

iDose TR (travoprost intracameral implant)

Disclaimer

Clinical guidelines are developed and adopted to establish evidence-based clinical criteria for utilization management decisions. Clinical guidelines are applicable according to policy and plan type. The Plan may delegate utilization management decisions of certain services to third parties who may develop and adopt their own clinical criteria.

Coverage of services is subject to the terms, conditions, and limitations of a member's policy, as well as applicable state and federal law. Clinical guidelines are also subject to in-force criteria such as the Centers for Medicare & Medicaid Services (CMS) national coverage determination (NCD) or local coverage determination (LCD) for Medicare Advantage plans. Please refer to the member's policy documents (e.g., Certificate/Evidence of Coverage, Schedule of Benefits, Plan Formulary) or contact the Plan to confirm coverage.

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Summary

Open-angle glaucoma (OAG) is a chronic, progressive optic neuropathy characterized by irreversible damage to the optic nerve and resultant visual field loss. It is the most common form of glaucoma and a leading cause of irreversible blindness worldwide. Due to the progressive nature, those with OAG often do not experience symptoms, even as they progress to central “tunnel vision.” Diagnosis is often incidental during a comprehensive ophthalmic examination, thus screening is recommended for all adults 40 and older. The pathophysiology involves loss of retinal ganglion cells and their axons, leading to characteristic optic nerve head changes and corresponding visual field defects. Ocular hypertension (OHT) is a related condition in which intraocular pressure (IOP) is elevated above the normal range, but without evidence of glaucomatous optic nerve damage. However, those with OHT are at increased risk for developing OAG.

The primary modifiable risk factor for the development and progression of OAG is elevated IOP. Non-modifiable risk factors include age, race, and family history. Treatment is aimed at lowering IOP to prevent or slow optic nerve damage and visual field loss. Current treatment options include:

1. Topical IOP-lowering medications (e.g., prostaglandin analogues, beta-blockers, alpha-agonists, carbonic anhydrase inhibitors, rho-kinase inhibitors).
2. Laser trabeculoplasty.
3. Microinvasive glaucoma surgery (MIGS).
4. Traditional incisional glaucoma surgery (e.g., trabeculectomy, tube shunt implantation).

iDose TR (travoprost intracameral implant) is a prostaglandin analog indicated for the reduction of intraocular pressure (IOP) in those with open-angle glaucoma (OAG) or ocular hypertension (OHT). It consists of a microscopic, titanium intracameral implant in a pre-loaded sterile single-dose inserter, that delivers a sustained release of travoprost directly into the anterior chamber of the eye.

Definitions

"Intracameral" means within or administered into the anterior chamber of the eye.

"Intraocular pressure (IOP)" refers to the fluid pressure inside the eye. Elevated IOP is a major modifiable risk factor for the development and progression of glaucoma.

"No evidence of" indicates that the reviewer has not identified any records of the specified item or condition within the submitted materials or claims history. In the absence of such evidence, the member is considered eligible. If any evidence of the item or condition is present upon review of the request, the member does not qualify.

"Ocular hypertension (OHT)" is a condition in which intraocular pressure (IOP) is elevated above the normal range, but without evidence of glaucomatous optic nerve damage.

"Open-angle glaucoma (OAG)" refers to a chronic, progressive optic neuropathy characterized by irreversible damage to the optic nerve and resultant visual field loss in the presence of an open anterior chamber angle.

"Prostaglandin analog" is a class of IOP-lowering medications that increase outflow of aqueous humor through the uveoscleral pathway. Examples include latanoprost, travoprost, and bimatoprost.

"Trabecular meshwork" is a spongy tissue located in the anterior chamber angle of the eye that facilitates drainage of aqueous humor and helps regulate IOP.

"[s]" indicates state mandates may apply.

Clinical Indications

Medical Necessity Criteria for Clinical Review

General Medical Necessity Criteria

The Plan considers iDose TR (travoprost intracameral implant) medically necessary when ALL of the following criteria are met:

1. Prescribed by or in consultation with trained glaucoma specialist, such as an ophthalmologist or an eye surgeon; *AND*
2. The member is 18 years of age or older; *AND*
3. The member's central corneal endothelial cell density is at or above the manufacturer's labeled minimum documented by specular microscopy prior to each administration (see [Appendix A, Table 3](#)); *AND*

Note: IF corneal endothelial cell density was not established prior to the initial administration of iDose TR and only a single eye was implanted, corneal endothelial cell density in the un-implanted contralateral eye meeting the recommended minimum density may be used for eligibility determination for readministration of iDose TR (see [Appendix A, Table 3](#)).

4. The member meets ALL of the following:
 - a. No evidence the member will be using other ophthalmic prostaglandin analogs in the same eye as the iDose TR (travoprost intracameral) implant; *and*
 - b. No evidence of ocular or periocular infections present; *and*
 - c. No evidence of corneal endothelial dystrophy; *and*
 - d. No evidence of prior corneal transplantation; *and*
 - e. No evidence the member has known hypersensitivity to travoprost or any other component of iDose TR; *and*
 - f. No evidence the request exceeds the Plan's limit of one 75 mcg intracameral implant per affected eye.
5. The member meets the applicable [Medical Necessity Criteria for Initial Clinical Review](#) or [Subsequent Clinical Review](#) listed below.

Medical Necessity Criteria for Initial Clinical Review

Initial Indication-Specific Criteria

Open-Angle Glaucoma (OAG) or Ocular Hypertension (OHT)

The Plan considers iDose TR (travoprost intracameral implant) medically necessary when ALL of the following criteria are met:

6. The member meets the above [General Medical Necessity Criteria](#); **AND**
7. The member has a diagnosis of ONE of the following:
 - a. open-angle glaucoma (OAG); *or*
 - b. ocular hypertension (OHT); **AND**
8. The member is unable to use[§], or has tried and failed ALL of the following^{§1}:
 - a. TWO (2) ophthalmic prostaglandin analogues (e.g. latanoprost, bimatoprost, travoprost); *and*
 - b. ONE (1) of the following:
 - i. An ophthalmic beta blocker (e.g. timolol); *and/or*
 - ii. An ophthalmic alpha agonist (e.g. brimonidine); *and/or*
 - iii. An ophthalmic carbonic anhydrase inhibitor (e.g. dorzolamide); *and/or*
 - iv. An ophthalmic rho kinase inhibitor (e.g. Rhopressa [netarsudil]); **AND**

[§]*patient-specific, clinically significant reason(s) must be provided, explaining why the member requires iDose TR (travoprost intracameral implant) and cannot continue to utilize ophthalmic preparations, such as solution or suspension, to treat their OAG or OHT.*

If the above prior authorization criteria are met, the requested product will be authorized as a one-time approval, i.e., one implant per eye (total of 2 implants if both eyes are treated, 1 per eye).^{§1}

Continued Care

Medical Necessity Criteria for Subsequent Clinical Review

Subsequent Indication-Specific Criteria

Open-Angle Glaucoma (OAG) or Ocular Hypertension (OHT)

The Plan considers iDose TR (travoprost intracameral implant) medically necessary when ALL of the following criteria are met:

1. The member meets the above applicable [General Medical Necessity Criteria](#) and/or [Initial Clinical Review](#); **AND**
2. IF the member is requesting treatment for an untreated eye, the member needs to meet the [Medical Necessity Criteria for Initial Clinical Review - Initial Indication-Specific Criteria](#); **AND**

3. The request is for retreatment of the same eye with an additional iDose TR (travoprost intracameral) implant then at least 12 months have passed since the last iDose TR administration; **AND**
4. The member has experienced a documented reduction of intraocular pressure (IOP) from baseline; **AND**
5. The member meets ALL of the following for readministration:
 - a. No ocular or periocular infections; *and*
 - b. No prior iDose TR device dislocation; *and*
 - c. No central corneal endothelial cell loss of 10% or greater from pre-administration baseline. *Note: IF baseline corneal endothelial cell density was not established prior to the initial administration of iDose TR and only a single eye is implanted, a 10% threshold level of endothelial cell density loss as a difference of the implanted eye versus un-implanted contralateral eye should be considered before readministering iDose TR.*

If the above prior authorization criteria are met, the requested product will be authorized as a one-time approval, i.e., one implant per eye (total of 2 implants if both eyes are treated, 1 per eye).^[5]

Experimental / Investigational, or unproven^[5]

iDose TR (travoprost intracameral implant) for any other indication or use is considered experimental, investigational, or unproven. Non-covered indications include, but are not limited to, the following:

- Treatment of angle-closure glaucoma. While travoprost ophthalmic solution (Travatan) has been studied for the indication of angle-closure glaucoma, iDose TR (travoprost intracameral implant) has not been studied for this indication.
- Treatment of secondary glaucomas (e.g., neovascular glaucoma, pigmentary glaucoma, pseudoexfoliation glaucoma, uveitic glaucoma). There is not enough data to support the safety and efficacy of iDose TR (travoprost intracameral implant) for use in secondary glaucomas.
- Treatment of pediatric glaucoma. There is no data to support the safety and efficacy of iDose TR (travoprost intracameral implant) for use in those younger than 18 years of age.
- Repeat administration or retreatment of the same eye with an additional iDose TR implant *within* 12 months (or 1 year) of the last iDose TR administration. The manufacturer’s package insert states “It is not recommended to readminister an iDose TR more than once per year”.
- Prophylaxis of ocular hypertension in the absence of glaucomatous optic neuropathy. There is no data to support the safety and efficacy of iDose TR (travoprost intracameral implant) for use as prophylaxis of ocular hypertension.

Applicable Billing Codes

Table 1	
CPT/HCPCS Codes considered medically necessary if criteria are met:	
<i>Code</i>	<i>Description</i>

0660T	Implantation of anterior segment intraocular nonbiodegradable drug-eluting system, internal approach
0661T	Removal and reimplantation of anterior segment intraocular nonbiodegradable drug-eluting implant
11981	Insertion, drug-delivery implant (ie, bioresorbable, biodegradable, non-biodegradable)
11982	Removal, non-biodegradable drug delivery implant
J7355	Injection, travoprost, intracameral implant, 1 microgram

Table 2	
ICD-10 diagnosis codes considered medically necessary with Table 1 (CPT/HCPCS) codes if criteria are met:	
<i>Code</i>	<i>Description</i>
B73.02	Onchocerciasis with glaucoma
G93.2	Benign intracranial hypertension
H40.001	Preglaucoma, unspecified, right eye
H40.002	Preglaucoma, unspecified, left eye
H40.003	Preglaucoma, unspecified, bilateral
H40.009	Preglaucoma, unspecified, unspecified eye
H40.011	Open angle with borderline findings, low risk, right eye
H40.012	Open angle with borderline findings, low risk, left eye
H40.013	Open angle with borderline findings, low risk, bilateral
H40.019	Open angle with borderline findings, low risk, unspecified eye
H40.021	Open angle with borderline findings, high risk, right eye
H40.022	Open angle with borderline findings, high risk, left eye
H40.023	Open angle with borderline findings, high risk, bilateral
H40.029	Open angle with borderline findings, high risk, unspecified eye
H40.041	Steroid responder, right eye
H40.042	Steroid responder, left eye

H40.043	Steroid responder, bilateral
H40.049	Steroid responder, unspecified eye
H40.051	Ocular Hypertension, Right Eye
H40.052	Ocular Hypertension, Left Eye
H40.053	Ocular Hypertension, Bilateral
H40.059	Ocular Hypertension, Unspecified Eye
H40.061	Primary angle closure without glaucoma damage, right eye
H40.062	Primary angle closure without glaucoma damage, left eye
H40.063	Primary angle closure without glaucoma damage, bilateral
H40.069	Primary angle closure without glaucoma damage, unspecified eye
H40.10X0	Unspecified Open-Angle Glaucoma, Stage Unspecified
H40.10X1	Unspecified Open-Angle Glaucoma, Mild Stage
H40.10X2	Unspecified Open-Angle Glaucoma, Moderate Stage
H40.10X3	Unspecified Open-Angle Glaucoma, Severe Stage
H40.10X4	Unspecified Open-Angle Glaucoma, Indeterminate Stage
H40.1110	Primary Open-Angle Glaucoma, Right Eye, Stage Unspecified
H40.1111	Primary Open-Angle Glaucoma, Right Eye, Mild Stage
H40.1112	Primary Open-Angle Glaucoma, Right Eye, Moderate Stage
H40.1113	Primary Open-Angle Glaucoma, Right Eye, Severe Stage
H40.1114	Primary Open-Angle Glaucoma, Right Eye, Indeterminate Stage
H40.1120	Primary Open-Angle Glaucoma, Left Eye, Stage Unspecified
H40.1121	Primary Open-Angle Glaucoma, Left Eye, Mild Stage
H40.1122	Primary Open-Angle Glaucoma, Left Eye, Moderate Stage
H40.1123	Primary Open-Angle Glaucoma, Left Eye, Severe Stage
H40.1124	Primary Open-Angle Glaucoma, Left Eye, Indeterminate Stage
H40.1130	Primary Open-Angle Glaucoma, Bilateral, Stage Unspecified
H40.1131	Primary Open-Angle Glaucoma, Bilateral, Mild Stage

H40.1132	Primary Open-Angle Glaucoma, Bilateral, Moderate Stage
H40.1133	Primary Open-Angle Glaucoma, Bilateral, Severe Stage
H40.1134	Primary Open-Angle Glaucoma, Bilateral, Indeterminate Stage
H40.1190	Primary Open-Angle Glaucoma, Unspecified Eye, Stage Unspecified
H40.1191	Primary Open-Angle Glaucoma, Unspecified Eye, Mild Stage
H40.1192	Primary Open-Angle Glaucoma, Unspecified Eye, Moderate Stage
H40.1193	Primary Open-Angle Glaucoma, Unspecified Eye, Severe Stage
H40.1194	Primary Open-Angle Glaucoma, Unspecified Eye, Indeterminate Stage
H40.1310	Pigmentary glaucoma, right eye, stage unspecified
H40.1311	Pigmentary glaucoma, right eye, mild stage
H40.1312	Pigmentary glaucoma, right eye, moderate stage
H40.1313	Pigmentary glaucoma, right eye, severe stage
H40.1314	Pigmentary glaucoma, right eye, indeterminate stage
H40.1320	Pigmentary glaucoma, left eye, stage unspecified
H40.1321	Pigmentary glaucoma, left eye, mild stage
H40.1322	Pigmentary glaucoma, left eye, moderate stage
H40.1323	Pigmentary glaucoma, left eye, severe stage
H40.1324	Pigmentary glaucoma, left eye, indeterminate stage
H40.1330	Pigmentary glaucoma, bilateral, stage unspecified
H40.1331	Pigmentary glaucoma, bilateral, mild stage
H40.1332	Pigmentary glaucoma, bilateral, moderate stage
H40.1333	Pigmentary glaucoma, bilateral, severe stage
H40.1334	Pigmentary glaucoma, bilateral, indeterminate stage
H40.1390	Pigmentary glaucoma, unspecified eye, stage unspecified
H40.1391	Pigmentary glaucoma, unspecified eye, mild stage
H40.1392	Pigmentary glaucoma, unspecified eye, moderate stage

H40.1393	Pigmentary glaucoma, unspecified eye, severe stage
H40.1394	Pigmentary glaucoma, unspecified eye, indeterminate stage
H40.1410	Capsular glaucoma with pseudoexfoliation of lens, right eye, stage unspecified
H40.1411	Capsular glaucoma with pseudoexfoliation of lens, right eye, mild stage
H40.1412	Capsular glaucoma with pseudoexfoliation of lens, right eye, moderate stage
H40.1413	Capsular glaucoma with pseudoexfoliation of lens, right eye, severe stage
H40.1414	Capsular glaucoma with pseudoexfoliation of lens, right eye, indeterminate stage
H40.1420	Capsular glaucoma with pseudoexfoliation of lens, left eye, stage unspecified
H40.1421	Capsular glaucoma with pseudoexfoliation of lens, left eye, mild stage
H40.1422	Capsular glaucoma with pseudoexfoliation of lens, left eye, moderate stage
H40.1423	Capsular glaucoma with pseudoexfoliation of lens, left eye, severe stage
H40.1424	Capsular glaucoma with pseudoexfoliation of lens, left eye, indeterminate stage
H40.1430	Capsular glaucoma with pseudoexfoliation of lens, bilateral, stage unspecified
H40.1431	Capsular glaucoma with pseudoexfoliation of lens, bilateral, mild stage
H40.1432	Capsular glaucoma with pseudoexfoliation of lens, bilateral, moderate stage
H40.1433	Capsular glaucoma with pseudoexfoliation of lens, bilateral, severe stage
H40.1434	Capsular glaucoma with pseudoexfoliation of lens, bilateral, indeterminate stage
H40.1490	Capsular glaucoma with pseudoexfoliation of lens, unspecified eye, stage unspecified
H40.1491	Capsular glaucoma with pseudoexfoliation of lens, unspecified eye, mild stage
H40.1492	Capsular glaucoma with pseudoexfoliation of lens, unspecified eye, moderate stage
H40.1493	Capsular glaucoma with pseudoexfoliation of lens, unspecified eye, severe stage
H40.1494	Capsular glaucoma with pseudoexfoliation of lens, unspecified eye, indeterminate stage
H40.831	Aqueous misdirection, right eye

H40.832	Aqueous misdirection, left eye
H40.833	Aqueous misdirection, bilateral
H40.839	Aqueous misdirection, unspecified eye
H40.89	Other specified glaucoma
H40.9	Unspecified glaucoma
H42	Glaucoma in diseases classified elsewhere
H44.511	Absolute glaucoma, right eye
H44.512	Absolute glaucoma, left eye
H44.513	Absolute glaucoma, bilateral
H44.519	Absolute glaucoma, unspecified eye
H47.231	Glaucomatous optic atrophy, right eye
H47.232	Glaucomatous optic atrophy, left eye
H47.233	Glaucomatous optic atrophy, bilateral
H47.239	Glaucomatous optic atrophy, unspecified eye
Q15.0	Congenital glaucoma

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Appendix A

Table 3: Recommended Minimum Central Corneal Endothelial Cell Density

Age	Central Corneal Endothelial Cell Density	
	Phakic Eyes	Pseudophakic Eyes
≤45 years	2,200 (cells/mm ²)	1,540 (cells/mm ²)
46 to 55 years	2,000 (cells/mm ²)	1,400 (cells/mm ²)
56 to 65 years	1,800 (cells/mm ²)	1,260 (cells/mm ²)
>65 years	1,600 (cells/mm ²)	1,120 (cells/mm ²)

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