



PRIORITY SCHEME VISUDYNE - BRS/FAMHP TASK FORCE

Aim

To prioritize patients for photodynamic therapy (PDT) with Visudyne during the ongoing Visudyne supply shortage.

Highest Priority for PDT Treatment

(Indications eligible for rapid allocation of available vials)

For monocular patients or patients with a best-corrected visual acuity (BCVA) \leq 0.5 in the fellow eye, presenting with:

1. **Choroidal hemangioma** with submacular fluid
2. **Chronic central serous chorioretinopathy (CSCR)** with persistent subfoveal fluid on OCT (> 3 months without improvement), and a leakage point not amenable to focal thermal laser
3. **Polypoidal choroidal vasculopathy (PCV)** with foveal intraretinal and/or subretinal fluid and/or (para)foveal hard exudates, refractory to repeated 4-week anti-VEGF injections, despite switching agents
4. **Non-inflammatory choroidal neovascularization (CNV)** with foveal intraretinal or subretinal fluid > 200 μ m and/or (para)foveal hard exudates, refractory to repeated 4-week anti-VEGF injections, despite switching agents
5. **Children aged < 18 years** with submacular fluid due to a **choroidal hemangioma**
6. **Subretinal neovascularization** in patients with a contraindication to anti-VEGF treatment (e.g., recent (< 3 months) myocardial infarction or stroke)

Additional High-Priority Indications

(Considered if sufficient vials are available)

1. **Choroidal hemangioma** with extensive extramacular fluid in monocular patients or patients with BCVA \leq 0.5 in the fellow eye
2. **Choroidal hemangioma** with submacular fluid and BCVA > 0.5 in the fellow eye
3. **CSCR** with persistent subfoveal fluid on OCT (> 3 months without improvement or > 6 months with gradual improvement), and a leakage point not amenable to focal thermal laser, and BCVA > 0.5 in the fellow eye
4. **PCV** with foveal intraretinal and/or subretinal fluid and/or (para)foveal hard exudates, refractory to repeated 4-week anti-VEGF injections, despite switching agents, and BCVA > 0.5 in the fellow eye