Kent and Medway Policy Recommendation and Guidance Committee

Policy Recommendation

Policy:	**PR 2017-12: Verteporfin (Visudyne®) with photodynamic therapy (PDT) for the treatment of central serous chorioretinopathy (CSCR)**
Issue date:	**September 2017**
Review date:	**September 2020**

The Kent and Medway Policy Recommendation and Guidance Committee (PRGC) considered evidence of clinical effectiveness, the baseline position, other CCG policies, and the views of local specialists. All decisions were made with reference to the Ethical Framework. Taking these into account, the PRGC recommends:

- One course of verteporfin[1] with photodynamic therapy (VPDT) is funded for the treatment of central serous chorioretinopathy (CSCR) where the patient has persistent fluid and symptoms for longer than 6 months after their first appointment.

Requests for verteporfin for CSCR should be made through the High Cost Drugs management service. These will be processed and monitored using the regional electronic approval system (currently Blueteq).

See overleaf for background information and supporting rationale.
This policy recommendation will be reviewed in light of new evidence or guidance from NICE. Clinical Commissioning Groups in Kent and Medway will always consider appropriate individual funding requests (IFRs) through their IFR process.

Supporting documents

NEL CSU HCiAG (2017) *Verteporfin (Visudyne®) with photodynamic therapy for central serous chorioretinopathy – Scoping report*
Equality Analysis Screening Tool – Verteporfin (Visudyne®) with photodynamic therapy for central serous chorioretinopathy (2017)

[1] Verteporfin is listed as a High Cost Drug Exclusion (National Tariff Excluded) for subfoveal choroidal neovascularisation. Verteporfin is not licensed for the treatment of CSCR.

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Key points and rationale

What is central serous chorioretinopathy (CSCR)?
CSCR, also known as central serous retinopathy (CSR), is an idiopathic eye disease; fluid leaks from underneath the retina, causing it to bulge. This bulging can result in visual disturbances ranging from mild blurring to severe restriction of sight of the central visual field. CSCR is usually self-limiting; ~85% of cases will spontaneously resolve within six months (although 30–50% of these will recur at some point), treatment options are limited for the remainder.

What is verteporfin and photodynamic therapy (PDT)?
Verteporfin is a drug used with PDT to block off abnormal blood vessels which form in some eye diseases. It is indicated for subfoveal choroidal neovascularisation due to wet age-related macular degeneration or pathological myopia. Verteporfin is administered intravenously, collects in the abnormal blood vessels, and is then stimulated by light of a specific wavelength (PDT). The light causes the verteporfin to react with oxygen in the blood to form short-lived chemicals which damage the blood vessel lining, and effectively block it off altogether. Since the light is required for the reaction to occur, the reaction is highly localised to the area exposed to the light.

Although not licensed in this indication, verteporfin with PDT (VPDT) has been used in clinical studies to treat CSCR. The reasoning is that VPDT can be used to damage the 'leaky' vessels sufficiently to 'plug' the leak, but not to close them off altogether.

Verteporfin is listed as a High Cost Drug Exclusion (National Tariff Excluded) for subfoveal choroidal neovascularisation; its cost is £850 per 15mg vial (£1,020 with vat; BNF August 2017).

What does NICE say?
There is no NICE guidance on VPDT for the treatment of CSCR.

What is the baseline position?
Currently there is no formal Kent and Medway wide commissioning policy on access to VPDT for CSCR. It is understood that presently all patients in Kent and Medway requiring treatment with VPDT are referred to Maidstone and Tunbridge Wells NHS Trust (MTW) for treatment. An estimated 20 eyes per year in Kent and Medway require treatment with VPDT for CSCR.

What does the evidence say?
Generally, evidence from clinical studies, including a placebo-controlled randomised trial, suggests treatment with VPDT, irrespective of verteporfin dose and light energy fluence, confers a beneficial effect on the resolution of CSCR; VPDT stabilised or improved visual acuity in 100% of participants in the randomised controlled trial at 12 months follow up.

What is the rationale for PR2017-12?
CSCR can result in visual disturbances ranging from mild blurring to severe restriction of sight of the central visual field. While CSCR is usually self-limiting (~85% of cases spontaneously resolve within 6 months), treatment options are limited for the remainder. Evidence from clinical studies, suggests treatment with VPDT confers a beneficial effect on the resolution of CSCR.

What is the impact of implementing PR2017-12?
The cost of prescribing verteporfin across Kent and Medway is estimated to be £20,400 per year for CSCR, based on the use of 1x15mg vial per treated eye. It is likely that the cost impact to CCGs will be less than £20,400 per year as some, but not all, are already funding the use of verteporfin for CSCR. In terms of eligibility criteria, the introduction of a formal policy specifying that fluid and symptoms must be present for longer than 6 months prior to treatment with VPDT may result in modest reductions in current activity.

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Change sheet

Reason for review:
Currently there is no formal Kent and Medway wide commissioning policy on the use of verteporfin with photodynamic therapy (VPDT) for the treatment of people with central serous chorioretinopathy (CSCR). It is understood that presently all people in Kent and Medway requiring treatment with VPDT are referred to Maidstone and Tunbridge Wells NHS Trust (MTW) for treatment. The cost of verteporfin for subfoveal choroidal neovascularisation was previously within tariff, but it is now listed as a High Cost Drug Exclusion (National Tariff Excluded). Kent and Medway CCGs have indicated that they would like to agree a single area-wide policy on this topic to ensure equity of access across the region.

Change from baseline position:
No significant change; the policy recommendation appears to largely reflect the baseline position (see also below).

Estimated impact of implementing PR2017-12:
The cost of prescribing verteporfin across Kent and Medway is estimated to be £20,400 per year for CSCR, based on the use of 1x15mg vial per treated eye. It is likely that the cost impact to CCGs will be less than £20,400 per year as some, but not all, are already funding the use of verteporfin for CSCR. In terms of eligibility criteria, the introduction of a formal policy specifying that fluid and symptoms must be present for longer than 6 months prior to treatment with VPDT may result in modest reductions in current activity; local specialists favoured providing treatment to people with CSCR who had fluid present for only 3 months.

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