Mass General Brigham
Health Plan

Glaucoma Agents
Durysta (bimatoprost implant)
Effective 06/01/2025

Plan	☒ MassHealth ☐Commercial/Exchange	**Program Type**	☒ Prior Authorization ☐ Quantity Limit ☐ Step Therapy
Benefit	☐ Pharmacy Benefit ☒ Medical Benefit		
Specialty Limitations	N/A		
Contact Information	**Medical and Specialty Medications** All Plans | Phone: 877-519-1908 | Fax: 855-540-3693 **Non-Specialty Medications** All Plans | Phone: 800-711-4555 | Fax: 844-403-1029		
Notes	Additional agents from this class are available through the pharmacy benefit. Please see the MassHealth Drug List for coverage and criteria.		

Overview
Durysta is a prostaglandin analog indicated for the reduction of intraocular pressure (IOP) in patients with open angle glaucoma (OAG) or ocular hypertension (OHT).

Coverage Guidelines
Authorization may be reviewed on a case by case basis for members who are new to the plan currently receiving treatment with requested medication excluding when the product is obtained as samples or via manufacturer's patient assistance programs.
OR
Authorization may be granted for members when all the following criteria are met:

1. Diagnosis of **ONE** of the following:
    a. Open-angle glaucoma
    b. Ocular hypertension
2. **ONE** of the following:
    a. Inadequate response or adverse reaction to Lumigan
    b. Medical necessity for the use of an implantable formulation as noted by **ONE** of the following:
        i. Limited dexterity
        ii. Visual impairment
        iii. Intellectual disability
3. Affected eye(s) have not previously been treated with Durysta (bimatoprost implant)

Continuation of Therapy
Reauthorization requires physician documentation that Durysta use will be for previously untreated eye(s).

Limitations

1. Initial and reauthorization approvals will be granted for 12 months.

Appendix

Documented corneal epithelium damage

If a request states that the member has existing corneal epithelium damage and the prescriber wants to avoid the use of therapy containing a preservative, requests for a Preservative-Free formulation above may be **approved**.

References

1. Durysta [package insert]. Irvine (CA): Allergan, Inc.; 2024 Oct.
2. Jacobs D. Open-angle glaucoma: Epidemiology, clinical presentation, and diagnosis. In: Gardiner MF (Ed). UpToDate [database on the internet]. Waltham (MA): UpToDate; 2022 [cited 2022 Feb 16]. Available from: http://www.utdol.com/utd/index.do.
3. Gedde SJ, Vinod K, Wright MM, Muir KW, Lind JT, Chen PP, et al. Primary Open-Angle Glaucoma Suspect Preferred Practice Pattern Guidelines. Ophthalmology. 2020 Nov; 128(1):P71-150.
4. Prum BE Jr, Rosenberg LF, Gedde SJ, Mansberger SL, Stein JD, Moroi SE, et al. Primary Open-Angle Glaucoma Preferred Practice Pattern Guidelines. Ophthalmology. 2016 Jan;123(1):P41-P111.
5. Jacobs DS. Open-angle glaucoma: Treatment. In Gardiner MF (Ed). UpToDate [database on the internet]. Waltham (MA): UpToDate; 2022 [cited 2022 Feb 16]. Available from: http://www.utdol.com/utd/index.do.
6. National Institute for Health and Clinical Excellence (NICE): Clinical Guidelines. Glaucoma: diagnosis and management of chronic open angle glaucoma and ocular hypertension [guideline on the internet]. London, England: National Institute of health and Clinical Excellence; 2017 Oct [cited 2021 May 12]. Available from: https://www.nice.org.uk/guidance/ng81.
7. American Optometric Association. Optometric Clinical Practice Guideline. Care of the Patient with Open Angle Glaucoma. 2010 [cited 2015 Oct 19]. Available from: http://www.aoa.org/documents/optometrists/CPG-9.pdf.
8. Micromedex Solutions [database on the Internet]. Greenwood Village (CO): Truven Health Analytics; Updated periodically [cited 2022 Feb 16]. Available from: http://www.micromedexsolutions.com/.
9. Drug information. In: Basow DS (Ed). UpToDate [database on the Internet].
10. Noecker RJ, Herrygers LA, Anwaruddin R. Corneal and conjunctival changes caused by commonly used glaucoma medications. Cornea 2004; 23:490-496.
11. Baudouin C. Detrimental effect of preservatives in eyedrops: implications for the treatment of glaucoma. Acta Ophthalmol 2008; 86:716-26.
12. Metry DW. Infantile hemangiomas: Management. In Levy ML (Ed). UpToDate [database on the internet]. Waltham (MA): UpToDate; 2022 [cited 2022 Feb 16]. Available from: http://www.utdol.com/utd/index.do.

Review History

01/30/2022 - Reviewed and created for P&T. Matched MH UPPL criteria to be in compliance with Masshealth unified formulary requirements. Effective 4/1/23.

05/10/23 – Reviewed and updated for P&T. Zioptan has been designated as a brand preferred product. Effective 6/5/23.

07/12/23 – Reviewed and updated for P&T. Phospholine Iodide® (echothiophate iodide) added to covered drugs without PA. Added MB designation to Durysta®(bimatoprost implant), Miochol-E®(acetylcholine chloride), and Miostat®(carbachol) 0.01%. Verbiage for Durysta®(bimatoprost implant) was updated to maintain consistency with other guidelines. Reference table updated for Combigan® to note availability of A-rated generic. Added appendix for Brand/generic preferred verbiage. Effective 07/31/23.

12/13/23 – Reviewed and updated for P&T. Combigan® (brimonidine/timolol) will not be brand preferred and placed on PA requiring a step through dorzolamide/timolol. Lumigan® (bimatoprost) 0.01% was also placed on

prior authorization. A trial with latanoprost or Travatan Z will now be required for Lumigan® (bimatoprost) 0.01% and bimatoprost 0.03%. Effective 1/2/24
05/15/25 – Reviewed and updated for P&T. Performed annual medical criteria review. Policy has been updated to better reflect agents with prior authorization on medical benefit. All agents except for Durysta were pharmacy benefit only and thus have been removed. Updated formatting & references accordingly. Effective 6/1/25