



PARAMOUNT

ADVANTAGE | ELITE | HMO
INDIVIDUAL MARKETPLACE |
PROMEDICA MEDICARE
PLAN | PPO

Ocriplasmin (Jetrea®) Intravitreal Injection Treatment

Policy Number: PG0223

Last Review: 09/22/2020

GUIDELINES

This policy does not certify benefits or authorization of benefits, which is designated by each individual policyholder contract. Paramount applies coding edits to all medical claims through coding logic software to evaluate the accuracy and adherence to accepted national standards. This guideline is solely for explaining correct procedure reporting and does not imply coverage and reimbursement.

SCOPE

Professional

Facility

DESCRIPTION

Vitreomacular adhesion (VMA) is a condition in which the vitreous gel of the eye adheres to the retina in an abnormally strong manner. As the eye ages, it is common for the vitreous gel to separate from the retina. However, if this separation is incomplete (i.e., there is still an adhesion), this can create pulling forces on the retina, which may result in subsequent loss or distortion of vision. Vitreomacular adhesion by itself is not dangerous, but the resulting vitreomacular traction can result in macular damage.

Ocriplasmin (Jetrea, ThromboGenics Inc., Iselin, NJ) is a proteolytic enzyme that breaks down protein components of the vitreous body. Jetrea works by separating the vitreous from the macula and helping to close the macular hole, if one is present, decreasing the symptoms caused by vitreomacular traction and macular holes. Jetrea may avoid the need for vitreoretinal surgery.

Ocriplasmin is approved for pharmacologic vitreolysis of symptomatic VMA. Ocriplasmin is injected into the affected eye (intravitreal) as a single dose and can induce vitreous liquefaction and separation from the retina.

A new Jetrea 0.375 mg/0.3 mL solution for injection replaces Jetrea 0.5 mg/0.2 mL concentration solution for injection. The new formulation requires less handling and does not require reconstitution.

POLICY

**HMO, PPO, Individual Marketplace, Elite/ProMedica Medicare Plan, Advantage
Ocriplasmin (Jetrea®) Intravitreal Injection Treatment (J7316) does not require prior authorization.**

COVERAGE CRITERIA

HMO, PPO, Individual Marketplace, Elite/ProMedica Medicare Plan, Advantage

Paramount covers a single intravitreal ocriplasmin (Jetrea®) injection per affected eye as medically necessary for the treatment of symptomatic vitreomacular adhesion when ALL of the following criteria are met:

1. Individual's age is equal to or greater than 18 years;
2. Individual has symptomatic disease (e.g., decreased sharpness of vision, photopsia (seeing flashes of light) micropsia (objects appear smaller than actual size) metamorphopsia (distorted vision), decrease visual acuity, and etc.)
3. Optical coherence tomography (OCT) demonstrates ALL of the following:
 - a. There is vitreous adhesion within 6-mm of the fovea (center of macula); and
 - b. There is elevation of the posterior vitreous cortex (outer layer of the vitreous).

4. Individual has best-corrected visual acuity of 20/25 or less in the eye to be treated with ocriplasmin;
5. Individual does **not** have any of the following:
 - a. Proliferative diabetic retinopathy
 - b. Neovascular age-related macular degeneration
 - c. Retinal vascular occlusion
 - d. Aphakia
 - e. High myopia (more than -8 diopters)
 - f. Uncontrolled glaucoma
 - g. Macular hole greater than 400 µm in diameter
 - h. Vitreous opacification
 - i. Lenticular or zonular instability
 - j. History of retinal detachment in either eye
 - k. Prior vitrectomy in the affected eye
 - l. Prior laser photocoagulation of the macula in the affected eye
 - m. Prior treatment with ocular surgery, intravitreal injection or retinal laser photocoagulation in the previous 3 months

When coverage is available and medically necessary, the dosage, frequency, site of administration, and duration of therapy should be reasonable, clinically appropriate, and supported by evidence-based literature.

Repeat intravitreal injection of ocriplasmin in the affected eye is considered investigational and not medically necessary.

Paramount does not cover ocriplasmin (Jetrea®) for ANY other indication because it is considered experimental, investigational or unproven.

Documentation Requirements:

Documentation is expected to be maintained in the patient’s medical record and to be available upon request.

Every page of the record is expected to be legible and include both the appropriate patient identification information (e.g., complete name dates of service(s)), and information identifying the physician or non-physician practitioner responsible for and providing the care of the patient.

The submitted medical record should support the use of the selected diagnosis code(s). The submitted CPT/HCPCS code should describe the service performed.

When a portion of the drug or biological is discarded, the medical record must clearly document the amount administered and the amount wasted or discarded.

CODING/BILLING INFORMATION

The appearance of a code in this section does not necessarily indicate coverage. Codes that are covered may have selection criteria that must be met. Payment for supplies may be included in payment for other services rendered.

HCPCS CODE	
J7316	Injection, ocriplasmin, 0.125 mg

REVISION HISTORY EXPLANATION

ORIGINAL EFFECTIVE DATE: 06/24/2014

04/14/14: TAWG committee approved coverage for all product lines without prior authorization.

06/24/14: Policy created to reflect the most current clinical evidence per the Medical Policy Steering Committee.

08/08/17: Policy reviewed and updated to reflect the most current clinical evidence per the Medical Policy Steering Committee.

09/22/20: Policy reviewed and updated to reflect the most current clinical evidence. A new Jetrea 0.375 mg/0.3 mL solution for injection replaces Jetrea 0.5 mg/0.2 mL concentration solution for injection. The new formulation requires less handling and does not require reconstitution.

12/16/2020: Medical policy placed on the new Paramount Medical Policy Format

REFERENCES/RESOURCES

Centers for Medicare and Medicaid Services, CMS Manual System and other CMS publications and services

Ohio Department of Medicaid

Centers for Medicare and Medicaid Services, Healthcare Common Procedure Coding System, HCPCS Release and Code Sets

Industry Standard Review

Hayes, Inc.