CareSource Rxinnovations

PHARMACY POLICY STATEMENT
Arkansas PASSE

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

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