

Ocular Disorders
Avastin (bevacizumab)
Eylea (aflibercept)
Lucentis (ranibizumab)
Macugen (pegaptanib)
Visudyne (pegaptanib)
Effective January 1, 2021

Plan	<input type="checkbox"/> MassHealth <input checked="" type="checkbox"/> Commercial/Exchange	Program Type	<input checked="" type="checkbox"/> Prior Authorization
Benefit	<input type="checkbox"/> Pharmacy Benefit <input checked="" type="checkbox"/> Medical Benefit (NLX)		<input checked="" type="checkbox"/> Quantity Limit <input type="checkbox"/> Step Therapy
Specialty Limitations	N/A		
Contact Information	Specialty Medications		
	All Plans	Phone: 866-814-5506	Fax: 866-249-6155
	Non-Specialty Medications		
	MassHealth	Phone: 877-433-7643	Fax: 866-255-7569
	Commercial	Phone: 800-294-5979	Fax: 888-836-0730
	Exchange	Phone: 855-582-2022	Fax: 855-245-2134
	Medical Specialty Medications (NLX)		
	All Plans	Phone: 844-345-2803	Fax: 844-851-0882
Exceptions	N/A		

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 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:

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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
2. Sato T, Emi K, Ikeda T, et al. Severe intraocular inflammation after intravitreal injection of bevacizumab. *Ophthalmology*. 2010; 117:512-516, 516.e1-2
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
5. Macugen (pegaptanib) [prescribing information]. Bridgewater, NJ: Bausch & Lomb. July 2016
6. Visudyne (verteporfin) [prescribing information]. Bridgewater, NJ: Valeant Pharmaceuticals North America LLC; June 2016

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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