



## POLICY AND PROCEDURE

POLICY NUMBER: *RX.PA.191.E*  
 REVISION DATE: *N/A*  
 PAGE NUMBER: 1 of 2

**POLICY TITLE:** *Jetrea (ocriplasmin)*  
**DEPARTMENT:** *Clinical Pharmacy Services- Utilization Management*  
**ORIGINAL DATE:** *January 2013 (as adopted from UPMC Health Plan)*

**Last P & T Committee Approval Date:** *February 2018*

**Product Applicability:** *mark all applicable products below:*

<b>COMMERCIAL</b>	<input type="checkbox"/> HMO <input type="checkbox"/> PPO <i>Products:</i> <input type="checkbox"/> Small <i>Exchange:</i> <input type="checkbox"/> Shop <input checked="" type="checkbox"/> All <input type="checkbox"/> Indiv. <input type="checkbox"/> Indiv. <input type="checkbox"/> Large
<b>OTHER</b>	<input checked="" type="checkbox"/> Self-funded/ASO

### PURPOSE

The purpose of this policy is to define the prior authorization process for Jetrea (ocriplasmin).

Jetrea (ocriplasmin) is indicated for the treatment of symptomatic vitreomacular adhesion.

### DEFINITIONS

N/A

### POLICY

It is the policy of the Health Plan to maintain a prior authorization process that promotes appropriate utilization of specific drugs with potential for misuse or limited indications. This process involves a review using Food and Drug Administration (FDA) criteria to make a determination of Medical Necessity, and approval by the Pharmacy & Therapeutics Committee of the criteria for prior authorization, as described in RX.002 Pharmacy and Therapeutics Committee and RX.003-Prior Authorization Process. The drug, Jetrea (ocriplasmin), is subject to the prior authorization process.



## PROCEDURE

### Initial Authorization Criteria:

Must meet all of the criteria listed below:

- Must have a diagnosis of vitreomacular adhesion
- Must be prescribed by an retinal specialist
- Must not have had a prior vitrectomy
- Must not be receiving treatment in both eyes within 7 days of each other

### Limitations:

Length of Authorization (if above criteria met)	
Initial Authorization	1 injection per eye per lifetime
Reauthorization	N/A
Quantity Level Limit	
Juxtapid	2 injections (1 per eye) per lifetime

If the established criteria are not met, the request is referred to a Medical Director for review.

## REFERENCES

1. Jetrea [package insert]. Iselin, NJ: ThromboGenics, Inc.; October 2012.
2. Stalmans P, Benz MS, Gandorfer A, et al. Enzymatic vitreolysis with ocriplasmin for vitreomacular traction and macular holes. *N Engl J Med* 2012;367:606-15
3. Moore JK, Kitchens JW, Smiddy WE, et al. Retinal Breaks Observed During Pars Plana Vitrectomy. *Am J Ophth* 2007; vol. 144, no. 1: 33-36.

## RECORD RETENTION

Records Retention for Evolent Health documents, regardless of medium, are provided within the Evolent Health records retention policy and as indicated in CORP.028.E Records Retention Policy and Procedure.

## REVIEW HISTORY

DESCRIPTION OF REVIEW / REVISION	DATE APPROVED
Annual review	02/17, 02/18

