Subject: Durysta (bimatoprost implant)	**Original Effective Date:** Q3 2020
Policy Number: MCP-370	**Revision Date(s):** 6/9/2021
P&T Approval Date: Q3 2020, 6/29/21	

Contents

DISCLAIMER

This Molina Clinical Policy (MCP) is intended to facilitate the Utilization Management process. It expresses Molina's determination as to whether certain services or supplies are medically necessary, experimental, investigational, or cosmetic for purposes of determining appropriateness of payment. The conclusion that a particular service or supply is medically necessary does not constitute a representation or warranty that this service or supply is covered (i.e., will be paid for by Molina) for a particular member. The member's benefit plan determines coverage. Each benefit plan defines which services are covered, which are excluded, and which are subject to dollar caps or other limits. Members and their providers will need to consult the member's benefit plan to determine if there are any exclusion(s) or other benefit limitations applicable to this service or supply. If there is a discrepancy between this policy and a member's plan of benefits, the benefits plan will govern. In addition, coverage may be mandated by applicable legal requirements of a State, the Federal government or CMS for Medicare and Medicaid members. CMS's Coverage Database can be found on the CMS website. The coverage directive(s) and criteria from an existing National Coverage Determination (NCD) or Local Coverage Determination (LCD) will supersede the contents of this MCP document and provide the directive for all Medicare members.

The intent of the policy is to ensure appropriate selection of patients for therapy based on product labeling, clinical studies, nationally recognized authoritative references, and current peer-reviewed scientific literature. Molina Healthcare reserves the right to update this policy and revise coverage criteria to include or omit any off-label condition(s) as necessary based on medical literature and clinical studies that may become available. The information outlined in the MCP includes but is not limited to a review of evidence-based information obtained from the following sources Evaluation of New and Existing Technologies (UM 10). This policy is intended to address coverage criteria that are appropriate for the majority of individuals/members with a particular disease, illness, or condition. Each member's unique clinical circumstances may warrant individual consideration, based on review of applicable medical records.

RECOMMENDATION

This policy addresses Durysta (bimatoprost implant) for the treatment of adults with **open-angle glaucoma** or **ocular hypertension** when appropriate criteria are met.

DESCRIPTION OF PROCEDURE/SERVICE/PHARMACEUTICAL

Open-angle glaucoma (OAG) is a chronic, progressive, and irreversible multifactorial optic neuropathy that is characterized by open angle of the anterior chamber, typical optic nerve head changes, progressive loss of peripheral vision (typical visual field changes) followed by central visual field loss (blindness) for which intraocular pressure (IOP) is an important risk factor. Lowering IOP is the primary goal of therapy and has been shown to reduce the progression of visual field loss. The target IOP and subsequent monitoring intervals depends on several factors, including the extent of optic nerve damage, whether there is recent progression of damage, the stability of IOP, and the level of patient adherence. A target IOP $\geq$ 25 to 30% below initial IOP is cited a reasonable initial target. Lowering of IOP has been shown as the major modifiable risk factor for both glaucoma and OHT.

Ocular hypertension (OHT) is distinguished from glaucoma in that there are no detectable changes in vision, no evidence of visual field loss, and no damage to the optic nerve. OHT is generally defined as consistently elevated IOP, greater than 21mmHg, in one or both eyes in the absence of clinical evidence of optic nerve damage, visual field defect or other pathology (the defined normal range in the general population pressure is between 10 mm Hg and 21 mm Hg). Among patients with OHT, treatment to lower IOP may delay or prevent the onset of OAG. A clinical management strategy that targets a 20% reduction in IOP in people with OHT has been shown to delay or prevent the onset of glaucoma (Kass et al.; OHTS). Patients diagnosed with OHT are typically asymptomatic and managed either by treating the condition or by regular observation.

Pharmacologic therapy, laser therapy (trabeculoplasty), and/or surgery (trabeculectomy) have been shown to lower IOP. Pharmacologic or laser therapy is usually the first-line treatment. Surgical therapy a first-line approach only for patients with severe visual field loss at baseline, and a second-line approach for patients with advanced open-angle glaucoma who do not respond to medications or laser therapy. Topical IOP-lowering medication remains the mainstay of glaucoma therapy with topical prostaglandins generally recommended as first-line pharmacologic therapy. Meta-analyses have found prostaglandins are more effective at lowering IOP than beta blockers, carbonic anhydrase inhibitors, and alpha-adrenergic agonists for the treatment of open-angle glaucoma. (Li T, et al. 2016; van der VR, et al. 2005; Fung AT et al. 2007). When monotherapies do not reach the target IOP, combination therapy from different classes (i.e., beta blocker plus prostaglandin or beta blocker plus carbonic anhydrase inhibitor) generally result in a greater reduction in the IOP.

Durysta (bimatoprost implant) is the first intracameral (eye chamber), biodegradable, sustained-release implant that is FDA-approved to reduce IOP in those with OAG or OHT. Bimatoprost, is a synthetic structural analog of prostaglandin with ocular hypotensive activity and is believed to lower IOP by increasing outflow of aqueous humor through both the trabecular meshwork and uveoscleral routes. Durysta is indicated for the reduction of intraocular pressure in patients with open angle glaucoma or ocular hypertension. The implant delivers 10 µg of bimatoprost, a prostaglandin analog, and comes in a preloaded, single-use applicator to facilitate the

administration directly into the anterior chamber of the eye. Insertion is performed under magnification in an office or ambulatory surgery center. Durysta is a biodegradable implant intended for a single administration and should not be re-administered to an eye that received a prior Durysta.

FDA INDICATIONS

FDA-approved indication does not alone dictate coverage. Molina Clinical Policy may not recommend coverage for all FDA-approved indications. Please review this Policy in its entirety for indications covered by Molina Healthcare.

Elevated IOP: Reduction of elevated intraocular pressure in patients with OAG or OHT

Available as: 10 mcg intracameral implant; single-use applicator

Approved by the FDA: March 5, 2020

CLASSIFICATION: Antiglaucoma, Prostaglandin analog

COVERAGE CRITERIA FOR INITIAL AUTHORIZATION

Durysta (bimatoprost implant) may be authorized for members who meet **ALL** of the following criteria **[ALL]**

1. **Prescriber specialty [ONE]**

   ❒ Prescribed by, or in consultation with, a board-certified specialist in glaucoma and/or neuro-ophthalmology, or ophthalmologist experienced in the administration of intracameral biodegradable implant. Submit consultation notes if applicable.

2. **Diagnosis/Indication [ALL]**
   Documentation of ALL of the following criteria are required. May include chart notes from the member's medical records, relevant labs and/or tests, and other relevant clinical information.

   ❒ Diagnosis of **OAG** (i.e., primary OAG, pseudoexfoliation glaucoma, pigmentary glaucoma) **OR OHT** requiring intraocular pressure-lowering treatment

3. **Age/Gender/Other restrictions [ALL]**

   ❒ 18 years of age
   - *Safety and effectiveness have not been established in pediatric patients.*

- ❒ Member does not have ANY of the following conditions (exclusions): [ANY]
  - ❍ Previous eye surgery (including cataract surgery) and/or any eye laser surgery within the past 6 months in the affected eye, or
  - ❍ History of glaucoma surgery
  - ❍ Anticipated need for laser eye surgery within one year

4. Step/Conservative Therapy/Other Condition Requirements [ALL]

- ❒ Member has a documented inability to manage regular glaucoma eye drop use (e.g., due to age, dexterity, or comorbidities including visual impairment). Documentation required.

- ❒ Member has not received prior Durysta administration to the affected eye(s)
  NOTE: Durysta should not be re-administered to an eye that received a prior Durysta.

- ❒ Trial and insufficient response or intolerance to ALL formulary anti-glaucoma medications (at least ONE drug from each class), unless contraindicated or clinically significant adverse effects are experienced. Prescriber submit documentation of ALL therapy with dates and doses of trial and failure. [ALL]
  - ❍ ophthalmic prostaglandins (e.g., latanoprost, bimatoprost, travoprost)
  - ❍ beta-adrenergic blocker or combination product (e.g., carteolol, levobunolol, metipranolol, timolol, betaxolol, dorzolamide plus timolol)
  - ❍ alpha-2-agonists (brimonidine)

  MOLINA REVIEWER: Review profile for anti-glaucoma drug claims and enter an authorization if applicable. Notify Prescriber if an authorization is entered.

  - *Informational Note: The topical prostaglandins are increasingly chosen as initial monotherapy in open-angle glaucoma and have been consistently shown to be effective at lowering IOP and well tolerated. Prostaglandins have the advantage of once-daily dosing and do not have the risk of systemic side effects seen with topical beta blockers (UpToDate 2020).*

5. ***Contraindications/Exclusions/Discontinuations to Durysta (bimatoprost implant) therapy**

**There are no contraindications listed in the manufacturer's labeling*

Authorization will not be granted if ANY of the following conditions apply [ANY]

- ❒ Non-FDA approved indications
- ❒ Hypersensitivity to bimatoprost or any of the other components of the therapy
- ❒ Active or suspected ocular or periocular infection
- ❒ Diagnosis of corneal endothelial cell dystrophy (e.g., Fuchs endothelial dystrophy)
- ❒ Prior corneal transplantation or endothelial cell transplants (e.g., Descemet stripping automated endothelial keratoplasty [DSAEK])
- ❒ Absence or rupture of posterior lens capsule owing to the risk of implant migration into the posterior segment

  NOTE: Laser posterior capsulotomy in pseudophakia (not contraindicated if the intraocular lens fully covers the posterior capsule opening)

Exclusions

- ❍ Eye surgery (including cataract surgery) and/or any eye laser surgery within the past 6 months in the affected eye
- ❍ History of glaucoma surgery
- ❍ Anticipated need for laser eye surgery within one year

Warnings and Precautions: The presence of Durysta implants has been associated with corneal adverse reactions and increased risk of corneal endothelial cell loss. Administration should be limited to a single implant per eye without retreatment. Durysta should be used with caution in patients with narrow angles or anatomical angle obstruction. Durysta should be used with caution in patients with limited corneal endothelial cell reserve.

6. **Labs/Reports/Documentation required [ALL]**

All documentation for determination of medical necessity must be submitted for review. Prescriber to submit documentation as indicated in the criteria above, including but not limited to chart notes, applicable lab values and/or tests, adverse outcomes, treatment failures, or any other additional clinical information or clinical notes from the member's medical records supporting the diagnosis. Letters of support and/or explanation are often useful but are not sufficient documentation unless ALL specific information required by this MCP are included.

NOTE: Additional documentation, rationale, and/or supporting evidence may be requested for review as deemed necessary or appropriate by Molina Medical/Pharmacy staff.

REAUTHORIZATION /CONTINUATION OF THERAPY

Retreatment will not be authorized due to insufficient evidence of therapeutic value since clinical benefit beyond 24 weeks has not been established.

There is no published literature available at this time to support the use of Durysta (bimatoprost implant) in patients who have already received a 24-week treatment (up to a total of 8 infusions over a 24-week period).

Warnings and Precautions

Endothelial cell loss: Due to possible corneal endothelial cell loss, administration of Durysta should be limited to a single implant per eye without retreatment.

Corneal Adverse Reactions: Durysta has been associated with corneal adverse reactions and risks are increased with multiple implants. Use caution in patients with limited corneal endothelial cell reserve.

ADMINISTRATION, QUANTITY LIMITATIONS, AND AUTHORIZATION PERIOD

Consult the manufacturer's labeling for more detailed information on dosage and administration of this drug, cautions, precautions, contraindications, potential drug interactions, laboratory test interferences, and monitoring.

1. Recommended Dosage

- ❒ Insert 1 implant (10 mcg) intracamerally in anterior chamber of affected eye. Limit to a single implant per eye; do not re-administer to an eye that has received a prior implant

2. Authorization Limit [ALL]

- ❒ Quantity limit: ONE implant (10 mcg) per eye (lifetime total)
- ❒ Continuation of treatment: Repeat administration of bimatoprost (Durysta) in the same eye will not be authorized.

3. Route of Administration [ALL]

- ❒ May be authorized in an **ophthalmologist's office or at a surgery center**. Routine administration in a hospital or hospital outpatient setting (other than physician office or ambulatory surgical center) will not be authorized.
- ❒ Refer to MHI Policy & Procedure (P&P): Specialty Medication Administration Site of Care Policy: MHI Pharm 11
- ❒ If member meets all criteria and approval for therapy is granted, medication will be dispensed by a specialty pharmacy vendor at the discretion of Molina Healthcare.

Coverage Exclusions

All other uses of Durysta (bimatoprost implant) that are not an FDA-approved indication or not included in the 'Coverage Criteria' section of this policy is considered experimental/investigational or not a covered benefit of this policy. This subject to change based on research and medical literature, or at the discretion of Molina Healthcare.

Summary of Clinical Evidence

FDA approval of Durysta is based on results from two 20-month-long, multicenter, randomized, controlled Phase 3 clinical trials (ARTEMIS) evaluating 1,122 subjects with OAG or OHT on the efficacy and safety of Durysta versus topical timolol drops, an FDA accepted comparator for registrational clinical trials.

In the two Phase 3 ARTEMIS studies, the Durysta implant reduced IOP about 30% from a baseline mean IOP of 24.5 mmHg (lowering IOP 5 to 8 mmHg) over the 12-week period and met the predefined criteria for non-inferiority to the study comparator. Durysta demonstrated an overall mean reduction in IOP of 5-8 mm Hg with bimatoprost in patients with mean baseline IOP of 24.5 mm Hg. The most common adverse effect is conjunctival hyperemia (reported in 27%); other adverse effects (reported in 5%-10%) include foreign body sensation, eye pain, photophobia, conjunctival hemorrhage, dry eye, eye irritation, increased intraocular pressure, corneal endothelial cell loss, blurry vision, iritis, and headache.

ARTEMIS 1

This phase 3 study evaluated the IOP-lowering efficacy and safety of 10- and 15-µg bimatoprost implant in patients with OAG and OHT after initial and repeated administrations. Participants were randomized to the 10-mcg bimatoprost implant (n=198), 15-mcg bimatoprost implant (n=198) and BID timolol drops (n=198) treatment groups. The mean age of the study population was 62.5 years. Most of the study eyes (78.1%) were diagnosed with primary OAG. Mean IOP in the study eyes was similar among the treatment groups. Completion rates were 90.4% (10 mcg), 79.3% (15 mcg) and 86.9% (timolol groups). There were 3 administration cycles, week 1, week 16 and week 32. Primary end points were IOP and change from baseline IOP through week 12. Participants were to be followed through month 20 or for at least 12 months after their last bimatoprost implant or sham administration. Treatment-emergent adverse events (TEAE) most leading to early exit from the bimatoprost implant treatment groups included corneal endothelial cell loss and corneal edema. Implants were removed in 7 subjects (3.6%) in the 10 mcg bimatoprost implant group and 16 subjects (8.3%) in the 15 mcg bimatoprost group due to TEAEs, primarily corneal endothelial cell loss and edema.

Results showed that both strengths of bimatoprost implants (10- and 15-µg) were noninferior to timolol in IOP lowering through week 12. One year after 3 administration, IOP was controlled in most subjects without further treatment. Risk-benefit assessment favored the 10mcg implant over the 15-mcg implant. Studies have shown that Durysta is an effective treatment for glaucoma, but not superior to the standard of care. In the studies reviewed, Durysta was implanted every four months for one year.

There are several ongoing studies that have not been reported or published:

- Efficacy and Safety Study of Bimatoprost Sustained-Release (SR) in Participants with Open-angle Glaucoma or Ocular Hypertension: [ClinicalTrials.gov Identifier: NCT02247804]
  This study was designed to evaluate the efficacy and safety of bimatoprost SR in participants with open-angle glaucoma or ocular hypertension. The study includes a 12-month treatment period with an 8-month extended follow-up. Noninferiority is deduced with relative safety. **No publication association with this study is reported (as of May 2021)**

- Safety and Efficacy of Bimatoprost Sustained-Release (SR) in Patients with Open-Angle Glaucoma or Ocular Hypertension. Available at: **No study results posted for this study** [ClinicalTrials.gov Identifier: NCT02250651]

  This phase 3 study will evaluate the efficacy and safety of bimatoprost sustained-release (SR) in patients with OAG or OHT. The study includes a 12-month treatment period with an 8-month extended follow-up. **No publication association with this study is reported (as of May 2021).**

Practice Guidelines and Position Statements

American Academy of Ophthalmology (AAO)

The preferred practice guidelines (2015) for the treatment of primary open-angle glaucoma note that there are many considerations when choosing a target IOP, including the stage of the overall glaucoma damage as determined by the degree of structural optic nerve damage and/or functional visual field loss, baseline IOP at which damage occurred, age of patient, and additional risk factors. The initial treatment choice may be influenced by potential cost, adverse effect profile, and dosing schedule. The guidelines note prostaglandins as the most frequently used initial eye drops for lowering IOP in patients with glaucoma. The AAO does not prefer one prostaglandin over another. (Prum, 2015). Lowering the pretreatment IOP by ≥ 25% has been shown to slow progression of primary open-angle glaucoma. If the target IOP is not achieved by one medication, switching, or adding medications should be considered, depending on whether the patient had responded to the first medication. The guideline recommends switching eye-drop agents or adding on for combination therapy when target IOP is not achieved with one drug alone. A more aggressive target (i.e., a lower target IOP) can be justified if there is more severe nerve damage or the damage is progressing rapidly; a less aggressive target IOP may be reasonable if the risks of treatment outweigh the benefits. **The practice guidance has not been updated to include the use of Durysta in its recommendations at the time of this review.**

DEFINITIONS

Glaucoma: A group of eye diseases traditionally characterized by elevated intraocular pressure (IOP) and more accurately defined as an optic neuropathy than a disease of high pressure. After cataracts, glaucoma is the second leading cause of blindness in the world.

IOP: A measurement of the fluid pressure inside the eye. When eye pressure increases and damages the optic nerve, glaucoma results. This damage reduces vision and if not treated can lead to total blindness.

APPENDIX

N/A

CODING INFORMATION

The codes listed in this policy are for reference purposes only. Listing of a service or device code in this policy does not imply that the service described by this code is covered or non-covered. coverage is determined by the benefit document. This list of codes may not be all inclusive.

CPT	Description
66030	Injection, anterior chamber of eye (separate procedure); medication

HCPCS	Description
J7351	Injection, bimatoprost, intracameral implant, 1 microgram *Effective for dates of service on or after October 1, 2020, bill as 10 units

KEO June 3, 2021

**Discontinue using miscellaneous HCPCS code J3490 or C9399 (as may be applicable) for dates of service on or after October 1, 2020.*

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Policy History	Approval
Policy Developed Peer Review: AMR Peer Review Network. 6/11/2020. Practicing Physician. Board certified in Ophthalmology	P&T Q3 2020
Policy Revision Peer Review: AMR Peer Review Network. 5/12/2021. Practicing Physician. Board certified in Ophthalmology Notable revisions: • In initial coverage criteria section 'Step/Conservative Therapy/Other Condition Requirements' added *'or combination product'* to beta-adrenergic blocker [updated criterion: beta-adrenergic blocker or combination product (e.g., carteolol, levobunolol, metipranolol, timolol, betaxolol, dorzolamide plus timolol)] • Reviewed and updated ongoing clinical trials	6/9/2021

**Annual Review and Policy Revisions: All content, clinical evidence, coverage criteria, practice guidelines, appendices and reference sections were reviewed and revised with the most recent medical literature and available evidence. Coverage criteria for Initial and Continuation of Therapy were revised/updated as appropriate.*