SENTARA COMMUNITY PLAN
(MEDICAID)

MEDICAL PRIOR AUTHORIZATION/STEP-EDIT REQUEST*

Directions: **The prescribing physician must sign and clearly print name (preprinted stamps not valid) on this request**. All other information may be filled in by office staff; **fax to 1-844-305-2331**. No additional phone calls will be necessary if all information (including phone and fax #s) on this form is correct. **If information provided is not complete, correct, or legible, authorization can be delayed**.

Drug Requested: Durysta™ (bimatoprost implant) **10 mcg (J7351) (Medical)**

MEMBER & PRESCRIBER INFORMATION: Authorization may be delayed if incomplete.

Member Name: _____

Member Sentara #: _____ **Date of Birth:** _____

Prescriber Name: _____

Prescriber Signature: _____ **Date:** _____

Office Contact Name: _____

Phone Number: _____ **Fax Number:** _____

DEA OR NPI #: _____

DRUG INFORMATION: Authorization may be delayed if incomplete.

Drug Form/Strength: _____

Dosing Schedule: _____ **Length of Therapy**: _____

Diagnosis: _____ **ICD Code, if applicable:** _____

Weight: _____ **Date:** _____

❑ Left Eye ❑ Right Eye ❑ Both Eyes

❑ Standard Review. In checking this box, the timeframe does not jeopardize the life or health of the member or the member's ability to regain maximum function and would not subject the member to severe pain.

Dosing Limits:

- Durysta™ is an ophthalmic drug delivery system for a single intracameral administration, via an injection procedure, of a biodegradable implant
- Recommended Dosage: Insert 1 implant (10 mcg) in anterior chamber of affected eye. Maximum of 1 single implant per eye per lifetime. Do not readminister to an eye that has received a prior implant
- 10 mcg implant (syringe) (1.00 each) = 10 billable units

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CLINICAL CRITERIA: Check below all that apply. All criteria must be met for approval. To support each line checked, all documentation, including lab results, diagnostics, and/or chart notes, must be provided or request may be denied.

Length of Authorization: 6 months

- ❑ Member is 18 years of age or older
- ❑ Prescribed by, or in consultation with, an Ophthalmologist
- ❑ Member has **ONE** of the following diagnoses:
  - ❑ Open-Angle Glaucoma (OAG)
  - ❑ Ocular Hypertension (OHT)
- ❑ Member has no history of Corneal Endothelial Cell Dystrophy or Corneal Transplantation
- ❑ Member has documented treatment failure, intolerance, contraindication of **TWO** ophthalmic prostaglandin analogs (e.g., bimatoprost, latanoprost, or travoprost) **(verified by chart notes and/or pharmacy paid claims)**
- ❑ Member has documented treatment failure, intolerance, contraindication of at least **TWO** ophthalmic products (either as monotherapy or as concomitant therapy) from two different pharmacological classes for the treatment of OAG or OHT **(verified by chart notes and/or pharmacy paid claims)**:
  - ❑ Alpha-agonist (e.g., brimonidine)
  - ❑ Beta-blockers (e.g., betaxolol, timolol)
  - ❑ Carbonic anhydrase inhibitors (e.g., brinzolamide, dorzolamide)
  - ❑ Rho kinase inhibitor (e.g., netarsudil)

Re-Treatment of Previously Treated Eye(s). NOT COVERED. Durysta is approved for one-time use in each treated eye. Repeat administration in previously treated eye(s) will **NOT** be approved

Medication being provided by (check applicable box(es) below):

❑ **Physician's office** **OR** ❑ **Specialty Pharmacy – Proprium Rx**

For urgent reviews: Practitioner should call Sentara Health Pre-Authorization Department if they believe a standard review would subject the member to adverse health consequences. Sentara Health's definition of urgent is a lack of treatment that could seriously jeopardize the life or health of the member or the member's ability to regain maximum function.

*****Use of samples to initiate therapy does not meet step edit/ preauthorization criteria.*****

****Previous therapies will be verified through pharmacy paid claims or submitted chart notes.****

***Approved by Pharmacy and Therapeutics Committee:** ~~11/19/2020;~~ **8/16/2023**
REVISED/UPDATED: ~~6/17/2021;~~ **6/15/2022; 9/26/2023**