

## Pharmacy Drug Policy & Procedure

<b>Policy Name:</b>	Photrex Viscous (riboflavin 5'-phosphate)	<b>Policy #:</b>	2736P
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### Purpose of the Policy

The purpose of this policy is to define the criteria for coverage of Photrex Viscous.

### Statement of the Policy

Health Alliance Medical Plans will approve the use of Photrex Viscous under the specialty medical benefit when the following criteria have been met.

### Criteria

#### 1. Coverage Criteria

- 1.1 Photrex Viscous will be covered if the member has been approved for epithelium off-corneal cross- linking for the treatment of keratoconus by Utilization Management (UM)
  - Requests received without a UM request on file will be cancelled and review will not be conducted until UM has completed their coverage determination

#### 2. Approval Period

- 2.1 Approval period dates should match those authorized by UM for the corneal cross- linking procedure.

### CPT Codes

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### HCPCS Codes

J2787	Riboflavin 5'-phosphate, ophthalmic solution, up to 3mL
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### References

1. Bottos KM, Oliveira AG, Bersanetti PA, et al. Corneal absorption of a new riboflavin-nanostructured system for transepithelial collagen cross-linking. PLoS One. 2013 Jun 13;8(6):e66408.
2. Hersh PS, Stulting RD, Muller D, et al. United States Multicenter Clinical Trial of Corneal Collagen Crosslinking for Keratoconus Treatment. Ophthalmology 2017; 124:1259.
3. Photrex and Photrex Viscous (riboflavin 5'-phosphate) [prescribing information]. Waltham, MA: Avedro; October 2022.

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#### DISCLAIMER

This Medical Policy has been developed as a guide for determining medical necessity. The process of medical necessity review also entails review of the most recent literature and physician review. Medical Policy is not intended to dictate to providers how to practice medicine. Providers are expected to exercise their medical judgment in providing the most appropriate care. Health Alliance encourages input from providers when developing and implementing medical policies. Benefit determinations are based on applicable contract language in the member's Policy/ Subscription Certificate/ Summary Plan Description. This Medical Policy does not guarantee coverage. There may be a delay between the revision of this policy and the posting on the web. Please contact the Health Alliance Customer Service Department at 1-800-851-3379 for verification of coverage.