

## Pegaptanib (Macugen®)

### Place of Service

Office Administration  
Outpatient Facility Administration  
Infusion Center Administration

HCPCS: J2503 per 0.3 mg

### Condition listed in policy (see criteria for details)

- [Diabetic macular edema](#)
- [Neovascular \(WET\) age-related macular degeneration \(AMD\)](#)

**AHFS therapeutic class:** EENT Drugs, Miscellaneous

**Mechanism of action:** VEGF is a secreted protein that selectively binds and activates its receptors, which are located primarily on the surface of vascular endothelial cells. VEGF induces angiogenesis and increases vascular permeability and inflammation

### **(1) Special Instructions and pertinent Information**

**Covered under the Medical Benefit,** please call medical management at the appropriate number for prior auth/review.

### **(2) Prior Authorization/Medical Review is required for the following condition(s)**

All requests for Macugen® (pegaptanib) must be sent for clinical review and receive authorization prior to drug administration or claim payment.

### Diabetic macular edema

#### **Covered Doses**

Up to 0.3 mg intravitreal injection every 6 weeks

#### **Coverage Period**

Yearly

#### **ICD-10: (X= 0-9)**

E08.311, 321X, 331X, 341X, 351X,

E09.311, 321X, 331X, 341X, 351X,

E10.311, 321X, 331X, 341X, 351X,

E11.311, 321X, 331X, 341X, 351X,

E13.311, 321X, 331X, 341X, 351X

### Neovascular (WET) age-related macular degeneration (AMD)

#### **Covered Doses**

Up to 0.3 mg intravitreal injection every 6 weeks

#### **Coverage Period**

Yearly

#### **ICD-10:**

H35.3210-3213, H35.3220-3223,

(3) The following condition(s) **DO NOT** require Prior Authorization/Preservice  
All requests for Macugen® (pegaptanib) must be sent for clinical review and receive  
authorization prior to drug administration or claim payment.

#### **(4) This Medication is NOT medically necessary for the following condition(s)**

Blue Shield's research indicates there is inadequate clinical evidence to support off-label use of this drug for the following conditions (Health and Safety Code 1367.21): -

- Macugen in combination with Verteporfin

Coverage for a Non-FDA approved indication, requires that criteria outlined in Health and Safety Code § 1367.21, including objective evidence of efficacy and safety are met for the proposed indication.

Please refer to the Provider Manual and User Guide for more information.

#### **(5) Additional Information**

How supplied:

0.3 mg syringe

Per prescribing information, Macugen intravitreal injection should be carried out under controlled aseptic conditions with adequate anesthesia and a broad-spectrum microbicide provided prior to the injection. Following the injection, patients should be monitored for elevation in intraocular pressure and for endophthalmitis immediately after the injection, within 30 minutes following the injection, and during the week following the injection.

#### **(6) References**

- AHFS®. Available by subscription at <http://www.lexi.com>
- American Academy of Ophthalmology Retina/Vitreous Panel. Preferred Practice Pattern® Guidelines. Age-Related Macular Degeneration. San Francisco, CA: American Academy of Ophthalmology; 2019. Available at: [www.aao.org/ppp](http://www.aao.org/ppp).
- Cunningham ET, Adamis AP, Altaweel M, et al: A phase II randomized double-masked trial of pegaptanib, an anti-vascular endothelial growth factor aptamer, for diabetic macular edema. *Ophthalmology* 2005; 112(10):1747-1757.
- DrugDex®. Available by subscription at <http://www.micromedexsolutions.com>
- Gragoudas ES, Adamis AP, Cunningham ET Jr et al. Pegaptanib for neovascular age-related macular degeneration. *N Engl J Med*. 2004; 351:2805-16.
- Macugen® (pegaptanib sodium injection) [Prescribing Information] Bridgewater, NJ: Bausch + Lomb, a division of Valeant Pharmaceuticals North America LLC; 7/2016.

#### **(7) Policy Update**

Date of last review: 3Q2021

Date of next review: 3Q2022

Changes from previous policy version:

- No clinical change to policy following routine annual review.

*BSC Drug Coverage Criteria to Determine Medical Necessity  
Reviewed by P&T Committee*