

Thames Valley Priorities Committee Commissioning Policy Statement

Policy No. TVPC 42

Verteporfin and photodynamic therapy in Chronic Central Serous Chorioretinopathy and Idiopathic Polypoidal Choroidal Vasculopathy

Recommendation made by the Priorities Committee:

May 2016

Date of issue:

May 2017

Thames Valley Priorities Committee have considered provision of funding for verteporfin and photodynamic therapy (PDT) in Chronic Central Serous Chorioretinopathy(CSR) and Idiopathic Polypoidal Choroidal Vasculopathy (IPCV).

Treatment with verteporfin and PDT can be initiated for treatment of CSR where:

- there are persistent symptoms and evidence of fluid leakage 6 months after the patients first appointment (unless vision is imminently at risk).
- CSR is confirmed by fluorescein angiography (FA) or indocyanine green angiography (ICGA) where necessary
- the patient's vision is 6/9 or worse.
- a maximum of three treatments is provided.

Treatment should be stopped where response is less than an improvement in vision of 5 or more letters.

Anti-VEGF treatment can be initiated only where the above criteria are met and the fluid is located at the very centre of the fovea.

Treatment with verteporfin and PDT can be initiated for treatment of IPCV where:

- IPCV is confirmed by ICGA
- the patient's vision is 9/12 or worse.
- a maximum of three treatments is provided.

NOTES:

- Potentially exceptional circumstances may be considered by a patient's CCG where there is evidence of significant health status impairment (e.g. inability to perform activities of daily living) and there is evidence that the intervention sought would improve the individual's health status.
- This policy will be reviewed in the light of new evidence or new national guidance, e.g., from NICE.
- Thames Valley clinical policies can be viewed at <http://www.fundingrequests.ccsu.nhs.uk/>