Durysta *(bimatoprost intraocular implant)*

PA Criteria	Criteria Details
Covered Uses (FDA approved indication)	Durysta is a prostaglandin analog indicated for the reduction of intraocular pressure (IOP) in patients with open angle glaucoma (OAG) or ocular hypertension (OHT).
Exclusion Criteria	None.
Required Medical Information	Medical records supporting the request must be provided, including documentation or prior therapies and response to treatment.
Age Restriction	None.
Prescriber Restrictions	None.
Coverage Duration	Dose will be approved according to the FDA approved labeling or within accepted standards of medical practice.
Other Criteria/Information	Refer to the Gold Coast Health Plan Medicare Part B Reference and Summary of Evidence document.

HCPCS	Description	Billing Units/How Supplied
J7351	Durysta (bimatoprost implant)	**Billing unit: 1 mcg** 10 mcg implant

STATUS	DATE REVISED	REVIEW DATE	APPROVED/REVIEWED BY	EFFECTIVE DATE
Created	3/26/2025	3/26/2025	Dawn Shojai, PharmD, Senior Pharmacy Benefit Consultant (PSG)	N/A
Approved	N/A	8/21/2025	Pharmacy & Therapeutics (P&T) Committee	8/21/2025