Verteporfin

NDC CODE(S) 00187-5600-XX Visudyne 15 MG Solution Reconstituted (BAUSCH HEALTH)

DESCRIPTION

Verteporfin, a synthetic benzoporphyrin derivative, is cytotoxic photosensitizing agent used in photodynamic therapy. After intravenous infusion, treatment by nonthermal red light is required for treatment in the presence of oxygen. Treatment with verteporfin will leave an individual temporarily photosensitive and exposure to bright light should be avoided for a minimum of five days after treatment.

POLICY

- Verteporfin for the treatment of subfoveal choroidal neovascularization (CNV) is considered ***medically necessary*** if the medical appropriateness criteria are met. **(See Medical Appropriateness below.)**
- Verteporfin for the treatment of other conditions/diseases is considered ***investigational.***

MEDICAL APPROPRIATENESS

INITIAL APPROVAL

- Verteporfin is considered **medically appropriate** if **ALL** of the following:
  - **BCBST requirement:** Prior trial and failure of Bevacizumab Ophthalmic is required
  - Individual is 18 years of age or older
  - Photoactivation is accomplished with light from a nonthermal diode laser
  - Treatment of predominantly classic subfoveal choroidal neovascularization associated with **ANY ONE** of the following:
    - Age related macular degeneration (AMD)
    - Pathologic myopia
    - Presumed ocular histoplasmosis
  - Must **NOT** be used in combination with any anti-angiogenic agents (e.g., pegaptanib, ranibizumab, bevacizumab, aflibercept, brolucizumab, etc.)

RENEWAL CRITERIA

- Verteporfin is considered **medically appropriate** for renewal if **ALL** of the following:
  - Individual continues to meet initial approval criteria
  - Disease response with treatment is indicated by improvement in lines of visual acuity from baseline and reduction in the number of episodes of severe visual acuity loss
  - Absence of unacceptable toxicity from the agent, including extravasation, decrease in visual acuity, etc.

INDICATION(S)	DOSAGE & ADMINISTRATION
All Indications	Infuse 6 mg/m^2 IV over 10 minutes at a rate of 3 mL/minute per eye. One week after the first course, if no significant toxicity occurs, the second eye can be treated, if necessary. Approximately 3 months later, the eye(s) can be evaluated for re-treatment

LENGTH OF AUTHORIZATION

Coverage will be provided for 1 infusion per eye every 3 months and may be renewed

Refer to **DOSAGE LIMITS** below

APPLICABLE TENNESSEE STATE MANDATE REQUIREMENTS

BlueCross BlueShield of Tennessee's Medical Policy complies with Tennessee Code Annotated Section 56-7-2352 regarding coverage of off-label indications of Food and Drug Administration (FDA) approved drugs when the off-label use is recognized in one of the statutorily recognized standard reference compendia or in the published peer-reviewed medical literature.

IMPORTANT REMINDER

We develop Medical Policies to provide guidance to Members and Providers. This Medical Policy relates only to the services or supplies described in it. The existence of a Medical Policy is not an authorization, certification, explanation of benefits or a contract for the service (or supply) that is referenced in the Medical Policy. For a determination of the benefits that a Member is entitled to receive under his or her health plan, the Member's health plan must be reviewed. If there is a conflict between the Medical Policy and a health plan, the express terms of the health plan will govern.

ADDITIONAL INFORMATION

For appropriate chemotherapy regimens, dosage information, contraindications, precautions, warnings, and monitoring information, please refer to one of the standard reference compendia (e.g., the NCCN Clinical Practice Guidelines in Oncology (NCCN Guidelines®) published by the National Comprehensive Cancer Network®, Drugdex Evaluations of Micromedex Solutions at Truven Health, or The American Hospital Formulary Service Drug Information).

SOURCES

Lexi-Comp Online. (2020). AHFS DI. *Verteporfin (EENT)*. Retrieved July 22, 2020 from Lexi-Comp Online with AHFS.

MICROMEDEX Healthcare Series. Drugdex Drug Evaluations. (2020, July). *Verteporfin*. Retrieved July 22, 2020 from MICROMEDEX Healthcare Series.

U.S. Food and Drug Administration. (2016, May). Center for Drug Evaluation and Research. *Visudyne® (verteporfin for injection), for intravenous use*. Retrieved July 22, 2020 from http://www.accessdata.fda.gov/drugsatfda_docs/label/2016/021119s027lbl.pdf.

EFFECTIVE DATE 4/2/21

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