**Coverage of any medical intervention discussed in a WellFirst Health medical policy is subject to the limitations and exclusions outlined in the member’s benefit certificate or policy and to applicable state and/or federal laws.**

<table>
<thead>
<tr>
<th>Laser Treatment for Psoriasis</th>
<th>MP9399</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Covered Service:</strong></td>
<td>Yes</td>
</tr>
<tr>
<td><strong>Prior Authorization Required:</strong></td>
<td>Yes</td>
</tr>
<tr>
<td><strong>Additional Information:</strong></td>
<td>None</td>
</tr>
</tbody>
</table>

**WellFirst Health Medical Policy:**

1.0 Targeted skin laser therapy using an excimer and pulsed dye laser for the treatment of mild to moderate localized plaque psoriasis requires prior authorization through the Health Services Division and may be considered medically necessary when **ALL** of the following criteria are met:

1.1 Less than 10% of body surface area involvement; **AND**

1.2 No history of cutaneous photosensitization; **AND**

1.3 Inadequate response to topical therapy with documented failure of three (**3**) or more months including **at least three (**3**)** of the following:

   - 1.3.1 Anthralin;
   - 1.3.2 Corticosteroids (e.g. betamethasone dipropionate ointment and fluocinonide cream);
   - 1.3.3 Keratolytic agents (e.g. lactic acid, salicylic acid, and urea);
   - 1.3.4 Retinoids (e.g. tazarotene);
   - 1.3.5 Tar preparations; and/or
   - 1.3.6 Vitamin D derivatives (e.g. calcipotriene).

2.0 No more than 13 laser treatments per course and 3 courses per year are generally considered medically necessary.

3.0 If the person fails to respond to an initial course of laser therapy, as documented by a reduction in Psoriasis Area and Severity Index (PASI) score or other objective response measurement, additional courses are not considered medically necessary.

4.0 The following are considered experimental and investigational, and therefore not medically necessary:

   - 4.1 Combinational use of pulsed dye laser and ultra-violet B (UVB) for the treatment of persons with localized plaque psoriasis.
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4.2 Excimer laser or pulsed dye laser in the treatment of forms of psoriasis other than plaque psoriasis