

This letter provides an example of the types of information that may be provided when responding to a request from a patient's insurance company to provide a letter of medical necessity for JETREA® (ocriplasmin) injection, for Intravitreal Injection, 1.25 mg/mL. Please visit JETREACARE.com to download a copy of the full Prescribing Information for JETREA.

This sample letter is for reference purposes only and is not intended to be a substitute for, or an influence on, the independent medical judgment of the practicing physician. Use of the information in this letter does not guarantee that an insurance company will provide reimbursement for JETREA. ThromboGenics cannot guarantee payment of any claim.

**RE: Medical Necessity for JETREA® (ocriplasmin) injection, for Intravitreal Injection, 1.25 mg/mL**

Dear

I would like to formally document medical necessity for the treatment of my patient, with JETREA.

**Treatment and Disease Information**

JETREA was approved by the Food and Drug Administration (FDA) in October of 2012, as the first and only single injection pharmacologic treatment option for symptomatic vitreomacular adhesion (VMA). JETREA has proteolytic activity against protein components of the vitreous body and the vitreoretinal interface (VRI) (e.g. laminin, fibronectin and collagen), thereby dissolving the protein matrix responsible for the vitreomacular adhesion (VMA).

Symptomatic VMA is an eye disease that occurs when the vitreous has persistent adhesion to the macula (area in the back of the eye that converts light into images and provides central vision). Symptomatic VMA patients experience symptoms such as distorted or decreased vision as a result of this persistent adhesion. If the disease progresses, the symptoms can worsen and may result in central vision defect and loss of vision.

**Relevant Medical History and Diagnosis**

has been diagnosed with symptomatic VMA since  
on the basis of the following diagnostic findings:

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**Treatment Rationale**

is an appropriate candidate for JETREA who may benefit from an early pharmacologic intervention.

**Retinal Specialty Expertise**

During the past years, I have specialized in the treatment of patients with vitreoretinal diseases.

This information provides sufficient evidence that JETREA is medically necessary for the treatment of  
Please contact me at if additional information is required for the approval of this request.  
Thank you for your consideration and prompt review of this request.

Sincerely,

[Suggested enclosures: JETREA FDA approval letter, JETREA prescribing information, relevant medical records]