (XTRAC, PhotoMedex, Radnor, PA; EX-308, Ra Medical Systems, Inc Carlsbad, CA) therapy is NOT for treatment of extensive vitiligo. It is reserved only for localized disease that has been documented to be unresponsive to prior medical or phototherapy.
3. Home phototherapy treatment. It is most effective for UV sensitive areas (face, neck, back, breast and arm) with much less response to UV resistant areas (knees, elbows, wrists, hands, ankles, and feet. Phototherapy with the excimer laser (or other source of focal NB) has the advantage of applying targeted treatment only to the de-pigmented sites. NB-UVB, which has been studied more extensively, may also be useful (with larger units) for the treatment of extensive vitiligo, and is more advantageous when compared with the excimer laser in terms of costs, duration of treatment sessions and patient compliance.
4. Home based phototherapy (NB-UVB) is covered under Home Phototherapy MCP guidelines.

Home phototherapy units would be subject to the DME coverage restrictions and subject to co-pay for the device.

C. Exclusions

1. Melanocyte transplantation for the treatment of vitiligo
2. Treatments for vitiligo that do not affect the underlying condition and do not result in improved protection against skin cancer; specifically, micropigmentation (tattooing) and depigmentation (with monobenzyl ether of hydroquinone/monobenzone) are considered cosmetic and are excluded from coverage.
3. Tumor necrosis factors, prostaglandins, chimeric monoclonal antibodies and split thickness skin grafting are considered experimental and investigational and their effectiveness for treatment has not been established.
4. Helium Neon Laser, a gas laser which operates in the red spectrum at 632.8 nm, is a recent intervention for treating vitiligo. It is used as monotherapy but also in combination with tacrolimus, which looks promising, particularly as it is reported to be effective for segmental vitiligo which can be difficult to treat by conventional methods. There are yet no published RCTs of this intervention. At this time, this treatment is considered experimental and is excluded from coverage.

III. Definitions and Acronyms

Phototherapy - includes actinotherapy, type A ultraviolet (UVA) radiation; type B ultraviolet (UVB) radiation; and combination UVA/UVB radiation.
Photochemotherapy includes psoralens (P) and type A ultraviolet (UVA) radiation, known as PUVA photochemotherapy and combinations of P/UVA/UVB.
Excimer Laser - the excimer laser has a wavelength of 308nm.

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Approval History

The Regional Utilization Management Committee received delegated authority in 2011 to review and approve designated Utilization Management and Medical Coverage Policies by the Regional Quality Improvement Committee.

Date approved by RUMC	Date filed with the State of Maryland	Effective Date (Ten days after filing)
06/30/2011	06/30/2011	07/11/2011
06/21/2012	06/21/2012	07/02/2012
06/28/2013	06/28/2013	07/09/2013
07/02/2014	07/07/2014	07/18/2014
07/30/2015	07/31/2015	08/11/2015

Approval History

Effective June 01, 2016, state filing no longer required per Maryland House Bill HB 798 – Health Insurance – Reporting

Date approved by RUMC	Date of Implementation
07/26/16	07/26/16
12/22/2016	12/22/2016
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10/28/2024	10/28/2024

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Note: Kaiser Permanente Mid-Atlantic States (KPMAS) include referral and authorization criteria to support primary care and specialty care practitioners, as appropriate, in caring for members with selected conditions. Whenever possible, Medical Coverage Policies are evidence-based. Medical Coverage Policies are not intended or designed as a substitute for the reasonable exercise of independent clinical judgment by a practitioner in any particular set of circumstances for an individual member.