

Market Applicability							
Market	DC	GA	KY	MD	NJ	NY	WA
Applicable	X	X	X	X	X	X	X

Jetrea (ocriplasmin)

Override(s)	Approval Duration
Prior Authorization Quantity Limit	One time only for each eye

Medications
Jetrea (ocriplasmin) solution for injection

APPROVAL CRITERIA

Requests for Jetrea (ocriplasmin) may be approved if the following criteria are met:

I. Individual is 18 years of age or older;

AND

II. Individual is using for treatment of an eye with with symptomatic vitreomacular adhesion (VMA); **AND**

III. The posterior segment optical coherence tomography (OCT) demonstrates the following (Stalmans 2012):

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);

AND

IV. Individual has best-corrected visual acuity of 20/25 or worse in the eye to be treated with ocriplasmin (Stalmans 2012);

AND

V. Individual does **not** have any of the following (Stalmans 2012):

A. Proliferative diabetic retinopathy; **OR**

B. Neovascular age-related macular degeneration; **OR**

C. Retinal vascular occlusion; **OR**

D. Aphakia (absence of the lens of the eye); **OR**

E. High myopia (more than -8 diopters); **OR**

F. Uncontrolled glaucoma; **OR**

G. Macular hole greater than 400 µm in diameter; **OR**

H. Vitreous opacification; **OR**

I. Lenticular or zonular instability; **OR**

J. History of retinal detachment in either eye; **OR**

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- K. Prior vitrectomy in the affected eye; **OR**
- L. Prior laser photocoagulation of the macula in the affected eye; **OR**
- M. Prior treatment with ocular surgery, intravitreal injection or retinal laser photocoagulation in the previous 3 months.

Note: For treatment of bilateral VMA, a waiting period of at least 7 days is recommended before treatment of the contralateral eye.

Requests for Jetrea (ocriplasmin) may **not** be approved:

- I. All indications not included above; **OR**
- II. Repeat intravitreal injection of Jetrea (ocriplasmin) in the affected eye.

Key References:

1. American Academy of Ophthalmology Retina/Vitreous Panel. Preferred Practice Pattern Guidelines. For additional information visit the AAO website: Accessed on March 9, 2020.
 - a. Idiopathic epiretinal membrane and vitreomacular traction. October 2019.
 - b. Idiopathic macular hole. October 2019.
2. Clinical Pharmacology [database online]. Tampa, FL: Gold Standard, Inc.: 2020. URL: <http://www.clinicalpharmacology.com>. Updated periodically.
3. DailyMed. Package inserts. U.S. National Library of Medicine, National Institutes of Health website. <http://dailymed.nlm.nih.gov/dailymed/about.cfm>. Accessed: March 9, 2020.
4. DrugPoints® System [electronic version]. Truven Health Analytics, Greenwood Village, CO. Updated periodically.
5. Lexi-Comp ONLINE™ with AHFS™, Hudson, Ohio: Lexi-Comp, Inc.; 2020; Updated periodically.
6. Stalmans P, Benz MS, Gandorfer A, et al.; MIVI-TRUST Study Group. Enzymatic vitreolysis with ocriplasmin for vitreomacular traction and macular holes. N Engl J Med. 2012; 367(7):606-615.

This policy does not apply to health plans or member categories that do not have pharmacy benefits, nor does it apply to Medicare. Note that market specific restrictions or transition-of-care benefit limitations may apply.