Clinical Policy: Verteporfin (Visudyne)

Reference Number: ERX.SPA.205
Effective Date: 01.11.17
Last Review Date: 02.18 Revision Log

See Important Reminder at the end of this policy for important regulatory and legal information.

Description
Verteporfin (Visudyne®) is a light activated drug used in photodynamic therapy.

FDA Approved Indication(s)
Visudyne is indicated for the treatment of patients with predominantly classic subfoveal choroidal neovascularization (CNV) due to:

- Age-related macular degeneration (AMD)
- Pathologic myopia
- Presumed ocular histoplasmosis

Limitation(s) of use: There is insufficient evidence to indicate Visudyne for the treatment of predominantly occult subfoveal choroidal neovascularization.

Policy/Criteria
Provider must submit documentation (which may include office chart notes and lab results) supporting that member has met all approval criteria

It is the policy of health plans affiliated with Envolve Pharmacy Solutions™ that Visudyine is **medically necessary** when the following criteria are met:

I. Initial Approval Criteria

A. Choroidal Neovascularization (must meet all)**:**

1. Diagnosis of subfoveal CNV due to one of the following (a, b, or c):
   a. AMD;
   b. Pathologic myopia;
   c. Presumed ocular histoplasmosis;
2. Prescribed by or in consultation with an ophthalmologist;
3. Age ≥ 18 years;
4. For AMD, member meets one of the following (a or b):
   a. Failure of a trial of bevacizumab unless contraindicated or clinically significant adverse effects are experienced;
   b. Disease has progressed after use of a vascular endothelial growth factor (VEGF) inhibitor as first-line treatment;
5. For CNV due to pathologic myopia, failure of a trial of Lucentis unless contraindicated or clinically significant adverse effects are experienced;
6. Dose does not exceed 6 mg/m^2 body surface area.

Approval duration: 3 months (1 dose)

B. Other diagnoses/indications

1. Refer to ERX.PA.01 if diagnosis is NOT specifically listed under section III (Diagnoses/Indications for which coverage is NOT authorized).

II. Continued Therapy

A. Choroidal Neovascularization (must meet all)**:**

1. Currently receiving medication via a health plan affiliated with Envolve Pharmacy Solutions or member has previously met initial approval criteria;
2. Member is responding positively to therapy as evidenced by one of the following (a, b, c, or d):

a. Detained neovascularization;
b. Improvement in visual acuity;
c. Maintenance of corrected visual acuity from prior treatment;
d. Supportive findings from optical coherence tomography or fluorescein angiography;

3. Recent fluorescein angiography, conducted at least 3 months after the last treatment, shows recurrent or persistent choroidal neovascular leakage;
4. If request is for a dose increase, new dose does not exceed 6 mg/m^2 body surface area.

Approval duration: 3 months (1 dose)

B. Other diagnoses/indications (must meet 1 or 2)**:**

1. Currently receiving medication via a health plan affiliated with Envolve Pharmacy Solutions and documentation supports positive response to therapy.
   Approval duration: Duration of request or 6 months (whichever is less); or
2. Refer to ERX.PA.01 if diagnosis is NOT specifically listed under section III (Diagnoses/Indications for which coverage is NOT authorized).

III. Diagnoses/Indications for which coverage is NOT authorized:

A. Non-FDA approved indications, which are not addressed in this policy, unless there is sufficient documentation of efficacy and safety according to the off-label use policy – ERX.PA.01 or evidence of coverage documents.

IV. Appendices/General Information

Appendix A: Abbreviation/Acronym Key
AMD: age-related macular degeneration
CNV: choroidal neovascularization
FDA: Food and Drug Administration

Appendix B: Therapeutic Alternatives
This table provides a listing of preferred alternative therapy recommended in the approval criteria. The drugs listed here may not be a formulary agent and may require prior authorization.

Drug Name	Dosing Regimen	Dose Limit/ Maximum Dose
Avastin® (bevacizumab)	**Neovascular (wet) AMD:** 1.25 to 2.5 mg administered by intravitreal injection every 4 weeks	2.5 mg/month
	mCNV: 0.05 mL initial intravitreal injection, followed by monthly evaluation for additional injections as needed	0.5 mL/month
Eylea® (aflibercept)	**Neovascular (wet) AMD:** 2 mg (0.05 mL) administered by intravitreal injection once a month for 3 months then 2mg every 2 months.	2 mg/month
Lucentis® (ranibizumab)	**Neovascular (wet) AMD:** 0.5 mg (0.05 mL) administered by intravitreal injection once a month. <u>Alternative dosing:</u> Once monthly injections for three months followed by 4-5 doses dispersed among the following 9 months Or	0.5 mg/month

Drug Name	Dosing Regimen	Dose Limit/ Maximum Dose
	Treatment may be reduced to one injection every 3 months after the first four injections if monthly injections are not feasible.	
	Myopic CNV: 0.5 mg (0.05 mL) administered by intravitreal injection once a month for up to 3 months. Patients may be retreated if needed.	0.5 mg/month
Macugen® (pegaptanib)	**Neovascular (wet) AMD:** 0.3 mg (0.09 mL) administered by intravitreal injection every 6 weeks	0.3 mg/6 weeks

Therapeutic alternatives are listed as Brand name® (generic) when the drug is available by brand name only and generic (Brand name®) when the drug is available by both brand and generic.

Appendix C: General Information

- In the ANti-VEGF Antibody for the Treatment of Predominantly Classic CHORoidal Neovascularisation in AMD (ANCHOR) trial, the number of patients that lost fewer than 15 letters at 12 months was achieved by 96.4% of patients treated with Lucentis 0.5 mg compared to 64.3% of patients treated with Visudyne ($p < 0.001$). Rate of intraocular inflammation was higher for patients treated with Lucentis 0.5 mg at 15% compared to Visudyne at 2.8%.
- In the RADIANCE, a Phase III, 12-month, multicenter, randomized, double-masked, active-controlled trial, Lucentis was compared to vPDT (Visudyne and photodynamic therapy) for the treatment of mCNV. Lucentis treatment in groups I and II was superior to vPDT based on mean average BCVA change from baseline to month 1 through month 3 (group I: +10.5, group II: +10.6 vs. group III: +2.2 Early Treatment Diabetic Retinopathy Study [ETDRS] letters; both $P<0.0001$). Lucentis treatment guided by disease activity was noninferior to VA stabilization-guided retreatment based on mean average BCVA change from baseline to month 1 through month 6 (group II: +11.7 vs. group I: +11.9 ETDRS letters; $P<0.00001$). Mean BCVA change from baseline to month 12 was +13.8 (group I), +14.4 (group II), and +9.3 ETDRS letters (group III). At month 12, 63.8% to 65.7% of patients showed resolution of myopic CNV leakage. Patients received a median of 4.0 (group I) and 2.0 (groups II and III) ranibizumab injections over 12 months. No deaths or cases of endophthalmitis and myocardial infarction occurred.

V. Dosage and Administration

Indication	Dosing Regimen	Maximum Dose
Predominantly classic subfoveal CNV due to AMD, pathologic myopia or presumed ocular histoplasmosis	6 mg/m^2 IV diluted with 5% dextrose to a final volume of 30 mL infused over 10 minutes	6 mg/m^2 IV

VI. Product Availability

Vial for reconstitution: 15 mg (2 mg/mL after reconstitution)

VII. References

1. Visudyne Prescribing Information. Bridgewater, NJ: Valeant Ophthalmics; June 2016. Available at: www.visudyne.com. Accessed November 14. 2017.
2. American Academy of Ophthalmology Retina/Vitreous Panel. Preferred Practice Pattern® Guidelines. Age-Related Macular Degeneration. San Francisco, CA: American Academy of Ophthalmology; 2015. Available at www.aao.org/ppp. Accessed November 14, 2017.
3. Wolf S, Valciuniene VJ, Laganovska G, et al. RADIANCE: a randomized controlled study of ranibizumab in patients with choroidal neovascularization secondary to pathologic myopia. Ophthalmology March 2014; 121(3):682-92.e2. doi: 10.1016/j.ophtha.2013.10.023. Epub 2013 Dec 8.

Reviews, Revisions, and Approvals	Date	P&T Approval Date
Policy created.	12.16	01.17
1Q18 annual review: Converted to new template Added specialist requirement Removed fluorescein angiography for diagnosis due to addition of specialist Added requirement of documentation of recurrent or persistent CNV leakage in addition to positive response to last treatment Added age limit Expanded VEGF requirement for AMD and pathologic myopia specifically to bevacizumab or other VEGF inhibitors Added redirection to Lucentis for mCNV due to clinical superiority Removed allowed indication for occult CNV	11.23.17	02.18

Important Reminder

This clinical policy has been developed by appropriately experienced and licensed health care professionals based on a review and consideration of currently available generally accepted standards of medical practice; peer-reviewed medical literature; government agency/program approval status; evidence-based guidelines and positions of leading national health professional organizations; views of physicians practicing in relevant clinical areas affected by this clinical policy; and other available clinical information.

This Clinical Policy is not intended to dictate to providers how to practice medicine, nor does it constitute a contract or guarantee regarding payment or results. Providers are expected to exercise professional medical judgment in providing the most appropriate care, and are solely responsible for the medical advice and treatment of members.