MEDICAL POLICY

POLICY TITLE	OCRIPLASMIN FOR SYMPTOMATIC VITREOMACULAR ADHESION
POLICY NUMBER	MP-2.181

Original Issue Date (Created):	**4/1/2014**
Most Recent Review Date (Revised):	**5/14/2020**
Effective Date:	**8/1/2020**

I. POLICY

A single intravitreal injection of ocriplasmin may be considered **medically necessary** for treatment of an eye with symptomatic vitreomacular adhesion or vitreomacular traction.

The use of intravitreal ocriplasmin is considered **investigational** in all other situations, including use of repeat injections of ocriplasmin, as there is insufficient evidence to support a conclusion concerning the health outcomes or benefits associated with this procedure.

Policy Guidelines

The precise patient indications for treatment are not certain. The eligibility criteria for the key randomized controlled trial (RCT) included the following:

- Individual's age is equal to or greater than 18 years;
- Optical coherence tomography (OCT) demonstrates all of the following:
  - There is vitreous adhesion within 6-mm of the fovea (center of macula); and
  - There is elevation of the posterior vitreous cortex (outer layer of the vitreous).
- Individual has best-corrected visual acuity of 20/25 or less in the eye to be treated with ocriplasmin
- Individual does not have any of the following:
  - Proliferative diabetic retinopathy
  - Neovascular age-related macular degeneration
  - Retinal vascular occlusion
  - Aphakia
  - High myopia (greater than −8 diopters)
  - Uncontrolled glaucoma
  - Macular hole greater than 400 µm in diameter
  - Vitreous opacification
  - Lenticular or zonular instability
  - History of retinal detachment in either eye
  - Prior vitrectomy in the affected eye
  - Prior laser photocoagulation of the macula in the affected eye; **or**
  - Prior treatment with ocular surgery, intravitreal injection or retinal laser photocoagulation in the previous 3 months.

Clinical input suggested that not all of the trial exclusion criteria should be absolute exclusions. However, there was not a consensus on the recommended exclusion criteria (see Rationale section on clinical input received through physician specialty societies and academic medical centers).

Cross-reference:

MP-2.103 Off Label Use of Medications

II. PRODUCT VARIATIONS TOP

This policy is only applicable to certain programs and products administered by Capital BlueCross please see additional information below, and subject to benefit variations as discussed in Section VI below.

FEP: Refer to FEP Medical Policy Manual MP-5.90.05, Jetrea. The FEP Medical Policy Manual can be found at: https://www.fepblue.org/benefit-plans/medical-policies-and-utilization-management-guidelines/medical-policies

III. DESCRIPTION/BACKGROUND TOP

Treatment

Symptoms of vitreomacular adhesion or vitreomacular traction can vary and 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 vitreomacular adhesion and vitreomacular traction 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, conducted in patients scheduled to have vitrectomy, established doses that showed some effect in inducing posterior vitreous detachment. Studies by Benz et al (2010), de Smet et al (2009), and Stalmans et al (2010) led to the design and conduct of the pivotal clinical trials described in the Rationale section below.

Regulatory Status

In October 2012, ocriplasmin (Jetrea®; ThromboGenics) received U.S. Food and Drug Administration (FDA) approval for the treatment of symptomatic vitreomacular adhesion. No contraindications were noted. In the Warnings and Precautions section of the prescribing information, it was noted that a higher percentage of subjects treated with ocriplasmin in the clinical trials had worsening of visual acuity of 3 or more lines than subjects in the control group. Transient injection-associated effects such as inflammation occurred in a higher percentage of subjects treated with ocriplasmin than control subjects. Alcon has obtained exclusive distribution rights for Jetrea® in the United States.

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IV. RATIONALE

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Summary of Evidence

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 principal 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 (needed to 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 a meaningful improvement in the net health outcome.

V. DEFINITIONS

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N/A

VI. BENEFIT VARIATIONS

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The existence of this medical policy does not mean that this service is a covered benefit under the member's health benefit plan. Benefit determinations should be based in all cases on the applicable health benefit plan language. Medical policies do not constitute a description of benefits. A member’s health benefit plan governs which services are covered, which are excluded, which are subject to benefit limits and which require preauthorization. There are different benefit plan designs in each product administered by Capital BlueCross. Members and providers should consult the member’s health benefit plan for information or contact Capital BlueCross for benefit information.

VII. DISCLAIMER

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Capital BlueCross’s medical policies are developed to assist in administering a member’s benefits, do not constitute medical advice and are subject to change. Treating providers are solely responsible for medical advice and treatment of members.Members should discuss any medical policy related to their coverage or condition with their provider and consult their benefit information to determine if the service is covered. If there is a discrepancy between this medical policy and a member’s benefit information, the benefit information will govern. If a provider or a member has a question concerning the application of this medical policy to a specific member’s

plan of benefits, please contact Capital BlueCross' Provider Services or Member Services. Capital BlueCross considers the information contained in this medical policy to be proprietary and it may only be disseminated as permitted by law.

VIII. CODING INFORMATION

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Note: This list of codes may not be all-inclusive, and codes are subject to change at any time. The identification of a code in this section does not denote coverage as coverage is determined by the terms of member benefit information. In addition, not all covered services are eligible for separate reimbursement.

Covered when medically necessary:

CPT Codes®								
67028								

HCPCS Code	Description
J7316	Injection, ocriplasmin, 0.125 mg

ICD-10-CM Diagnosis Code	Description
H43.821	Disorders of vitreous body ; Vitreomacular adhesion, right eye
H43.822	Disorders of vitreous body ; Vitreomacular adhesion, left eye
H43.823	Disorders of vitreous body; Vitreomacular adhesion, bilateral
H43.829	Vitreomacular adhesion, unspecified eye

IX. REFERENCES

TOP

1. *Tzu JH, John VJ, Flynn HW, Jr., et al. Clinical course of vitreomacular traction managed initially by observation. Ophthalmic Surg Lasers Imaging Retina. May 1 2015;46(5):571-576. PMID 26057761*
2. *Jackson TL, Donachie PH, Sparrow JM, et al. United Kingdom National Ophthalmology Database Study of Vitreoretinal Surgery: Report 1; Case mix, complications, and cataract. Eye (Lond). May 2013;27(5):644-651. PMID 23449509*
3. *Benz MS, Packo KH, Gonzalez V, et al. A placebo-controlled trial of microplasmin intravitreous injection to facilitate posterior vitreous detachment before vitrectomy. Ophthalmology. Apr 2010;117(4):791-797. PMID 20138368*
4. *de Smet MD, Gandorfer A, Stalmans P, et al. Microplasmin intravitreal administration in patients with vitreomacular traction scheduled for vitrectomy: the MIVI I trial. Ophthalmology. Jul 2009;116(7):1349-1355, 1355 e1341-1342. PMID 19447497*

5. *Stalmans P, Delaey C, de Smet MD, et al. Intravitreal injection of microplasmin for treatment of vitreomacular adhesion: results of a prospective, randomized, sham-controlled phase II trial (the MIVI-IIT trial). Retina. Jul-Aug 2010;30(7):1122-1127. PMID 20616687*
6. *Duker JS, Kaiser PK, Binder S, et al. The International Vitreomacular Traction Study Group classification of vitreomacular adhesion, traction, and macular hole. Ophthalmology. Dec 2013;120(12):2611-2619. PMID 24053995*
7. *Blue Cross and Blue Shield Association Technology Evaluation Center (TEC). Ocriplasmin for symptomatic vitreomacular adhesion. TEC Assessments. 2013;Volume 28:Tab 5. PMID 24066370*
8. *Stalmans P, Benz MS, Gandorfer A, et al. Enzymatic vitreolysis with ocriplasmin for vitreomacular traction and macular holes. N Engl J Med. Aug 16 2012;367(7):606-615. PMID 22894573*
9. *Gandorfer A, Benz MS, Haller JA, et al. Association between anatomical resolution and functional outcomes in the mivi-trust studies using ocriplasmin to treat symptomatic vitreomacular adhesion/vitreomacular traction, including when associated with macular hole. Retina. Jun 2015;35(6):1151-1157. PMID 25741816*
10. *Kaiser PK, Kampik A, Kuppermann BD, et al. Safety profile of ocriplasmin for the pharmacologic treatment of symptomatic vitreomacular adhesion/traction. Retina. Jun 2015;35(6):1111-1127. PMID 25635577*
11. *Novack RL, Staurenghi G, Girach A, et al. Safety of intravitreal ocriplasmin for focal vitreomacular adhesion in patients with exudative age-related macular degeneration. Ophthalmology. Apr 2015;122(4):796-802. PMID 25435217*
12. *Drenser K, Girach A, Capone A, Jr. A randomized, placebo-controlled study of intravitreal ocriplasmin in pediatric patients scheduled for vitrectomy. Retina. Mar 2016;36(3):565-575. PMID 26398685*
13. *Khanani AM, Duker JS, Heier JS et al. Ocriplasmin Treatment Leads to Symptomatic Vitreomacular Adhesion/Vitreomacular Traction Resolution in the Real-World Setting: The Phase IV ORBIT Study. Ophthalmol Retina. 2019 Jan;3(1). PMID 30935657*
14. *Assessment of Patients Treated With JETREA for Vitreomacular Traction (NCT02035748). U.S. National Library of Medicine. Updated October 12, 2016. Accessed May 14, 2020. https://clinicaltrials.gov/ct2/show/results/NCT02035748*
15. *Hahn P, Chung MM, Flynn HW, Jr., et al. Safety profile of ocriplasmin for symptomatic vitreomacular adhesion: A comprehensive analysis of premarketing and postmarketing experiences. Retina. Jun 2015;35(6):1128-1134. PMID 25635575*
16. *Shah SP, Jeng-Miller KW, Fine HF, et al. Post-marketing survey of adverse events following ocriplasmin. Ophthalmic Surg Lasers Imaging Retina. Feb 2016;47(2):156-160. PMID 26878449*
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21. *Blue Cross Blue Shield Association Medical Policy Reference Manual. 9.03.30, Ocriplasmin for Symptomatic Vitreomacular Adhesion. April 2020.*

X. POLICY HISTORY

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MP -2.181	**CAC 11/26/13 New policy**. BCBSA adopted. A single intravitreal injection of ocriplasmin may be considered medically necessary for treatment of an eye with symptomatic vitreomacular adhesion (VMA). All other indications are considered investigational. FEP variation added. Policy coded.
	12/20/2013- Admin update. New 2014 Code updates made.
	CAC 11/25/14 Consensus review. No change to policy statements. References and rationale updated. No change to policy statements. Coding Reviewed- Updated the ICD 10 range.
	02/3/2015 Unlisted code removed from the policy.
	CAC 11/24/15 Consensus review. No change to the policy statements. Reference and rationale update**.** Coding reviewed.
	CAC 9/27/16 Consensus review. No change to the policy statements. Reference and rationale update**.** Coding reviewed. Variation reformatting.
	CAC 9/26/17 Minor revision. Vitreomacular traction added to the medically necessary indications. FEP policy number updated to 5.90.05. Rationale and Reference sections updated. Coding Review.
	6/19/18 Consensus review. Policy statements unchanged. Description/Background, Rationale and Reference sections updated.
	05/16/19 Consensus review. Policy statements unchanged. Tables reformatted.
	09/12/2019 Admin update
	5/14/2020 Consensus review. Policy statement unchanged. Variation, Background, Rationale, and References updated. Coding reviewed.

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