# Ocular Disorders

**Avastin** (bevacizumab)  
**Eylea** (aflibercept)  
**Lucentis** (ranibizumab)  
**Macugen** (pegaptanib)  
**Visudyne** (pegaptanib)  

Effective January 1, 2021

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<th>Plan</th>
<th>MassHealth</th>
<th>Commercial/Exchange</th>
<th>Program Type</th>
<th>Prior Authorization</th>
<th>Quantity Limit</th>
<th>Step Therapy</th>
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<td>Benefit</td>
<td>□ Pharmacy Benefit</td>
<td>☒ Medical Benefit (NLX)</td>
<td>☒ Prior Authorization</td>
<td>☒ Quantity Limit</td>
<td>☐ Step Therapy</td>
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### Specialty Limitations

N/A

### Contact Information

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<tr>
<th>Specialty Medications</th>
<th>All Plans</th>
<th>Phone: 866-814-5506</th>
<th>Fax: 866-249-6155</th>
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<tr>
<th>Non-Specialty Medications</th>
<th>MassHealth</th>
<th>Phone: 877-433-7643</th>
<th>Fax: 866-255-7569</th>
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<tr>
<th>Commercial</th>
<th>Phone: 800-294-5979</th>
<th>Fax: 888-836-0730</th>
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<tr>
<th>Exchange</th>
<th>Phone: 855-582-2022</th>
<th>Fax: 855-245-2134</th>
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### Medical Specialty Medications (NLX)

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<tr>
<th>All Plans</th>
<th>Phone: 844-345-2803</th>
<th>Fax: 844-851-0882</th>
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### Exceptions

N/A

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### Overview

Avastin is a vascular endothelial growth factor (VEGF) inhibitor recommended by the American Academy of Ophthalmology Preferred Practice guidelines as first-line therapy for treatment of neovascular age-related macular degeneration (AMD).

Eylea (aflibercept) and Lucentis are a VEGFs indicated for age-related macular degeneration, diabetic macular edema, diabetic retinopathy and macular edema following retinal vein occlusion. Lucentis is also indicated for myopic choroidal neovascularization.

Macugen (pegaptanib) is a VEGF indicated for the treatment of neovascular (wet) age-related AMD.

Visudyne (pegaptanib) is a photosensitizer drug activated through direct laser excitation indicated for the treatment of neovascular (wet) age-related AMD.

**NOTE:** Avastin prescribed as an oncology therapy is under a separate document.

### Coverage Guidelines

Authorization may be granted for members new to AllWays Health Partners who are currently receiving treatment with Avastin, Eylea, Lucentis, Macugen or Visudyne excluding when the product is obtained as samples or via manufacturer’s patient assistance programs.

**OR**

Authorization may be granted for members with any of following ocular disorders when all the following criteria are met, and documentation is provided:

399 Revolution Drive, Suite 810, Somerville, MA 02145 | allwayshealthpartners.org
1. The member is diagnosed with ONE of the following:
   - Neovascular age-related macular degeneration (AMD)
   - Diabetic macular edema
   - Diabetic retinopathy
   - Macular edema
   - Myopic choroidal neovascularization (Lucentis only)
2. The member is ≥ 18 years of age
3. The prescriber is an ophthalmologist specializing in retinal disorders
4. For Eylea, Lucentis, Macugen and Visudyne, the member has an inadequate response or adverse reaction to Avastin

**Continuation of Therapy**
Reauthorization requires physician documentation of improvement of member’s condition.

**Limitations**
1. Approvals will be for 24 months.

**References**
1. Avastin (bevacizumab) [prescribing information]. South San Francisco, CA: Genentech; May 2020
3. Eylea (aflibercept) [prescribing information]. Tarrytown, NY: Regeneron Pharmaceuticals Inc; August 2019
4. Lucentis (ranibizumab) [prescribing information]. South San Francisco, CA: Genentech Inc; March 2018

**Review History**
11/18/2020- Reviewed by P+T and Updated: combined Avastin, Eylea, Lucentis, Macugen & Visudyne criteria to one document; changed Avastin to preferred product, moved all products to medical benefit only.

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