

Jetrea® (ocriplasmin) (Intravitreal)

Document Number: IC-0210

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Date of Origin: 09/30/2014

Dates Reviewed: 07/2015, 03/2017, 04/2018, 05/2019

I. Length of Authorization

Coverage will be provided for a single injection into each affected eye and may not be renewed.

II. Dosing Limits

A. Quantity Limit (max daily dose) [Pharmacy Benefit]:

- Jetrea 0.375 mg single use vial: 1 vial per eye

B. Max Units (per dose and over time) [Medical Benefit]:

- 6 units one time only

(Max units are based on administration to both eyes)

III. Initial Approval Criteria

Coverage is provided in the following conditions:

Vitreomacular Adhesion (VMA) †

- Patient is 18 years or older; AND
- Patient has a diagnosis confirmed by optical coherence tomography (OCT) or dynamic B-scan ultrasound; AND
- Patient has symptomatic disease (e.g., metamorphopsia (distorted vision), floaters, micropsia (flashes of light), visual acuity changes, central microscotoma, etc.)

† FDA Approved Indication(s)

IV. Renewal Criteria

Coverage cannot be renewed.

V. Dosage/Administration

Indication	Dose
Vitreomacular adhesion (VMA)	0.125 mg (0.1 mL) administered by intravitreal injection to the affected eye once as a single dose. For treatment of bilateral VMA, a waiting period of at least seven (7) days is recommended before treatment of the contralateral eye

VI. Billing Code/Availability Information

Jcode:

- J7316– Injection, ocriplasmin, 0.125 mg: 1 billable unit = 0.125 mg

NDC:

- Jetrea 0.375 mg/0.3 mL solution; single use vials for intravitreal injection: 24856-0002-xx

VII. References

1. Jetrea [package insert]. Iselin, NJ; ThromboGenics, Inc; February 2017. Accessed March 2019.
2. Vitreomacular Traction Syndrome. American Society of Retina Specialists. Retrieved from <https://www.asrs.org/patients/retinal-diseases/12/vitreomacular-traction-syndrome>

Appendix 1 – Covered Diagnosis Codes

ICD-10	ICD-10 Description
H43.821	Vitreomacular adhesion, right eye
H43.822	Vitreomacular adhesion, left eye
H43.823	Vitreomacular adhesion, bilateral
H43.829	Vitreomacular adhesion, unspecified eye

Appendix 2 – Centers for Medicare and Medicaid Services (CMS)

Medicare coverage for outpatient (Part B) drugs is outlined in the Medicare Benefit Policy Manual (Pub. 100-2), Chapter 15, §50 Drugs and Biologicals. In addition, National Coverage Determination (NCD) and Local Coverage Determinations (LCDs) may exist and compliance with these policies is required where applicable. They can be found at: <http://www.cms.gov/medicare-coverage-database/search/advanced-search.aspx>. Additional indications may be covered at the discretion of the health plan.

Medicare Part B Covered Diagnosis Codes (applicable to existing NCD/LCD): N/A

Medicare Part B Administrative Contractor (MAC) Jurisdictions

Jurisdiction	Applicable State/US Territory	Contractor
E (1)	CA, HI, NV, AS, GU, CNMI	Noridian Healthcare Solutions, LLC
F (2 & 3)	AK, WA, OR, ID, ND, SD, MT, WY, UT, AZ	Noridian Healthcare Solutions, LLC
5	KS, NE, IA, MO	Wisconsin Physicians Service Insurance Corp (WPS)
6	MN, WI, IL	National Government Services, Inc. (NGS)
H (4 & 7)	LA, AR, MS, TX, OK, CO, NM	Novitas Solutions, Inc.
8	MI, IN	Wisconsin Physicians Service Insurance Corp (WPS)
N (9)	FL, PR, VI	First Coast Service Options, Inc.
J (10)	TN, GA, AL	Palmetto Government Benefit Administrators, LLC
M (11)	NC, SC, WV, VA (excluding below)	Palmetto GBA, LLC
L (12)	DE, MD, PA, NJ, DC (includes Arlington & Fairfax counties and the city of Alexandria in VA)	Novitas Solutions, Inc.
K (13 & 14)	NY, CT, MA, RI, VT, ME, NH	National Government Services, Inc. (NGS)
15	KY, OH	CGS Administrators, LLC