Jetrea (ocriplasmin)

Line(s) of Business: Original Effective Date:
HMO; PPO; QUEST Integration 10/01/2015
Medicare Advantage Current Effective Date:

03/01/2018

POLICY
A. INDICATIONS
The indications below including FDA-approved indications and compendial uses are considered a covered benefit provided that all the approval criteria are met and the member has no exclusions to the prescribed therapy.

FDA-Approved Indication
• Treatment of symptomatic vitreomacular adhesion.

B. EXCLUSIONS
• Age less than 18 years

C. CRITERIA FOR APPROVAL
Authorization of ONE dose total (lifetime) per eye may be granted when the following criteria are met:
• Member has symptomatic vitreomacular adhesion. Examples of symptoms include decreased visual acuity, metamorphopsia (distorted vision), blurred vision, and central visual field defects (blind spots).
• Member has not received previous treatment with Jetrea (ocriplasmin) in the same eye currently requested.

D. DOSAGE AND ADMINISTRATION
Approvals may be subject to dosing limits in accordance with FDA-approved labeling, accepted compendia, and/or evidence-based practice guidelines.

E. ADMINISTRATIVE GUIDELINES
Pre-certification is required. Please refer to the HMSA medical policy web site for the fax form.

F. IMPORTANT REMINDER
The purpose of this Medical Policy is to provide a guide to coverage. This Medical Policy is not intended to dictate to providers how to practice medicine. Nothing in this Medical Policy is intended to discourage or prohibit providing other medical advice or treatment deemed appropriate by the treating physician.
Benefit determinations are subject to applicable member contract language. To the extent there are any conflicts between these guidelines and the contract language, the contract language will control.

This Medical Policy has been developed through consideration of the medical necessity criteria under Hawaii’s Patients’ Bill of Rights and Responsibilities Act (Hawaii Revised Statutes §432E-1.4), generally accepted standards of medical practice and review of medical literature and government approval status. HMSA has determined that services not covered under this Medical Policy will not be medically necessary under Hawaii law in most cases. If a treating physician disagrees with HMSA’s determination as to medical necessity in a given case, the physician may request that CVS/caremark reconsider the application of the medical necessity criteria to the case at issue in light of any supporting documentation.

G. REFERENCES