Market Applicability														
Market	DC	FL & FHK	FL MMA	FL LTC	GA	KS	KY	MD	NJ	NV	NY	TN	TX	WA
Applicable	Х	Х	NA	NA	Х	NA	Х	Х	Х	Х	Х	NA	NA	Х

<sup>\*</sup>FHK- Florida Healthy Kids

## Macugen (pegaptanib)

CG-DRUG-90

Override(s)	Approval Duration						
Prior Authorization	1 year						

Medications	
Macugen (pegaptanib)	

## **APPROVAL CRITERIA**

Requests for Macugen (pegaptanib) may be approved if the following criteria are met:

I. Individual has a diagnosis of established neovascular ("Wet") age-related macular degeneration.

Request for Macugen (pegaptanib) may **not** be approved for all other conditions including, but not limited to:

- I. Diabetic eye disease
- II. As treatment of other forms of age-related macular degeneration to prevent progression to neovascular "wet" age-related macular degeneration.

State Specific Mandates									
State name	Date effective	Mandate details (including specific bill if applicable)							
N/A	N/A	N/A							

## **Key References**:

- 1. Aflibercept. In DrugPoints<sup>®</sup> System (electronic version). Truven Health Analytics, Greenwood Village, CO. Updated February 7, 2018. Available at: <a href="http://www.micromedexsolutions.com">http://www.micromedexsolutions.com</a>. Accessed on February 23, 2018.
- 2. American Hospital Formulary Service® (AHFS). AHFS Drug Information 2018®. Bethesda, MD. American Society of Health-System Pharmacists®; 2018.
- 3. Macugen<sup>®</sup> [Product Information]. Bridgewater, NJ. Bausch & Lomb. July 2011. Available at: <a href="http://www.accessdata.fda.gov/drugsatfda">http://www.accessdata.fda.gov/drugsatfda</a> docs/label/2011/021756s018lbl.pdf. Accessed on February 23, 2018.

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This policy does not apply to health plans or member categories that do not have pharmacy benefits, nor does it apply to Medicare. Note that market specific restrictions or transition-of-care benefit limitations may apply.

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Market Applicability														
Market	DC	FL & FHK	FL MMA	FL LTC	GA	KS	КҮ	MD	NJ	NV	NY	TN	TX	WA
Applicable	Х	Х	NA	NA	Х	NA	Х	Х	Х	Х	Х	NA	NA	Х

<sup>\*</sup>FHK- Florida Healthy Kids

- 4. Martinez-Zapata MJ, Martí-Carvajal AJ, Solà I, et al. Anti-vascular endothelial growth factor for proliferative diabetic retinopathy. Cochrane Database Syst Rev. 2014;(11):CD008721.
- 5. Pegaptanib. In DrugPoints® System (electronic version). Truven Health Analytics, Greenwood, CO. Updated August 29, 2017. Available at http://www.micromedexsolutions.com. Accessed on February 23, 2018.
- 6. Sankar MJ, Sankar J, Chandra P. Anti-vascular endothelial growth factor (VEGF) drugs for treatment of retinopathy of prematurity. Cochrane Database Syst Rev. 2018;(2):CD009734.
- 7. Smith JM, Steel DH. Anti-vascular endothelial growth factor for prevention of postoperative vitreous cavity haemorrhage after vitrectomy for proliferative diabetic retinopathy. Cochrane Database Syst Rev. 2015;(8):CD008214.
- **8.** Solomon SD, Lindsley K, Vedula SS, et al. Anti-vascular endothelial growth factor for neovascular age-related macular degeneration. Cochrane Database Syst Rev. 2014;(8):CD005139.