PHARMACY POLICY STATEMENT
Arkansas PASSE

DRUG NAME	Durysta (bimatoprost intracameral implant)
BILLING CODE	J7351
BENEFIT TYPE	Medical
SITE OF SERVICE ALLOWED	Office
STATUS	Prior Authorization Required

Durysta is a prostaglandin analog indicated for the reduction of intraocular pressure (IOP) in patients with open angle glaucoma (OAG) or ocular hypertension (OHT). It is an ophthalmic drug delivery system for a single intracameral administration of a biodegradable sustained-release implant.
Bimatoprost is believed to lower IOP in humans by increasing outflow of aqueous humor through both the trabecular meshwork (conventional) and uveoscleral routes (unconventional). Elevated IOP presents a major risk factor for glaucomatous field loss. The higher the level of IOP, the greater the likelihood of optic nerve damage and visual field loss.

Durysta (bimatoprost) will be considered for coverage when the following criteria are met:

Open-Angle Glaucoma (OAG) or Ocular Hypertension (OHT)

For **initial** authorization:

1. Member is at least 18 years of age; AND
2. Durysta must be prescribed by or in consultation with an ophthalmologist; AND
3. Member has a diagnosis of OAG or OHT, including documentation of elevated intraocular pressure (IOP); AND
4. Chart notes must document inadequate IOP reduction following trials of no less than 30 days of at least 1 prostaglandin analog eye drop (e.g. latanoprost, travoprost) as monotherapy, and in combination with an eye drop from another drug class (e.g. timolol, brimonidine, dorzolamide); AND
5. Member must not have had prior Durysta administration to the affected eye(s).
6. **Dosage allowed/Quantity limit:** 10 mcg per eye (1 implant per eye per lifetime)

If all the above requirements are met, the medication will be approved for 1 time only. (Authorization will be active for 90 days).

For **reauthorization**: Not applicable.

CareSource considers Durysta (bimatoprost) not medically necessary for the treatment of conditions that are not listed in this document. For any other indication, please refer to the Off-Label policy.

DATE	ACTION/DESCRIPTION

07/10/2020	New policy for Durysta created.
02/23/2022	Transferred to new template. Extended active duration from 30 days to 90 days.

References:

1. Durysta [package insert]. Madison, NJ: Allergan; 2020.
2. Prum BE, Rosenberg LF, Gedde SJ, et al. Primary Open-Angle Glaucoma Preferred Practice Pattern® Guidelines. *Ophthalmology*. 2015;123(1):41-111. doi:10.1016/j.ophtha.2015.10.053
3. Recommendations: Glaucoma: diagnosis and management: Guidance. NICE. https://www.nice.org.uk/guidance/ng81/chapter/Recommendations. Published November 1, 2017. Accessed July 10, 2020.

Effective date: 07/01/2022
Revised date: 02/23/2022