Bimatoprost implant (Durysta™)	Place of Service Office Administration Outpatient Facility Administration HCPCS: J7351 per 1 mcg

Condition listed in policy (*see criteria for details*)

- Open angle glaucoma (OAG) or ocular hypertension (OHT)

AHFS therapeutic class: Ophthalmic-intraocular pressure reducing agents, prostaglandin analogs

Mechanism of action: Prostaglandin analog

(1) Special Instructions and pertinent Information

Covered under the medical benefit, please submit clinical information for prior authorization review via fax.

(2) Prior Authorization/Medical Review is required for the following condition(s)

All requests bimatoprost implant (Durysta™) must be sent for clinical review and receive authorization prior to drug administration or claim payment.

Open angle glaucoma (OAG) or ocular hypertension (OHT)

1. Inadequate response or intolerable side effect with at least two prostaglandin analog ophthalmic drops

Covered Dose:
Single intracameral administration of Durysta 10 mcg implant

Coverage Period
One-time administration

ICD-10:
H40.051, H40.052, H40.053, H40.059, H40.10X, H40.111, H40.112, H40.113, H40.119, H40.131, H40.132, H40.133, H40.139, H40.141, H40.142, H40.143, H40.149

(3) The following condition(s) DO NOT require Prior Authorization/Preservice

All requests for bimatoprost implant (Durysta™) must be sent for clinical review and receive authorization prior to drug administration or claim payment.

(4) This Medication is NOT medically necessary for the following condition(s)

Coverage for a Non-FDA approved indication, requires that criteria outlined in Health and Safety Code § 1367.21, including objective evidence of efficacy and safety are met for the proposed indication.

Please refer to the Provider Manual and User Guide for more information.

(5) Additional Information

How supplied:

- Intracameral implant containing bimatoprost 10 mcg, in the drug delivery system

(6) References

- AHFS®. Available by subscription at http://www.lexi.com
- DrugDex®. Available by subscription at http://www.micromedexsolutions.com/home/dispatch
- Durysta™ (bimatoprost intracameral implant) [Prescribing information]. Madison, NJ: Allergan USA, Inc.; 11/2020.

(7) Policy Update

Date of last review: 3Q2023
Date of next review: 3Q2024
Changes from previous policy version:

- No clinical change to policy following routine annual review.

BSC Drug Coverage Criteria to Determine Medical Necessity
Reviewed by P&T Committee