

<Date>  
<Insurance Company Name>  
<Insurance Company Address>  
<Insurance Company City>, <State> <Zip>

Re: <Patient Name>  
Policy Number: <Policy Number>  
Group Number: <Group Number>  
Subscriber: <Policy Holder Name>

Dear <Insurance Carrier/Medical Director/Claims Representative>:

I am writing to provide additional information to support <Patient Name>'s treatment with MACUGEN® (pegaptanib sodium injection) for neovascular (wet) age-related macular degeneration (AMD). Treatment with MACUGEN is medically necessary for <Patient Name> and should be a covered service. Below, this correspondence outlines <Patient Name>'s medical history and treatment rationale.

### **Product Description**

MACUGEN is an established therapy approved by the FDA for the treatment of patients with neovascular (wet) age-related macular degeneration (AMD). MACUGEN 0.3 mg is administered once every 6 weeks by intravitreal injection into the eye to be treated. Pegaptanib is an aptamer, a pegylated modified oligonucleotide, which adopts a 3-dimensional conformation that enables it to bind to extracellular VEGF. Under in vitro testing conditions, pegaptanib binds to the major pathological VEGF isoform, extracellular VEGF165, thereby inhibiting VEGF165 binding to its VEGF receptors.

### **Patient's Medical History and Treatment Rationale**

<Patient Name> was diagnosed with neovascular AMD in <year>. <Patient Name> has been under my care for AMD, and prior treatments include <prior treatments and responses to therapy>. Based on the patient's diagnosis, disease severity, and medical history, I have prescribed MACUGEN injection once every 6 weeks for 1 year. Without this treatment the patient's vision may continue to decline, potentially leading to blindness. <other pertinent medical history>

Given the safety and effectiveness of MACUGEN and the patient's clinical status, it is my professional opinion that its use is warranted, appropriate, and medically necessary. Please call my office at <phone number> if I can provide you with any additional information. I look forward to receiving your timely response and approval of this treatment.

Sincerely,  
[Physician Signature]

<Physician Name>, <Title>