

A guide to prescribing home phototherapy for patients with psoriasis: The appropriate patient, the type of unit, the treatment regimen, and the potential obstacles

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Background: Ultraviolet B phototherapy is underused because of costs and inconvenience. Home phototherapy may alleviate these issues, but training is spotty, and many physicians are not comfortable prescribing home phototherapy.

Objective: The purpose of this review is to provide a practical guide for recognizing appropriate patients, prescribing, and dealing with potential obstacles for home phototherapy treatment.

Methods: Current guidelines for treatment of psoriasis were used to describe an appropriate patient for home phototherapy. Current literature and resources from phototherapy providers were reviewed to determine appropriate type of light, unit, treatment regimen, and how to navigate the insurance claim process.

Results: Treatment schedules vary based on skin type. Home phototherapy companies provide various units suited for individual situations. Assistance can be used from suppliers to facilitate the process of obtaining a home phototherapy unit and navigating obstacles.

Limitations: Phototherapy treatment varies on an individual basis, so this review serves only as a guide.

Conclusion: Home phototherapy is a suitable treatment for many patients for whom office-based phototherapy is not accessible. Home phototherapy companies simplify the process by providing assistance for prescribing home light units. (J Am Acad Dermatol 2015;72:868-78.)

Key words: broadband ultraviolet B; home phototherapy; insurance; narrowband ultraviolet B; phototherapy; psoriasis; ultraviolet A.

Ultraviolet (UV) B phototherapy is a first-line treatment for extensive psoriasis and is a second-line treatment for localized psoriasis not responding to topical medications.¹⁻³ Phototherapy, however, is often underused because

Abbreviations used:

MED: minimal erythema dose
 NB: narrowband
 UV: ultraviolet

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advisory board for Pfizer Inc, Abbvie, and Celgene. He is the founder and holds stock in Causa Research and holds stock and is majority owner in Medical Quality Enhancement Corp. He receives Royalties from UpToDate and Xlibris. Ms Anderson has no conflicts of interest to declare.

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of prohibitive copayment costs or inconvenience to the patient of office-based phototherapy treatments, particularly in the United States.^{4,5} Phototherapy may be the lowest cost option compared with biologics, but not necessarily from the patients' standpoint because of multiple copays, driving time, driving expenses, lost wages, cost of equipment, or a combination of these.⁵ Inconvenience and cost can be minimized by prescribing a home light unit.⁴ In addition, home phototherapy can be as effective as office-based phototherapy, while increasing patient satisfaction with treatment.⁶

Resident training for using phototherapy as treatment is lacking.⁷ The purpose of this review is to provide a practical guide for recognizing the appropriate patient for home light treatment, prescribing home light treatment, and dealing with potential obstacles, such as affordability and insurance issues.

METHODS

The guidelines for treatment of psoriasis published by *Journal of the American Academy of Dermatology*,¹ the guide for treatment from The National Psoriasis Foundation,² and "A Clinician's Paradigm in the Treatment of Psoriasis"³ were used to describe an appropriate patient for home phototherapy. The phototherapy companies to include in this review were determined based on those listed by the National Psoriasis Foundation via their World Wide Web site (<http://www.psoriasis.org/about-psoriasis/treatments/phototherapy/uvb/home-equipment>). World Wide Web sites, catalogs, and personnel from phototherapy unit providers were used to gather information regarding their products and how to navigate the insurance claim process. Current literature was reviewed to recommend treatment regimens for home phototherapy units, including type of light, type of unit, and treatment schedule.

RESULTS

Recognizing the appropriate patient to receive home phototherapy

Phototherapy is a first-line treatment for psoriasis, particularly if too extensive to be treated with topicals alone (often defined by >10% body surface area).¹⁻³ There are very few contraindications for

office or home-based phototherapy (Table 1).^{1,8} Unlike many systemic treatments for moderate to severe psoriasis, phototherapy is a relatively safe treatment option for immunosuppressed patients, patients with ongoing infections, patients currently on medications that would pose a pharmacologic interaction with systemic medications, pa-

tients with comorbidities limiting the medication options, children, and women who are pregnant or breast-feeding.^{1,2}

Home phototherapy is well suited for patients who are unable to attend outpatient phototherapy because of distance from phototherapy site, cost of travel and lost wages, or time conflicts.⁹ Home phototherapy can be used for long-term maintenance in patients who have cleared using office-based

phototherapy (in which case the patient should already have a good understanding of the procedures, side effects, and signs of adequate treatment) or de novo in patients who are just starting a phototherapy regimen.⁹ Home phototherapy is also an appropriate treatment for individuals with localized lesions who have failed topical treatments, those would prefer to not use topical treatments, or as an adjunctive treatment.¹⁰ There are a variety of spot-treatment home phototherapy devices designed for localized lesions, scalp lesions, and palms and soles.¹¹⁻¹⁴

Many patients may benefit from a trial of phototherapy before moving on to other systemic treatments that may be associated with more risks, higher costs, or both. To make phototherapy available to a larger number of patients, home phototherapy may be a favorable option.

Prescribing the appropriate phototherapy treatment

When prescribing home phototherapy, the prescription should indicate the type of UV light to be used and the type of light unit. Also, the treatment schedule needs to be determined and communicated clearly to the patient.

Type of UV light to prescribe. Broadband UVB, narrowband (NB) UVB, and psoralen plus UVA can all be used to treat psoriasis. Randomized, blinded trials have been done comparing the 3 options as a form of in-office phototherapy. NB-UVB is more efficacious than broadband UVB

CAPSULE SUMMARY

- Home phototherapy is an efficacious and reasonably safe treatment for psoriasis, but training in prescribing it is poor.
- Prescribing home phototherapy can be streamlined with the assistance of home light unit providers.
- Communication among patient, physician, phototherapy provider, and insurance carrier will facilitate the availability of home phototherapy.

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