CareSource Rxinnovations

PHARMACY POLICY STATEMENT
Indiana Medicaid

DRUG NAME	Macugen (pegaptanib)
BILLING CODE	J2503
BENEFIT TYPE	Medical
SITE OF SERVICE ALLOWED	Office/Outpatient Hospital
STATUS	Prior Authorization Required

Macugen was approved by the FDA in 2004 for the treatment of neovascular (wet) age-related macular degeneration (AMD). There are 2 forms of AMD, dry and wet (neovascular). Wet AMD is less common but progresses more quickly. Neovascular in the context of AMD means growth of new blood vessels under the macula which can lead to loss of central vision. The goal of AMD treatment is to preserve visual function. Macugen was the first vascular endothelial growth factor (VEGF) inhibitor approved for intravitreal use. VEGF inhibitors suppress endothelial cell proliferation, neovascularization, and vascular permeability. Macugen is rarely used in clinical practice today due to the availability of newer drugs in this class which have demonstrated better efficacy.

Macugen (pegaptanib) will be considered for coverage when the following criteria are met:

Neovascular (wet) age-related macular degeneration (AMD)

For **initial** authorization:
1. Member is at least 18 years of age; AND
2. Medication must be prescribed by or in consultation with an ophthalmologist; AND
3. Member has a confirmed diagnosis of wet AMD; AND
4. Member has tried and failed bevacizumab intravitreal injection; AND
5. Documentation of best-corrected visual acuity (BCVA); AND
6. Member does NOT have active infection or inflammation in or around the eye(s) to be treated.
7. **Dosage allowed/Quantity limit:** 0.3 mg once every 6 weeks by intravitreal injection. (Note: Each single-use syringe is pre-filled with 0.3 mg of drug).

If all the above requirements are met, the medication will be approved for 6 months.

For **reauthorization**:
1. Chart notes must include documentation of improved or stabilized visual acuity.

If all the above requirements are met, the medication will be approved for an additional 12 months.

CareSource considers Macugen (pegaptanib) not medically necessary for the treatment of conditions that are not listed in this document. For any other indication, please refer to the Off-Label policy.

DATE	ACTION/DESCRIPTION

10/21/2021	New policy for Macugen created.

References:

1. Macugen [prescribing information]. Bausch & Lomb; 2016.
2. Flaxel CJ, Adelman RA, Bailey ST, et al. Age-Related Macular Degeneration Preferred Practice Pattern® [published correction appears in Ophthalmology. 2020 Sep;127(9):1279]. *Ophthalmology*. 2020;127(1):P1-P65. doi:10.1016/j.ophtha.2019.09.024
3. Solomon SD, Lindsley K, Vedula SS, Krzystolik MG, Hawkins BS. Anti-vascular endothelial growth factor for neovascular age-related macular degeneration. *Cochrane Database Syst Rev*. 2019;3(3):CD005139. Published 2019 Mar 4. doi:10.1002/14651858.CD005139.pub4
4. Holekamp, Nanvy M. Review of Neovascular Age-Related Macular Degeneration Treatment Options. Am J Manag Care. July 2019; 25:-S0

Effective date: 04/01/2022
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