



## PHARMACY POLICY STATEMENT TRICARE

DRUG NAME	Visudyne (verteporfin)
BENEFIT TYPE	Medical
STATUS	Prior Authorization Required

Visudyne is a light activated drug used in photodynamic therapy (PDT) 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 (AMD) 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. Member has tried and failed bevacizumab; AND
5. Member does NOT have predominantly occult subfoveal CNV.
6. **Dosage allowed/Quantity limit:** 6 mg/m<sup>2</sup> 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).***

**TRICARE Prime® Demo by CareSource Military & Veterans™ 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.
10/04/2023	Revised/added references.

References:

1. Visudyne [prescribing information]. Bausch & Lomb; 2023.
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. 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
4. 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.optha.2019.09.024
5. 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
6. Chen Y, Han X, Gordon I, et al. A systematic review of clinical practice guidelines for myopic macular degeneration. *J Glob Health*. 2022;12:04026. Published 2022 Mar 26. doi:10.7189/jogh.12.04026
7. Thuruthumaly C, Yee DC, Rao PK. Presumed ocular histoplasmosis. *Curr Opin Ophthalmol*. 2014;25(6):508-512. doi:10.1097/ICU.0000000000000100

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