BlueCross BlueShield of Arizona
An Independent Licensee of the Blue Cross and Blue Shield Association

MEDICAL COVERAGE GUIDELINES
SECTION: VISION

ORIGINAL EFFECTIVE DATE: 03/12/13
LAST REVIEW DATE: 01/07/14
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ARCHIVE DATE:

SUPRACHOROIDAL DELIVERY OF PHARMACOLOGIC AGENTS

Coverage for services, procedures, medical devices and drugs are dependent upon benefit eligibility as outlined in the member's specific benefit plan. This Medical Coverage Guideline must be read in its entirety to determine coverage eligibility, if any.

The section identified as "Description" defines or describes a service, procedure, medical device or drug and is in no way intended as a statement of medical necessity and/or coverage.

The section identified as "Criteria" defines criteria to determine whether a service, procedure, medical device or drug is considered medically necessary or experimental or investigational.

State or federal mandates, e.g., FEP program, may dictate that any drug, device or biological product approved by the U.S. Food and Drug Administration (FDA) may not be considered experimental or investigational and thus the drug, device or biological product may be assessed only on the basis of medical necessity.

Medical Coverage Guidelines are subject to change as new information becomes available.

For purposes of this Medical Coverage Guideline, the terms "experimental" and "investigational" are considered to be interchangeable.

Description:

Insertion of a microcannula into the eye to deliver medication to the suprachoroidal area of the eye. This technique may also be referred to as canaloplasty. The iTrack™ is a flexible microcannula that incorporates an optical fiber to allow transmission of light to the microcannula tip for surgical illumination and guidance. Suprachoroidal delivery of pharmacologic agents has been investigated for the treatment of diseases of the posterior eye, i.e., retina and optic nerve.

SUPRACHOROIDAL DELIVERY OF PHARMACOLOGIC AGENTS (cont.)

Criteria:

- Suprachoroidal delivery of medication via a microcannula for the treatment of diseases of the retina or optic nerve is considered ***experimental or investigational*** based upon:

  1. Insufficient scientific evidence to permit conclusions concerning the effect on health outcomes, and
  2. Insufficient evidence to support improvement of the net health outcome, and
  3. Insufficient evidence to support improvement of the net health outcome as much as, or more than, established alternatives, and
  4. Insufficient evidence to support improvement outside the investigational setting.

  Indications include, *but are not limited to:*

  - Age-related macular degeneration
  - Central serous chorioretinopathy
  - Pathologic myopia
  - Presumed ocular histoplasmosis

Resources:

Resources prior to 03/12/13 may be requested from the BCBSAZ Medical Policy and Technology Research Department.

1. 9.03.19 BCBS Association Medical Policy Reference Manual. Suprachoroidal Delivery of Pharmacologic Agents. Re-issue date 12/12/2013; issue date 12/13/2007.