SPECIALTY GUIDELINE MANAGEMENT

VISUDYNE (verteporfin injection)

POLICY

I. INDICATIONS

The indications below including FDA-approved indications and compendial uses are considered a covered benefit provided that all the approval criteria are met and the member has no exclusions to the prescribed therapy.

A. FDA-Approved Indications

Visudyne for injection is indicated for the treatment of patients with predominantly classic subfoveal choroidal neovascularization due to age-related macular degeneration, pathologic myopia or presumed ocular histoplasmosis.

B. Compendial Indications

- 1. Classic subfoveal choroidal neovascularization due to chronic central serous chorioretinopathy
- 2. Choroidal hemangioma

All other indications are considered experimental/investigational and not medically necessary.

II. CRITERIA FOR INITIAL APPROVAL

A. Choroidal neovascularization

Authorization of 6 months may be granted for treatment of predominantly classic subfoveal choroidal neovascularization (CNV) when both of the following criteria are met:

- 1. Member has predominantly classic subfoveal choroidal neovascularization due to ONE of the following:
 - a. Age-related macular degeneration
 - b. Pathologic myopia
 - c. Presumed ocular histoplasmosis
 - d. Chronic central serous chorioretinopathy (also includes retinal pigment epithelial leakage without evident CNV)
- 2. The treatment spot size is less than or equal to 6.4 mm in diameter.

B. Choroidal hemangioma

Authorization of 6 months may be granted for treatment of choroidal hemangioma.

III. CONTINUATION OF THERAPY

Authorization of 12 months may be granted for continued treatment of an indication listed in Section II for members who have demonstrated a positive clinical response to therapy.

IV. REFERENCES

1. Visudyne [package insert]. Charleston, SC: Alcami Carolinas Corporation; February 2023.

Visudyne 3011-A SGM P2024.docx

© 2024 CVS Caremark. All rights reserved.

This document contains confidential and proprietary information of CVS Caremark and cannot be reproduced, distributed or printed without written permission from CVS Caremark. This document contains prescription brand name drugs that are trademarks or registered trademarks of pharmaceutical manufacturers that are not affiliated with CVS Caremark.



3011-A

- 2. van Rijssen, T.J., van Dijk, E.H.C., Yzer, S., Ohno-Matsui, K., Keunen, J.E.E., Schlingemann, R.O., Sivaprasad, S., Querques, G., Downes, S.M., Fauser, S., Hoyng, C.B., Piccolino, F.C., Chhablani, J.K., Lai, T.Y.Y., Lotery, A.J., Larsen, M., Holz, F.G., Freund, K.B., Yannuzzi, L.A., Boon, C.J.F., Central serous chorioretinopathy: Towards an evidence-based treatment guideline, Progress in Retinal and Eye Research (2019), doi: https://doi.org/10.1016/j.preteyeres.2019.07.003.
- 3. Tsipursky MS, Golchet PR, Jampol LM. Photogynamic therapy of choroidal hemangioma in sturge-weber syndrome, with a review of treatments for diffuse and circumscribed choroidal hemangiomas. *Surv Ophthalmol.* 2011; 56 (1): 68-85.

Visudyne 3011-A SGM P2024.docx

pharmaceutical manufacturers that are not affiliated with CVS Caremark.

© 2024 CVS Caremark. All rights reserved.



This document contains confidential and proprietary information of CVS Caremark and cannot be reproduced, distributed or printed without written permission from CVS Caremark. This document contains prescription brand name drugs that are trademarks or registered trademarks of