

**Durysta (bimatoprost intraocular implant)**  
**Effective 11/01/2024**

<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		
<b>Specialty Limitations</b>	N/A		
<b>Contact Information</b>	<b>Medical and Specialty Medications</b>		
	All Plans	Phone: 877-519-1908	Fax: 855-540-3693
<b>Exceptions</b>	<b>Non-Specialty Medications</b>		
	All Plans	Phone: 800-711-4555	Fax: 844-403-1029

### Overview

Durysta (bimatoprost intracameral implant) is indicated for the reduction of intraocular pressure (IOP) in patients with open angle glaucoma (OAG) or ocular hypertension (OHT).

### Coverage Guidelines

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

1. The member has one of the following diagnoses:
  - a. Open angle glaucoma (OAG)
  - b. Ocular hypertension (OHT)
2. The member is 18 years of age or older
3. The member has not previously had Durysta implant in an eye that has previously received an implant (one Durysta implant per eye per lifetime)
4. The member has had an inadequate response or adverse reaction to at least two ophthalmic prostaglandins (ex: latanoprost, bimatoprost, travoprost, tafluprost) or clinical rationale why member cannot administer ophthalmic prostaglandins
5. Durysta is being prescribed by or in consultation with an ophthalmologist

### Limitations

1. Members are limited to one implant per eye lifetime
2. Procedure must take place within 3 months of authorization.
3. Durysta will be not approved for concurrent treatment with iDose TR.

### 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.

08/14/2024 – Reviewed and updated at August P&T. Effective 11/01/2024. Updated step through language to specify member must either have tried and failed at least two ophthalmic prostaglandins or there is a clinical rationale why ophthalmic prostaglandins cannot be administered. Added requirement that Durysta must be prescribed by or in consultation with an ophthalmologist. Durysta will not be approved for concurrent treatment with iDose TR. Effective 11/01/2024.

