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

MEDICAL COVERAGE GUIDELINES
SECTION: VISION

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OCRIPLASMIN FOR SYMPTOMATIC VITREOMACULAR ADHESION

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:

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.

OCRIPLASMIN FOR SYMPTOMATIC VITREOMACULAR ADHESION (cont.)

Criteria:

- A single intravitreal injection of ocriplasmin is considered ***medically necessary*** for the treatment of an eye with symptomatic vitreomacular adhesion (VMA).

- The use of intravitreal ocriplasmin for all other indications not previously listed 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.

  These indications include, *but are not limited to:*

  - Repeat injections of ocriplasmin

Resources:

1. 9.03.30 BCBS Association Medical Policy Reference Manual. Ocriplasmin For Symptomatic Vitreomacular Adhesion. Re-issue date 08/14/2014, issue date 08/08/2013.