

Gigi Ferrando,
Program Manager,
National Advocacy, Business Strategy & Public Affairs at United Healthcare
UnitedHealthcare
9900 Bren Rd E, Minnetonka, MN 55343

Via email to gigi_ferrando@uhc.com

RE: UnitedHealthcare Light and Laser Policy

On behalf of the undersigned organizations, we call upon UnitedHealthcare (UHC) to rescind its [Light and Laser Therapy Policy](#), effective December 1, 2024, which prohibits coverage for excimer laser treatment for vitiligo.

The undersigned organizations are committed to excellence in the medical and surgical treatment of skin disease; advocating for high standards in clinical practice, education, and research; and driving continuous improvement in patient care and outcomes while reducing the burden of disease. There is concern that UHC's Light and Laser policy negatively impacts access and disrupts optimal care for patients with vitiligo. Specifically, this policy states "Excimer laser therapy is considered cosmetic and not medically necessary for treatment of vitiligo." We strongly disagree with the UHC position.

1. Vitiligo is a medical condition and is not cosmetic.

Vitiligo is an autoimmune disease that causes significant morbidity through an inflammatory assault on melanocytes which produce pigment in the skin. The term "cosmetic" generally refers to procedures intended to alter normal structures of the body in order to improve or enhance one's appearance. Many issues considered "cosmetic" are related to normal aging. Vitiligo, on the other hand, is not normal nor is it part of the natural aging process. It is a disease that often affects young patients, resulting in significant distress. Half of patients develop vitiligo before the age of 20 years, and nearly 70% to 80% before age 30 years. Aging is a universal, normal process resulting in some cosmetically undesirable changes, whereas vitiligo is not universal and is distinctly abnormal.¹ Further, as an autoimmune condition, vitiligo is associated with other co-morbidities, especially, but not limited to, autoimmune thyroid disease.² A recent qualitative assessment of 3541 patients demonstrated that one-quarter

of respondents reported clinically diagnosed depression and one-third of respondents reported clinically diagnosed anxiety.³

2. *Phototherapy and excimer laser therapy are effective treatments.*

Innumerable studies in vitiligo support the use narrow-band ultraviolet light (308-312 nm) phototherapy (NBUVB) delivered via excimer laser and/or via medical fluorescent lamps. Vitiligo is mediated by auto-reactive T cells that destroy melanocytes. NBUVB interferes with the autoimmune inflammatory processes causing vitiligo with subsequent repigmentation when inflammation subsides and recolonization of the epidermis by melanocytes can proceed.^{4,5,6,7,8,9,10,11} Excimer laser is a method of focal delivery of NBUVB, has few adverse reactions and is well tolerated by patients. Furthermore, the focal nature of excimer laser delivery of NBUVB permits treatment in anatomical areas that are otherwise difficult to access.¹² Focal delivery also prevents increase in constitutive pigmentation of surrounding skin. Clinically, treatment with NBUVB including excimer laser improves quality of life in vitiligo patients.^{13,14}

3. *UHC's policy disrupts access to care by vitiligo patients including those most vulnerable and marginalized.*

Vitiligo affects all races and sex with similar prevalence across populations. The burden of disease disproportionately affecting historically marginalized groups and those with darker skin types.¹⁵ UHC policy states that "While vitiligo does not pose any direct health risks, it may lead to psychological stress due to its cosmetic effects and associated social stigma." In a survey of 3541 patients, vitiligo was shown to affect the career choices, promotion, and career opportunities for half of respondents with increasing impact with greater areas of depigmentation and more advanced disease.¹⁶ It is generally acknowledged that as a result of the abnormal skin coloration, vitiligo carries a large psychological burden, as well as an association with psychiatric morbidity (e.g. depression and anxiety).^{17,18} UHC's policy restricts access to treatment by patients seeking treatment to restore melanocyte function and induce normal re-pigmentation.

The AADA urges UHC to rescind the current Light and Laser policy and include coverage for excimer laser for treatment of vitiligo. We welcome the opportunity to work with you to address any concerns you may have regarding vitiligo and treatment options. Please contact Lou Terranova, Associate Director for Practice and Payment Policy at 202- 340-2875 or lterranova@aad.org to follow up on our request and/or set up a mutually agreeable time to meet and discuss these issues.

We appreciate the opportunity to work with UHC to ensure patients' access to high quality dermatologic care.

American Academy of Dermatology / Association
Global Vitiligo Foundation
Photodermatology Society

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