# PHARMACY POLICY STATEMENT
## North Carolina Marketplace

| DRUG NAME | Visudyne (verteporfin) |
|---|---|
| BILLING CODE | J3396 |
| BENEFIT TYPE | Medical |
| SITE OF SERVICE ALLOWED | Office/Outpatient |
| STATUS | Prior Authorization Required |

Visudyne is a light activated drug used in photodynamic therapy to treat certain cases of choroidal neovascularization (CNV). A course of therapy is a 2-step process. First Visudyne is administered. Second, Visudyne is activated with light from a nonthermal diode laser. Photoactivation of Visudyne is controlled by the light dose delivered. Patients must avoid exposure of skin or eyes to direct sunlight or bright indoor light for 5 days following the procedure.
CNV is the creation of new blood vessels in the choroid layer of the eye and can lead to vision loss. Age-related macular degeneration is the most common cause of CNV.

Visudyne (verteporfin) will be considered for coverage when the following criteria are met:

### Choroidal Neovascularization (CNV)

For **initial** authorization:
1. Member is at least 18 years of age; AND
2. Medication must be prescribed by or in consultation with an ophthalmologist; AND
3. Member has a documented diagnosis of predominantly classic subfoveal choroidal neovascularization (CNV) due to one of the following:
   a) "Wet" age-related macular degeneration (AMD)
   b) Pathologic myopia
   c) Presumed ocular histoplasmosis; AND
4. Trial and failure of bevacizumab; AND
5. Member does NOT have predominantly occult subfoveal CNV.
6. **Dosage allowed/Quantity limit:** 6 mg/$m^2$ body surface area IV

***If all the above requirements are met, the medication will be approved for 3 months (1 dose per eye).***

For **reauthorization**:
1. Chart notes must document positive clinical response (e.g., slowed progression of vision loss) following photodynamic treatment; AND
2. Choroidal neovascular leakage has recurred as detected on fluorescein angiography (FA) or optical coherence tomography (OCT).

***If all the above requirements are met, the medication will be approved for an additional 3 months (1 dose per eye).***

**CareSource considers Visudyne (verteporfin) not medically necessary for the treatment of conditions that are not listed in this document. For any other indication, please refer to the Off-Label policy.**

| DATE | ACTION/DESCRIPTION |
|---|---|
| **10/19/2021** | New policy created for Visudyne. |

References:


1. Visudyne [prescribing information]. Bausch & Lomb; 2021.
2. Soubrane G, Bressler NM. Treatment of subfoveal choroidal neovascularisation in age related macular degeneration: focus on clinical application of verteporfin photodynamic therapy. *Br J Ophthalmol*. 2001;85(4):483-495. doi:10.1136/bjo.85.4.483
3. Fenton C, Perry CM. Verteporfin: a review of its use in the management of subfoveal choroidal neovascularisation. *Drugs Aging*. 2006;23(5):421-445. doi:10.2165/00002512-200623050-00006
4. Wormald R, Evans J, Smeeth L, Henshaw K. Photodynamic therapy for neovascular age-related macular degeneration. *Cochrane Database Syst Rev*. 2007;(3):CD002030. Published 2007 Jul 18. doi:10.1002/14651858.CD002030.pub3
5. Flaxel CJ, Adelman RA, Bailey ST, et al. Age-Related Macular Degeneration Preferred Practice Pattern® [published correction appears in Ophthalmology. 2020 Sep;127(9):1279]. *Ophthalmology*. 2020;127(1):P1-P65. doi:10.1016/j.ophtha.2019.09.024
6. Zhu Y, Zhang T, Xu G, Peng L. Anti-vascular endothelial growth factor for choroidal neovascularisation in people with pathological myopia. *Cochrane Database Syst Rev*. 2016;12(12):CD011160. Published 2016 Dec 15. doi:10.1002/14651858.CD011160.pub2


Effective date: 01/01/2023
Revised date: 10/19/2021