

**Durysta (bimatoprost intraocular implant)**  
**Effective 10/01/2020**

<b>Plan</b>	<input type="checkbox"/> MassHealth UPPL <input checked="" type="checkbox"/> Commercial/Exchange	<b>Program Type</b>	<input checked="" type="checkbox"/> Prior Authorization <input type="checkbox"/> Quantity Limit <input type="checkbox"/> Step Therapy
<b>Benefit</b>	<input type="checkbox"/> Pharmacy Benefit <input checked="" type="checkbox"/> Medical Benefit (NLX)		
<b>Specialty Limitations</b>	N/A		
<b>Contact Information</b>	<b>Specialty Medications</b>		
	All Plans	Phone: 866-814-5506	Fax: 866-249-6155
	<b>Non-Specialty Medications</b>		
	MassHealth	Phone: 877-433-7643	Fax: 866-255-7569
	Commercial	Phone: 800-294-5979	Fax: 888-836-0730
	Exchange	Phone: 855-582-2022	Fax: 855-245-2134
	<b>Medical Specialty Medications (NLX)</b>		
	All Plans	Phone: 844-345-2803	Fax: 844-851-0882
<b>Exceptions</b>	N/A		

### Overview

As a synthetic analog of prostaglandin with ocular hypotensive activity, bimatoprost decreases intraocular pressure by increasing the outflow of aqueous humor.

### Coverage Guidelines

Authorization may be granted for members when all the following criteria are met, and documentation is provided:

1. The member has a diagnosis of elevated intraocular pressure with open-angle glaucoma or ocular hypertension
2. The member is  $\geq 18$  years of age
3. The member has not previously had Durysta implant in an eye that has previously received an implant (one implant per eye per lifetime)
4. The member has had an inadequate response, adverse reaction, or contraindication to 2 (two) ophthalmic prostaglandin (ex: latanoprost, bimatoprost, travoprost, tafluprost)

### Limitations

Approvals will be authorized one implant per eye lifetime

- Procedure must take place within 3 months of authorization.

### References

1. Durysta (bimatoprost) implant [prescribing information]. Madison, NJ: Allergan; March 2020.

### Review History

09/16/2020 – Reviewed and Created Sept P&T Mtg. Effective 10/01/2020.