Medical Coverage Policy | Ocriplasmin for Symptomatic Vitreomacular Adhesion

EFFECTIVE DATE: 10|01|2015
POLICY LAST UPDATED: 04|02|2020

OVERVIEW
Ocriplasmin (Jetrea®) is a recombinant truncated form of human plasmin, a proteolytic enzyme that breaks down protein components at the vitreoretinal interface in the eye. Ocriplasmin is injected into the affected eye (intravitreal) as a single dose and can induce vitreous liquefaction and separation from the retina. Its proposed use is for the treatment of symptomatic vitreomacular adhesion (VMA) and vitreomacular traction (VMT).

MEDICAL CRITERIA
Not applicable

PRIOR AUTHORIZATION
Not applicable

POLICY STATEMENT
BlueCHiP for Medicare
A single intravitreal injection of Ocriplasmin may be considered medically necessary for treatment of an eye with symptomatic vitreomacular adhesion (VMA) or vitreomacular traction.

The use of intravitreal Ocriplasmin is considered not covered in all other situations, including use of repeat injections of Ocriplasmin.

Commercial Products
A single intravitreal injection of Ocriplasmin may be considered medically necessary for treatment of an eye with symptomatic vitreomacular adhesion (VMA) or vitreomacular traction.

The use of intravitreal Ocriplasmin is considered not medically necessary in all other situations, including use of repeat injections of Ocriplasmin.

COVERAGE
Benefits may vary between groups and contracts. Please refer to the appropriate Benefit Booklet, Evidence of Coverage or Subscriber Agreement for applicable medical and not medically necessary/not covered benefits/coverage.

BACKGROUND
The vitreous is a gel-like fluid within the eye that adheres completely to the surface of the retina. The consistency of the vitreous and its adhesion to the retina are maintained by several proteins including collagen, laminin, and fibronectin. With aging, the proteins in the vitreous break down, resulting in liquefaction of the vitreous and eventual separation of the vitreous from the retina, a process called posterior vitreous detachment (PVD).

The process of vitreous detachment usually proceeds without incident, but sometimes the separation is not complete. The adhesion usually remains at sites where the bonds between the vitreous and retina are the strongest. In some cases, the adhesion can cause visual symptoms. The traction caused by the adherent

vitreous can cause deformation of the retina, edema, and full-thickness macular holes (FTMH). Although the terms are sometimes used synonymously, the International Vitreomacular Traction Study Group has defined vitreomacular adhesion (VMA) as adhesion at the macula without detectable changes in retinal morphology and vitreomacular traction (VMT) as adhesion with retinal morphologic changes but without full-thickness defect.1 Both VMA and VMT can be focal or diffuse.

Symptoms can vary, but may include diminished visual acuity, distorted vision (metamorphopsia), and central field defect. Patients are usually observed until resolution or worsening, in which case vitrectomy is the standard treatment. Spontaneous release of VMA/VMT occurs in about 30% of cases over a period of 1 to 2 years, and observation is usually indicated because vitrectomy has risks and an almost certain occurrence of cataract in the years following the procedure

Ocriplasmin is a recombinant product that is a shortened form of the protease plasmin. Early studies of ocriplasmin were conducted in patients scheduled to have vitrectomy and established doses that showed some effect in inducing PVD.

CODING

BlueCHiP for Medicare and Commercial Products:
The following HCPCS code is covered with one of the ICD10 codes listed in the code range below:
J7316: Injection, Ocriplasmin, 0.125 mg

ICD10-CM Range: H43.821-H43.829

RELATED POLICIES

None

PUBLISHED

Provider Update, June 2020
Provider Update, August 2019
Provider Update, November 2018
Provider Update, June 2017
Provider Update, October 2016

EFERENCES:

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