



BlueCross BlueShield
of Alabama

Name of Blue Advantage Policy:

DURYSTA (bimatoprost implant)

Policy #: 735

Latest Review Date: June 2023

Category: Vision

BACKGROUND:

Blue Advantage medical policy does not conflict with Local Coverage Determinations (LCDs), Local Medical Review Policies (LMRPs) or National Coverage Determinations (NCDs) or with coverage provisions in Medicare manuals, instructions or operational policy letters. In order to be covered by Blue Advantage the service shall be reasonable and necessary under Title XVIII of the Social Security Act, Section 1862(a)(1)(A). The service is considered reasonable and necessary if it is determined that the service is:

1. *Safe and effective;*
2. *Not experimental or investigational*;*
3. *Appropriate, including duration and frequency that is considered appropriate for the service, in terms of whether it is:*
 - *Furnished in accordance with accepted standards of medical practice for the diagnosis or treatment of the patient's condition or to improve the function of a malformed body member;*
 - *Furnished in a setting appropriate to the patient's medical needs and condition;*
 - *Ordered and furnished by qualified personnel;*
 - *One that meets, but does not exceed, the patient's medical need; and*
 - *At least as beneficial as an existing and available medically appropriate alternative.*

In accordance with Title XVIII of the Social Security Act, Section 1862 (a)(10) cosmetic surgery or expenses incurred in connection with such surgery is not covered except as required for the prompt repair of accidental injury or for improvement of the functioning of a malformed body member.

Routine costs of qualifying clinical trial services with dates of service on or after September 19, 2000 which meet the requirements of the Clinical Trials NCD are considered reasonable and necessary by Medicare. Providers should bill **Original Medicare for covered services that are related to **clinical trials** that meet Medicare requirements (Refer to Medicare National Coverage Determinations Manual, Chapter 1, Section 310 and Medicare Claims Processing Manual Chapter 32, Sections 69.0-69.11).*

POLICY:

Blue Advantage will treat **Durysta (bimatoprost implant)** as a **covered benefit** for indications approved by the FDA, including the following: open angle glaucoma or ocular hypertension.

Blue Advantage will treat **Durysta (bimatoprost implant)** as a **non-covered benefit** and **investigational** for ALL other indications.

Blue Advantage does not approve or deny procedures, services, testing, or equipment for our members. Our decisions concern coverage only. The decision of whether or not to have a certain test, treatment or procedure is one made between the physician and his/her patient. Blue Advantage administers benefits based on the members' contract and medical policies. Physicians should always exercise their best medical judgment in providing the care they feel is most appropriate for their patients. Needed care should not be delayed or refused because of a coverage determination.

DESCRIPTION OF PROCEDURE OR SERVICE

Durysta® (bimatoprost implant) is described as the first intracameral biodegradable sustained release implant designed to lower intraocular pressure in patients with conditions such as open angle glaucoma or ocular hypertension. The active ingredient involved is bimatoprost, which is a prostaglandin analog medication used to treat glaucoma and lower high eye pressure. Durysta® is composed of biodegradable polymers designed to release bimatoprost in a non-pulsatile, steady-state manner over a 90-day period.

The standard of care treatment for open angle glaucoma or ocular hypertension is eye drops that are self-administered using the following technique:

- Wash your hands before use
- Take out contact lenses before using this medicine
- Do not touch the container tip to the eye, lid, or other skin
- Tilt your head back and drop drug into the eye.
- After use, keep your eyes closed. Put pressure on the inside corner of the eye. Do this for one to two minutes. This keeps the drug in your eye.

A large number of patients report non-compliance with self-administering eye drops due to either forgetfulness or side effects. Durysta®, ocular implant device, has been developed to combat this non-compliance rate.

Durysta® is delivered via a disposable single-use applicator that is inserted into the anterior chamber of the affected eye. Insertion is performed under magnification in an office or ambulatory surgery center. The presence of Durysta® implants has been associated with corneal adverse reactions and increased risk of corneal endothelial cell loss. Per the FDA recommendation, administration of Durysta® should be limited to a single implant per eye

without retreatment. Caution should be used when prescribing Durysta® in patients with limited corneal endothelial cell reserve.

KEY POINTS:

This policy was developed with medical literature review through June 9, 2023.

Summary of Evidence

The FDA approval of Durysta is based on results from two 20-month (including eight-month extended follow up) Phase 3 ARTEMIS studies evaluating 1,122 subjects on the efficacy and safety of Durysta versus twice daily topical timolol drops, an FDA accepted comparator for registrational clinical trials, in patients with OAG or OHT. In the two Phase 3 ARTEMIS studies, Durysta reduced IOP by approximately 30 percent from baseline over the 12-week primary efficacy period, meeting the predefined criteria for non-inferiority to the study comparator. There are several ongoing studies that have not yet been completed. The ARGOS - A Phase IV, Prospective, 18-month Study to Assess the Effectiveness and Safety of Bimatoprost Intracameral Implant (DURYSTA) in US Clinical Practice (ClinicalTrials.gov Identifier: NCT04647214) is currently in recruitment status. This study is a prospective observational study designed to collect effectiveness and safety data after administration of a bimatoprost intracameral implant in patients with open-angle glaucoma (OAG) or ocular hypertension (OHT). The study should be completed mid 2023. There remains a paucity of well designed randomized controlled trials proving the efficacy of this technology.

Lowering of IOP is the only proven method to decrease risk of development and/or worsening glaucomatous optic neuropathy. Topical medical therapy is an effective strategy, but many patients are non-adherent to medications. Barriers to adherence are multifold and include forgetfulness, difficulty with drop instillation, need for frequent administration. Durysta could make an impact on non-compliance glaucoma management issue. There are risks to using Durysta, such as, eye pain, eye irritation, lacrimation, and conjunctival hemorrhage. Studies have shown that Durysta is an effective treatment for glaucoma, but not superior to the standard of care. The FDA clearance is for single use per each eye. In the studies reviewed, Durysta was implanted every four months for one year. At this time the existing evidence is insufficient to prove the medical necessity of this technology.

Practice Guidelines and Position Statements

American Academy of Ophthalmology

The 2015 Primary Open-Angle Glaucoma practice guidance from the American Academy of Ophthalmology recommends switching eye-drop agents or adding on for combination therapy when target IOP is not achieved with one drug alone. The practice guidance has not been updated to include the use of Durysta® in its recommendations at the time of this review. (As of May 2021, a correction has been issued for the Primary Open-Angle Glaucoma PPP. Corrections do not change the intent of the PPP.)

U.S. Preventive Services Task Force Recommendations

Not applicable.

KEY WORDS:

Durysta[®], bimatoprost, biodegradable implant, ocular implant, Allergan, OAG, open angle glaucoma, OHT, ocular hypertension, intracameral administration

APPROVED BY GOVERNING BODIES:

On March 4, 2020, the U.S. Food and Drug Administration (FDA) approved Allergan's Durysta[®] (bimatoprost implant) 10 mcg for intracameral administration to treat open-angle glaucoma (OAG) or ocular hypertension (OHT). As per the FDA labeled package insert, Durysta[®] (bimatoprost implant) is a biodegradable implant intended for a single administration and should not be re-administered to an eye that received a prior Durysta[®] (bimatoprost implant).

BENEFIT APPLICATION:

Coverage is subject to member's specific benefits. Group-specific policy will supersede this policy when applicable.

CURRENT CODING:**CPT Codes:**

66030	Injection, anterior chamber of eye (separate procedure); medication
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HCPCS Codes:

J7351	Injection, bimatoprost, intracameral implant, 1 microgram (Effective 10/1/2020)
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PREVIOUS CODING:**HCPCS Codes:**

Prior to 10/1/2020, there was not a specific code for Durysta.

J3490	Unclassified drugs
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REFERENCES:

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POLICY HISTORY

Medical Policy Panel, July 2020: New policy created.

Medical Policy Group, April 2021

Medical Policy Group, June 2022

Medical Policy Group, June 2023: Reviewed by consensus. No new published peer-reviewed literature identified that would alter coverage statement at this time.

This medical policy is not an authorization, certification, explanation of benefits, or a contract. Eligibility and benefits are determined on a case-by-case basis according to the terms of the member's plan in effect as of the date services are rendered. All medical policies are based on (i) research of current medical literature and (ii) review of common medical practices in the treatment and diagnosis of disease as of the date hereof. Physicians and other providers are solely responsible for all aspects of medical care and treatment, including the type, quality, and levels of care and treatment.

This policy is intended to be used for adjudication of claims (including pre-admission certification, pre-determinations, and pre-procedure review) in Blue Cross and Blue Shield's administration of plan contracts.