This guide provides a brief overview of billing and coding information for practices and facilities submitting claims for DURYSTA™ administrations. For additional reimbursement information, please refer to the DURYSTA™ Comprehensive Billing and Coding Guide.

Indications and Usage
DURYSTA™ (bimatoprost implant) is indicated for the reduction of intraocular pressure (IOP) in patients with open angle glaucoma (OAG) or ocular hypertension (OHT).

Important Safety Information
Contraindications
DURYSTA™ is contraindicated in patients with: active or suspected ocular or periocular infections; corneal endothelial cell dystrophy (e.g., Fuchs’ Dystrophy); prior corneal transplantation or endothelial cell transplants (e.g., Descemet’s Stripping Automated Endothelial Keratoplasty [DSAEK]); absent or ruptured posterior lens capsule, due to the risk of implant migration into the posterior segment; hypersensitivity to bimatoprost or to any other components of the product.

Warnings and Precautions
The presence of DURYSTA™ implants has been associated with corneal adverse reactions and increased risk of corneal endothelial cell loss. 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.

DURYSTA™ should be used with caution in patients with narrow iridocorneal angles (Shaffer grade < 3) or anatomical obstruction (e.g., scarring) that may prohibit settling in the inferior angle.

Macular edema, including cystoid macular edema, has been reported during treatment with ophthalmic bimatoprost, including DURYSTA™ intracameral implant. DURYSTA™ should be used with caution in aphakic patients, in pseudophakic patients with a torn posterior lens capsule, or in patients with known risk factors for macular edema.

Please see additional Important Safety Information on the following pages.
**DURYSTA™ BILLING AND CODING**

**HCPCS CODES**

Claims for drugs purchased by the provider’s office and administered by the physician must be submitted with a HCPCS code when billed to a payer.

- Until DURYSTA™ is assigned a permanent HCPCS code, providers should submit claims using an unclassified/miscellaneous HCPCS code
- Allows providers to begin billing at approval while a permanent J-code is being established
- Miscellaneous J-code claims typically require a manual review by payers—so the payment may be delayed
- When using J3490 for DURYSTA™, bill as 1 unit for Medicare

**IMPORTANT:** For J3490, always check with the payer regarding units to be billed. Some payers have reduced rates for J3490.

The following unclassified/miscellaneous HCPCS codes may be used:

<table>
<thead>
<tr>
<th>HCPCS Code</th>
<th>Description</th>
<th>Place of Service</th>
</tr>
</thead>
<tbody>
<tr>
<td>J3490</td>
<td>Unclassified drugs</td>
<td>Physician office (Medicare/Medicare Advantage and commercial patients)</td>
</tr>
<tr>
<td>C9399</td>
<td>Unclassified drugs or biologicals (Medicare hospital outpatient)</td>
<td>ASC or HOPD (Medicare only)</td>
</tr>
<tr>
<td>J3490 or C9399</td>
<td>Unclassified drugs or biologicals</td>
<td>ASC or HOPD (Medicare Advantage/commercial patients*)</td>
</tr>
</tbody>
</table>

*Confirm appropriate coding requirements with payer.

**NATIONAL DRUG CODE**

For drugs without a permanent HCPCS code, payers often require inclusion of the drug’s National Drug Code (NDC) in the claim.
- While the FDA provides NDCs as 10-digit codes, payers frequently require 11-digit formats
  - Converting the 10-digit FDA NDC to an 11-digit NDC may be as simple as the payer requiring you to add a leading zero
  - It’s important you contact each payer for its specific requirements, as they vary by payer

<table>
<thead>
<tr>
<th>Strength</th>
<th>FDA-specified 10-Digit NDC (4-4-2 format)</th>
<th>11-Digit NDC (5-4-2 format)</th>
</tr>
</thead>
<tbody>
<tr>
<td>DURYSTA™ 10 mcg</td>
<td>0023-9652-01</td>
<td>00023-9652-01</td>
</tr>
</tbody>
</table>

ASC = ambulatory surgical center. HOPD = hospital outpatient department.

**Important Safety Information (continued)**

**Warnings and Precautions (continued)**

Prostaglandin analogs, including DURYSTA™, have been reported to cause intraocular inflammation. DURYSTA™ should be used with caution in patients with active intraocular inflammation (e.g., uveitis) because the inflammation may be exacerbated.

**Please see additional Important Safety Information on the following pages.**
## Important Safety Information (continued)

### Warnings and Precautions (continued)

Ophthalmic bimatoprost, including DURYSTA™ intracameral implant, has been reported to cause changes to pigmented tissues, such as increased pigmentation of the iris. Pigmentation of the iris is likely to be permanent. Patients who receive treatment should be informed of the possibility of increased pigmentation. While treatment with DURYSTA™ can be continued in patients who develop noticeably increased iris pigmentation, these patients should be examined regularly.

Please see additional Important Safety Information on the following page.
Important Safety Information (continued)

**Warnings and Precautions (continued)**

Intraocular surgical procedures and injections have been associated with endophthalmitis. Proper aseptic technique must always be used with administering DURYSTA™, and patients should be monitored following the administration.

**Adverse Reactions**

In controlled studies, the most common ocular adverse reaction reported by 27% of patients was conjunctival hyperemia. Other common adverse reactions reported in 5% 10% of patients were foreign body sensation, eye pain, photophobia, conjunctival hemorrhage, dry eye, eye irritation, intraocular pressure increased, corneal endothelial cell loss, vision blurred, iritis, and headache.

Please click here for full Prescribing Information.