Reference number(s)
2909-A

SPECIALTY GUIDELINE MANAGEMENT

MACUGEN (pegaptanib sodium injection)

POLICY

I. INDICATIONS

The indications below including FDA-approved indications and compendial uses are considered a covered benefit provided that all the approval criteria are met and the member has no exclusions to the prescribed therapy.

FDA-Approved Indication
Macugen is indicated for the treatment of neovascular (wet) age-related macular degeneration.

All other indications are considered experimental/investigational and not medically necessary.

II. CRITERIA FOR INITIAL APPROVAL

Neovascular (wet) age-related macular degeneration
Authorization of 6 months may be granted for treatment of neovascular (wet) age-related macular degeneration.

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III. CONTINUATION OF THERAPY

Authorization of 12 months (with a maximum of 2 years of treatment for each eye) may be granted for continued treatment in members requesting reauthorization for neovascular (wet) age-related macular degeneration who have demonstrated a positive clinical response to Macugen therapy (e.g., improvement or maintenance in best corrected visual acuity [BCVA], or visual field, or a reduction in the rate of vision decline or the risk of more severe vision loss).

IV. REFERENCES

1. Macugen [package insert]. Palm Beach Gardens, FL: Eyetech Inc.; July 2016.