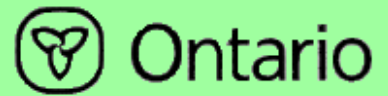


Bulletin



Bulletin Number 4384	Date June 15, 2002	Direct inquiries to Ministry of Health Processing Office <i>(address below)</i>
Distribution Physicians, Hospitals, Clinics, Laboratories		

Subject Ocular Photodynamic Therapy (PDT) with Verteporfin (Visudyne™)
Diagnostic and Therapeutic Procedures: Ophthalmology

Effective June 15, 2002, ocular photodynamic therapy (PDT) with verteporfin will be an insured service when rendered under specific clinical conditions by an ophthalmologist for treatment of age-related macular degeneration or pathologic myopia.

The following text will be inserted on page J42 (April 2002 edition) of the Ophthalmology subsection of the Diagnostic and Therapeutic Procedures section of the Schedule of Benefits on June 15, 2002 directly as follows:

Ocular photodynamic therapy (PDT) - is, subject to the limitations set out below, an insured service when rendered by an ophthalmologist. PDT must include completion and submission of patient registration and drug requisition forms, establishment of intravenous access, supervision of drug infusion and personal application of non-thermal diode laser for activation of verteporfin.

PDT is insured only if the patient's clinical condition meets all of the following:

- i. the patient has predominantly classic subfoveal choroidal neovascularization (CNV) secondary to either age-related macular degeneration (AMD) or pathologic myopia. 'Predominantly' means that the area of classic subfoveal CNV is equal to or greater than 50% of the total CNV lesion, as determined by fluorescein angiography and documented by retinal photographs retained on the patient's permanent medical record; and
- ii. treatment is commenced within 30 months after initial diagnosis of predominantly classic subfoveal CNV secondary to either AMD or pathologic myopia; and
- iii. the patient's visual acuity is equal to or worse than 20/40; and

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Office locations

Barrie 30 Poyntz St. L4M 3P2	Hamilton 119 King St. W P.O. Box 2280, Stn. A L8N 4C8	Kenora 220-808 Robertson St. P9N 1X9	Kingston 1055 Princess St. P.O. Box 9000 K7L 5A9	Kitchener 1400 Weber St. E. Unit B2 N2A 3Z8
London 217 York St., 5th Floor P.O. Box 5700 Terminal A N6A 1B7	Mississauga 201 City Centre Dr. P.O. Box 7020, Stn. A L5A 3M1	North Bay 101-447 McKeown St. P1B 9S9	Oshawa Exec. Tower, Oshawa Centre. 419 King St. W. P.O. Box 635 L1H 8L4	Ottawa Fuller Building 75 Albert Street K1P 5Y9
Owen Sound 981 2nd Avenue E. N4K 2H5	Peterborough 550 Lansdowne St. W. K9J 8J8	St. Catharines 59 Church St 3rd Floor L2R 3C3	Sarnia 452 Christina St. N. N7T 5W4	Sault Ste. Marie Roberta Bondar Place 70 Foster Dr., Ste. 100 P6A 6V4

Sudbury 199 Larch St., Suite 801 P3E 5R1	Thunder Bay 435 James St. S. , Suite 113 P7E 6T1	Timmins 38 Pine St. N., Ste. 110 P4N 6K6	Toronto 2195 Yonge St. P.O Box 1700 Stn. A M5W 1G9	Windsor 1427 Ouellette Ave. N8X 1K1
		Head Office P.O. Box 48 Kingston, ON K7L 5J3		

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- iv. for each repeat therapy, recurrent or persistent CNV leakage is detected by fluorescein angiography and documented by retinal photographs retained on the patient's permanent medical record.

If the patient's clinical condition meets all the above criteria but retinal photographs are not made prior to the procedure and retained on the patient's permanent medical record or the procedure is not performed by an ophthalmologist, then PDT is an insured service payable at nil. Maximum one PDT (unilateral or bilateral) per patient per day.

G460 - unilateral PDT per patient per day\$300.00

G461 - bilateral PDT per patient per day\$375.00

Note:

1. G379 rendered to same patient in conjunction with G460 or G461 is an insured service payable at nil.
2. G460 rendered to same patient same day as G461 is an insured service payable at nil.
3. Assessments and angiography are payable in addition to PDT. Retinal photography is insured as a specific element of the assessment and is not payable separately.

Commentary:

1. The above fees for PDT have been introduced on an interim basis and will be subject to a joint review by the Ministry and the Ontario Medical Association on or before March 31, 2003.
2. PDT will normally not be administered to each affected eye more frequently than once every 3 months.
3. PDT performed for treatment of clinical conditions other than described above is uninsured.

The heading of Consultations and Visits listings for Ophthalmology (23) will be amended on June 15, 2002 to include a note on page A32 to the effect:

"Note: Ophthalmology consultations and visits may include retinal photography as a specific element of the insured service, where medically indicated."

Publicly Funded Verteporfin

The Ministry of Health and Long-Term Care will fully cover the verteporfin drug used in performing PDT on eligible patients. The Priority Programs Unit, Hospitals Branch, Health Care Programs Division will manage the funding of the drug.

In 2002/03, the Ministry of Health and Long-Term Care will designate up to eight public hospitals across Ontario to monitor verteporfin usage by designated ophthalmologists. The designated hospitals are: London Health Sciences Centre - Ivey Eye Clinic, Hamilton Health Sciences Corporation, William Osler - Peel Memorial, University Health Network - Western Division, Sunnybrook and Women's College HSC, The Ottawa Hospital, Kingston Hotel Dieu and Sudbury Regional Hospital. These hospitals will also receive, gather and submit relevant supporting information to the ministry on a monthly basis for funding reconciliation.

The drug and kit will be distributed by the Ontario Government Pharmacy based on orders backed up by a Patient Registration Form received from the aforementioned hospitals as directed by ophthalmologists who have registered as authorized providers with the Priority Programs Unit.

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Service Delivery

PDT services will be provided on an insured basis by ophthalmologists. For payment purposes the ministry will verify that these ophthalmologists will have undergone a period of dedicated training in the administration of verteporfin with complementary laser therapy, as recommended by Health Canada.

PDT with verteporfin may be delivered in hospital outpatient clinics, in private clinics located on hospital property, or in private clinics in the community. Hospitals will not be provided with additional capital dollars to purchase equipment.

Patient Reimbursement Retroactive to April 1, 2002

The ministry will reimburse all eligible patients for all usual and customary charges for drugs and associated professional costs paid by the patient to physicians, hospitals and/or pharmacies for PDT services received between April 1, 2002 and June 14, 2002.

The patient's attending ophthalmologist will be informed of the process for patient reimbursement for treatment performed from April 1, 2002 to June 14, 2002.

Communication

Bulletins and the updated version of the Schedule are available on the Ministry of Health and Long-Term Care website at www.health.gov.on.ca.

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Fact Sheet

Feuille de renseignements



Ministry of Health
and Long-Term Care

Ministère de la Santé et
des Soins de longue durée

June 2002

OCULAR PHOTODYNAMIC THERAPY WITH VERTEPORFIN (VISUDYNE™)

Does the Ontario Health Insurance Plan (OHIP) cover ocular photodynamic therapy?

Starting June 15, 2002, OHIP will cover ocular photodynamic therapy with verteporfin (Visudyne®). This includes visits to the doctor, the drug (verteporfin) and the laser treatment.

How do I know if I am eligible to receive this insured service?

You are eligible to receive this insured service if you have all of the following clinical conditions:

- You have classic subfoveal choroidal neovascularization (CNV) caused by age-related macular degeneration or pathologic myopia.
- The area of your classic subfoveal CNV is at least 50% of your total CNV lesion. Your doctor needs to determine this by performing fluorescein angiography.
- Your vision is equal to, or worse than, 20/40.
- Your treatment starts no later than 30 months following initial diagnosis of classic subfoveal CNV caused by age macular degeneration or pathologic myopia.

To find out if you are eligible, please talk to your eye doctor.

If you do not meet the above criteria, then all associated services including the drug, laser treatment, tests and visits to the doctor are not insured as medically necessary services. If you still wish to have the treatment, please talk to your eye doctor about the cost and payment. The ministry does not set or regulate fees for uninsured services.

If I began treatment before June 15, 2002, am I still eligible for a refund?

If you had treatment between April 1, 2002 and June 14, 2002, then you may be eligible for full refund of the actual amounts that you paid for the drug, doctors' fees and tests if you meet the clinical criteria described above. Talk to your eye doctor about how to receive a refund.

Treatment received before April 1, 2002 is not insured and is not eligible for a refund.

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For more information visit www.health.gov.on.ca

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