Visudyne photodynamic therapy is **medically necessary** when:

- Member has documented wet age-related macular degeneration (AMD), associated with classic subfoveal choroidal neovascularization (CNV)
- Histoplasmosis, ocular, presumed; associated with classic subfoveal CNV
- Myopia, pathologic; associated with classic subfoveal CNV

When lesions are small (4 disk areas or less) at the time of initial treatment or within 3 months prior to initial treatment, **and** have shown evidence of progression, or there is the appearance of blood associated with the lesion, the following indications are **medically necessary**:

- Subfoveal occult with no classic CNV associated with AMD
- Subfoveal minimally classic CNV (area of classic CNV occupies ≥ 50% of entire lesion) associated with AMD
- A fluorescein angiogram showing signs of recurrence or persistent leakage is provided on request for retreatment

Visudyne is **not medically necessary** for any indication not specifically listed above because it is considered experimental and/or investigational. Those indications include, but may not be limited to:

- Idiopathic subfoveal choroidal neovascularization
- Central serous retinopathy
- Choroidal hemangioma

**Dosage and Administration:** 6mg/m² IV

**Initial Therapy**

- Approve for 3 Months.

**Retreatment**

- Most individuals treated with verteporfin will need to be retreated every 3 months. All individuals having a retreatment will need to have a fluorescein angiogram performed prior to each treatment.
- If fluorescein angiograms show any signs of recurrence or persistence of leakage approve for an additional 3 months.
Background

Photodynamic Therapy (PDT) involves the use of specifically designed laser and a photosensitizing drug, Verteporfin (Visudyne) to treat wet Age Related Macular Degeneration (AMD).

Verteporfin is a light-activated drug, used in photodynamic therapy. The drug is a blood vessel blocking, photoreactive dye that gets injected into the arm of a patient. The dye moves to the blood vessels that are responsible for the loss of sight and is then activated by shining a non-burning beam of light into the eye. The treatment prevents the growth of the destructive blood vessels without hurting the surrounding tissue. After Verteporfin infusion, the photosensitizer is activated focally by illumination with light from a laser source at a wavelength that corresponds to an absorption peak of the drug, but is not strong enough to create any thermal (heat related) damage. Outcome studies suggest that repeated treatments consistently resulted in short-term cessation of fluorescein leakage from choroidal neovascularization (CNV) without angiographic damage to the retinal blood vessels or short-term visual acuity loss after each treatment. However, return of leakage from CNV typically is noted, although often involving an area smaller than was noted prior to treatment, suggesting that periodic re-treatment for an unknown time will be required.

References:
- Adapted from BHP Medical Coverage Guidelines. 4/21/12.