

Visudyne® (verteporfin)

When requesting Visudyne®(verteporfin), the individual requiring treatment must be diagnosed with the following FDA-approved indication and meet the specific coverage guidelines and applicable safety criteria for the covered indication.

FDA-approved indication

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

Coverage Guidelines

Member must meet following criteria for approval:

- Does not have porphyria
- Classic subfoveal choroidal neovascularization must be due to one of the followings:
 - o age-related macular degeneration
 - o pathologic myopia
 - o presumed ocular histoplasmosis

Approval duration: 12 months

Dosing Recommendations

- 6mg/m² over followed by light therapy 15 minutes after the start of the infusion.

References

1. Visudyne prescribing information. Bridgewater, NJ; Valeant Pharmaceuticals LLC. June 2016.
2. Verteporfin (Visudyne®). In: DRUGDEX® System. Micromedex 2.0. Greenwood Village, CO; Thompson Reuters (Healthcare). [Accessed April 17, 2018].
3. American Academy of Ophthalmology (2017) Retina Summary Benchmarks for Preferred Practice Guidelines.