Medical Coverage Policy | Ocriplasmin for Symptomatic Vitreomacular Adhesion

EFFECTIVE DATE: 10|01|2015
POLICY LAST REVIEWED: 07|03|2024

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

MEDICAL CRITERIA
Not applicable

PRIOR AUTHORIZATION
Not applicable

POLICY STATEMENT
Medicare Advantage Plans
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. Individuals 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 individuals scheduled to have vitrectomy and established doses that showed some effect in inducing posterior vitreous detachment (PVD).

For individuals who have symptomatic vitreomacular adhesion or vitreomacular traction who receive intravitreal injection of ocriplasmin, the evidence includes 2 large, double-blind, placebo-controlled trials and other supporting studies. Relevant outcomes are symptoms, change in disease status, functional outcomes, quality of life, and treatment-related morbidity. Results of the pivotal randomized controlled trial, Randomized, Placebo Controlled, Double-masked, Multicenter Trial of Microplasmin Intravitreal Injection for Non-surgical Treatment of Focal Vitreomacular Adhesion (MIVI-TRUST), demonstrated an improvement in the resolution of vitreomacular adhesion and vitreomacular traction at 28 days (26.5% of ocriplasmin patients vs. 10.1% of placebo patients; number needed to treat [NNT], 6) and a lesser reduction in the proportion of patients undergoing vitrectomy (17.7% of patients vs. 26.6% of patients; NNT, 11). Results of this and other trials have also shown an increase in the proportion of patients who had clinically significant gains in visual acuity NNT, 17) and visual function. The randomized controlled trials did not find higher rates of important complications; however, postmarketing surveillance has identified some previously unknown adverse events for this enzymatic treatment. The evidence is sufficient to determine that the technology results in an improvement in the net health outcome.

CODING

Medicare Advantage Plans and Commercial Products

The following HCPCS code is covered with one of the ICD-10 codes listed in the code range below:

J7316 Injection, Ocriplasmin, 0.125 mg

ICD-10-CM Diagnosis Code Range: H43.821-H43.829

RELATED POLICIES

None

PUBLISHED

Provider Update, September 2024
Provider Update, June 2023
Provider Update, July 2022
Provider Update, June 2021
Provider Update, June 2020

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