Micro-Invasive Or Minimally Invasive Glaucoma Surgery (MIGS)
First Coast Service Options, Inc.

On April 27, 2019, the JN Contractor Advisory Committee (CAC) will convene to consider the quality of evidence and strength of recommendation of the published literature for: 1) The use of micro-invasive or minimally invasive glaucoma surgery (MIGS) as a combined procedure with cataract extraction with intraocular lens (IOL) implantation as protection against the intraocular pressure (IOP) rise that may complicate cataract surgery alone. 2) The use of micro-invasive or minimally invasive glaucoma surgery (MIGS) in glaucoma treatment without a combined procedure for cataract extraction.

Voting Questions:

For each voting question, please use the following scale identifying your level of confidence - with a score of 1 being low or no confidence and 5 representing high confidence.

1 — 2 — 3 — 4 — 5

Low Confidence *Intermediate* *High Confidence*

We ask for the CAC members to submit their responses to the voting questions following the CAC meeting no later than Friday, May 10, 2019 by email to Medical.Policy@fcso.com.

1. How confident are you that there is adequate published evidence to support patient benefit from the placement of a micro-invasive or minimally invasive glaucoma surgery (MIGS) device over the standard cataract extraction without addition of MIGS?

2. If the result of questions #1 was at least intermediate confidence (≥ 3), how confident are you in adding a MIGS device to a cataract (phacoemulsification) procedure for the following indications:
   a. Minimal elevation of anterior chamber pressure, not requiring medication
   b. Anterior chamber pressure satisfactorily controlled with medications
   c. Normal anterior chamber pressure but risk or predictive factors for glaucoma
   d. All of the above
   e. Other (please name the indication and vote)

3. How confident are you that there is adequate published evidence to support micro-invasive or minimally invasive glaucoma surgery (MIGS) in adults with mild to moderate open-angle glaucoma over traditional external filtration surgery such as trabeculectomy?

4. How confident are you that there is sufficient published evidence for the use of micro-invasive or minimally invasive glaucoma surgery (MIGS) on the following conditions?
   a. For the management of refractory glaucoma.
   b. For the reduction of intraocular pressure (IOP) in patients with glaucoma where medical and conventional surgical treatments have failed.

5. How confident are you that there is adequate published evidence to support the insertion of multiple MIGS devices into a single eye?

6. If the result of questions #5 was at least intermediate confidence (≥ 3), how confident are you that there is adequate published evidence to support the insertion of more than one drainage device per eye as initial treatment?

7. If previous trabeculectomy or drainage procedure has been done, how confident are you that the individual should undergo additive placement of a MIGS with subsequent cataract extraction?

8. If at least intermediate confidence (≥ 3) is noted in question #7:
    a. How confident are you of undergoing additive placement of a MIGS when the pressure is adequately controlled?
    b. How confident are you of undergoing additive placement of a MIGS when the pressure is not adequately controlled?

9. How confident are you of nonoccurrence of MIGS surgery short term and long term complications such as:
    a. Increasing eye pressure
    b. Failure to control eye pressure, with the need for another surgery (soon or much later)
    c. Eye pressure that too low
    d. Abnormal collection of fluid in the eye (with the need for second surgery)
    e. Damage to the cornea and/or sclera
    f. Bleeding in the eye
    g. Infection
    h. Ongoing swelling in the eye
    i. Lens becoming cloudy
    j. Droopy eyelid
    k. Implant tube becoming blocked or moving out of position
    l. Ongoing irritation or discomfort in the eye
    m. Double vision
    n. Partial or complete loss of vision
    o. Other

10. How confident are you that the evidence supports insertion of a glaucoma drainage device in conjunction with a trabeculectomy procedure?

11. What type of specialty/subspecialty or appropriate training must be required to perform MIGS procedures?

12. How confident are you that the published MIGS evidence is generalizable to the Medicare patient population?