

Medical Drug Clinical Criteria

Subject: iDose TR (travoprost implant)

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Overview

This document addresses the use of iDose TR (travoprost implant), an implantable prostaglandin analog used to reduce elevated intraocular pressure (IOP) in individuals with conditions such as open-angle glaucoma or ocular hypertension.

IOP is a measurement of the fluid pressure inside the eye. When eye pressure increases and damages the optic nerve, glaucoma results. This damage reduces vision, and if not treated, can lead to total blindness.

iDose TR contains 75 mcg of travoprost pre-loaded in a single-dose inserter. The implant consists of a titanium implant reservoir with a membrane controlling the sustained release of travoprost. iDose TR is administered intracamerally through a small, clear corneal incision and is anchored into the sclera at the iridocorneal angle. The procedure should be carried out under standard aseptic conditions. iDose TR should not be readministered to an eye that received a prior iDose TR.

The 2020 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 recognizes that adherence to topical eye-drops may be a barrier to optimal therapy, and notes that multiple drug delivery systems have been developed to address this issue, including Durysta. iDoseTR is not discussed in these guidelines.

Clinical Criteria

When a drug is being reviewed for coverage under a member's medical benefit plan or is otherwise subject to clinical review (including prior authorization), the following criteria will be used to determine whether the drug meets any applicable medical necessity requirements for the intended/prescribed purpose.

iDoseTR (travoprost implant)

Requests for iDoseTR (travoprost implant) may be approved if the following criteria are met:

- I. Individual has a diagnosis of open angle glaucoma or ocular hypertension with elevated intraocular pressure; **AND**
- II. Individual has had a trial and insufficient response or intolerance to two (2) IOP eye drop agents as combination therapy (either as 2 single agent products or 1 combined agent product), where one agent is a prostaglandin analog (for example, bimatoprost, latanoprost, travoprost, or tafluprost).

iDoseTR (travoprost implant)) may not be approved for the following:

- I. Repeat administration in the same eye; **OR**
- II. Active or suspected ocular or periocular infections; **OR**
- III. Corneal endothelial cell dystrophy (for example, Fuchs' Dystrophy); **OR**

- IV. Prior corneal transplantation, or endothelial cell transplants (for example, Descemet's Stripping Automated Endothelial Keratoplasty [DSAEK]); **OR**
- V. Absent or ruptured posterior lens capsule; **OR**
- VI. When the above criteria are not met and for all other indications.

Quantity Limits

iDoseTR (travoprost implant) Quantity Limits

Drug	Limit
iDoseTR (travoprost implant) 75 mcg single-use applicator	2 applicators (75 mcg) per lifetime

Coding

The following codes for treatments and procedures applicable to this document are included below for informational purposes. Inclusion or exclusion of a procedure, diagnosis or device code(s) does not constitute or imply member coverage or provider reimbursement policy. Please refer to the member's contract benefits in effect at the time of service to determine coverage or non-coverage of these services as it applies to an individual member.

HCPCS

J7355 Injection, travoprost, intracameral implant, 1 microgram [iDoseTR]

ICD-10 Diagnosis

H40.051-H40.059 Ocular Hypertension
H40.10X0-H40.10X4 Unspecified open-angle glaucoma
H40.1110-H40.1114 Primary open-angle glaucoma, right eye
H40.1120-H40.1124 Primary open-angle glaucoma, left eye
H40.1130-H40.1134 Primary open-angle glaucoma, bilateral
H40.1190-H40.1194 Primary open-angle glaucoma, unspecified eye

Document History

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Document History:

- 06/10/2024 – Annual Review: No changes. Coding Reviewed: Removed HCPCS J3490, J3590. Added HCPCS J7355. Added ICD-10-CM H40.051-H40.059, H40.10X0-H40.10X4, H40.1110-H40.1114, H40.1120-H40.1124, H40.1130-H40.1134, H40.1190-H40.1194.
- 02/23/2024 – Select Review: Add new clinical criteria document for iDose TR (travoprost implant). Coding Reviewed: J3490, J3590. All diagnosis pend.

References

- American Academy of Ophthalmology Preferred Practice Pattern Glaucoma Panel, Hoskins Center for Quality Eye Care. Primary Open-Angle Glaucoma 2020. Available at <https://www.aao.org/preferred-practice-pattern/primary-open-angle-glaucoma-suspect-ppp-2020>.
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- DrugPoints® System [electronic version]. Truven Health Analytics, Greenwood Village, CO. Updated periodically.
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