Drug Coverage Policy

Effective Date.....04/01/2026
Coverage Policy Number.....IP0619
Policy Title.....iDose TR

Ophthalmology – iDose TR

- iDose® TR (travoprost implant, for intracameral administration – Glaukos)

INSTRUCTIONS FOR USE

The following Coverage Policy applies to health benefit plans administered by Cigna Companies. Certain Cigna Companies and/or lines of business only provide utilization review services to clients and do not make coverage determinations. References to standard benefit plan language and coverage determinations do not apply to those clients. Coverage Policies are intended to provide guidance in interpreting certain standard benefit plans administered by Cigna Companies. Please note, the terms of a customer's particular benefit plan document [Group Service Agreement, Evidence of Coverage, Certificate of Coverage, Summary Plan Description (SPD) or similar plan document] may differ significantly from the standard benefit plans upon which these Coverage Policies are based. For example, a customer's benefit plan document may contain a specific exclusion related to a topic addressed in a Coverage Policy. In the event of a conflict, a customer's benefit plan document always supersedes the information in the Coverage Policies. In the absence of a controlling federal or state coverage mandate, benefits are ultimately determined by the terms of the applicable benefit plan document. Coverage determinations in each specific instance require consideration of 1) the terms of the applicable benefit plan document in effect on the date of service; 2) any applicable laws/regulations; 3) any relevant collateral source materials including Coverage Policies and; 4) the specific facts of the particular situation. Each coverage request should be reviewed on its own merits. Medical directors are expected to exercise clinical judgment where appropriate and have discretion in making individual coverage determinations. Where coverage for care or services does not depend on specific circumstances, reimbursement will only be provided if a requested service(s) is submitted in accordance with the relevant criteria outlined in the applicable Coverage Policy, including covered diagnosis and/or procedure code(s). Reimbursement is not allowed for services when billed for conditions or diagnoses that are not covered under this Coverage Policy (see "Coding Information" below). When billing, providers must use the most appropriate codes as of the effective date of the submission. Claims submitted for services that are not accompanied by covered code(s) under the applicable Coverage Policy will be denied as not covered. Coverage Policies relate exclusively to the administration of health benefit plans. Coverage Policies are not recommendations for treatment and should never be used as treatment guidelines. In certain markets, delegated vendor guidelines may be used to support medical necessity and other coverage determinations.

OVERVIEW

iDose TR, a prostaglandin analog, is indicated for the reduction of intraocular pressure (IOP) in **open-angle glaucoma** or **ocular hypertension**.[1]

Disease Overview
Glaucoma, a disease that damages the eye's optic nerve, is the leading cause of blindness in people > 60 years of age.[2] Reduction of IOP, regardless of the pretreatment IOP, reduces the risk of disease progression.[3] In addition, IOP reduction may prevent the onset of early glaucoma in patients with ocular hypertension.

Ophthalmic prostaglandins (e.g., bimatoprost, latanoprost), beta-blockers (e.g., levobunolol, timolol), alpha-agonist (brimonidine), carbonic anhydrase inhibitors (brinzolamide, dorzolamide), rho kinase inhibitor (netarsudil), and fixed combination products are used to treat glaucoma.[3] The choice of product is influenced by potential cost, adverse event profile, dosing schedule, and the degree of pressure lowering needed.

Dosing Considerations
iDose TR is a travoprost delivery system consisting of a travoprost releasing implant pre-loaded in a sterile, single-dose inserter.[1] Each implant contains 75 mcg travoprost. iDose TR is administered intracamerally through a small, clear corneal incision and is anchored into the sclera at the iridocorneal angle. It is not recommended to readminister an iDose TR implant more than once per year.

Coverage Policy

Policy Statement
Prior Authorization is required for benefit coverage of iDose TR. Approval is recommended for those who meet the **Criteria** and **Dosing** for the listed indications. Requests for doses outside of the established dosing documented in this policy will be considered on a case-by-case basis by a clinician (i.e., Medical Director or Pharmacist). All approvals are provided for one implant per treated eye (i.e., one implant per treated eye; maximum of two implants per patient). Note that a 3-month (90 days) approval duration is applied to allow for the one-time treatment of one or both eye(s). Because of the specialized skills required for evaluation and diagnosis of patients treated with iDose TR as well as the monitoring required for adverse events and long-term efficacy, approval requires iDose TR to be prescribed by or in consultation with a physician who specializes in the condition being treated.

iDose TR is considered medically necessary when ONE of the following is met (1 or 2):

FDA-Approved Indications

1. **Ocular Hypertension.** Approve one implant per affected eye(s) if the patient meets ALL of the following (A, B, C, and D):
   - **A)** Patient is ≥ 18 years of age; AND
   - **B)** Patient meets BOTH of the following criteria (i and ii):
     - **i.** Patient has tried at least two ophthalmic prostaglandins (either as monotherapy or as concomitant therapy) for the treatment of open-angle glaucoma or ocular hypertension; AND
       Note: Examples of ophthalmic prostaglandins include bimatoprost 0.03% ophthalmic solution, latanoprost 0.005% ophthalmic solution, travoprost 0.004% ophthalmic solution; Lumigan (bimatoprost 0.01% ophthalmic solution), Vyzulta (latanoprostene bunod 0.024% ophthalmic solution), Xelpros (latanoprost 0.005% ophthalmic

emulsion), tafluprost 0.0015% ophthalmic solution, Iyuzeh (latanoprost 0.005% ophthalmic solution), and Omlonti (omidenepag isopropyl 0.002% ophthalmic solution).

ii. Patient has tried at least two other ophthalmic products (either as monotherapy or as concomitant therapy) from two different pharmacological classes for the treatment of open-angle glaucoma or ocular hypertension; AND
Note: Examples of pharmacological classes of ophthalmic products for the treatment of open-angle glaucoma or ocular hypertension include beta-blockers, alpha-agonist (brimonidine), carbonic anhydrase inhibitors, and rho kinase inhibitor (netarsudil).

C) For each of the ophthalmic medications that were tried, the patient meets ONE of the following (i or ii):

i. According to the prescriber, patient has had inadequate efficacy to the previously tried ophthalmic products; OR

ii. According to the prescriber, patient has experienced adverse event(s) severe enough to warrant discontinuation of the previously tried ophthalmic products; AND

D) The medication is administered by or under the supervision of an ophthalmologist.

Dosing. Approve up to one iDose TR implant per treated eye(s) [two implants per patient].

2. **Open-Angle Glaucoma.** Approve one implant per affected eye(s) if the patient meets ALL of the following (A, B, C, and D):

A. Patient is ≥ 18 years of age; AND

B. Patient meets BOTH of the following criteria (i and ii):

i. Patient has tried at least two ophthalmic prostaglandins (either as monotherapy or as concomitant therapy) for the treatment of open-angle glaucoma or ocular hypertension; AND
Note: Examples of ophthalmic prostaglandins include bimatoprost 0.03% ophthalmic solution, latanoprost 0.005% ophthalmic solution, travoprost 0.004% ophthalmic solution; Lumigan (bimatoprost 0.01% ophthalmic solution), Vyzulta (latanoprostene bunod 0.024% ophthalmic solution), Xelpros (latanoprost 0.005% ophthalmic emulsion), tafluprost 0.0015% ophthalmic solution, Iyuzeh (latanoprost 0.005% ophthalmic solution), and Omlonti (omidenepag isopropyl 0.002% ophthalmic solution).

ii. Patient has tried at least two other ophthalmic products (either as monotherapy or as concomitant therapy) from two different pharmacological classes for the treatment of open-angle glaucoma or ocular hypertension; AND
Note: Examples of pharmacological classes of ophthalmic products for the treatment of open-angle glaucoma or ocular hypertension include beta-blockers, alpha-agonist (brimonidine), carbonic anhydrase inhibitors, and rho kinase inhibitor (netarsudil).

C. For each of the ophthalmic medications that were tried, the patient meets ONE of the following (i or ii):

i. According to the prescriber, patient has had inadequate efficacy to the previously tried ophthalmic products; OR

ii. According to the prescriber, patient has experienced adverse event(s) severe enough to warrant discontinuation of the previously tried ophthalmic products; AND

D. The medication is administered by or under the supervision of an ophthalmologist.

Dosing. Approve up to one iDose TR implant per treated eye(s) [two implants per patient].

Conditions Not Covered

iDose TR for any other use is considered not medically necessary, including the following (this list may not be all inclusive; criteria will be updated as new published data are available):

1. **Re-Treatment of Previously Treated Eye(s) Within the Past 1 Year.** It is not recommended to readminister iDose TR more than once per year.[1]

2. **Concurrent use of iDose TR with Durysta (bimatoprost intracameral implant).** Durysta is another intracameral prostaglandin analog implant and should not be used with iDose TR. [4]

Coding Information

Note: 1) This list of codes may not be all-inclusive.
2) Deleted codes and codes which are not effective at the time the service is rendered may not be eligible for reimbursement.

Considered Medically Necessary when criteria in the applicable policy statements listed above are met:

HCPCS Codes	Description
J7355	Injection, travoprost, intracameral implant, 1 mcg

References

1. iDose® TR intracameral implant [prescribing information]. San Clemente, CA: Glaukos; January 2026.
2. Goyal A. Understanding glaucoma: symptoms, causes, diagnosis, treatment. Available at: https://www.aao.org/eye-health/diseases/what-is-glaucoma. Published January 5, 2026. Accessed on February 19, 2026
3. Gedde SJ, Vinod K, Wright MW, et al. The American Academy of Ophthalmology. Primary Open-Angle Glaucoma Preferred Practice Pattern.® 2020 Available at: https://www.aaojournal.org/article/S0161-6420(20)31024-1/fulltext. Accessed on February 19, 2026.
4. Durysta® [prescribing information]. North Chicago, IL: AbbVie; October 2024.

Revision Details

Type of Revision	Summary of Changes	Date
New	New policy	06/01/2024
Annual Revision	No criteria changes.	05/01/2025
Annual Revision	**Policy Statement:** Approval duration was changed from 1 month (30 days) to 3 months (90 days). **Ocular Hypertension.** The statement "Approve for a one-time use in each treated eye (i.e., one implant per treated eye; a total of two implants per	04/01/2026

	patient)" was changed to "Approve one implant per affected eye(s)". The requirement that patient is not receiving retreatment of eyes previously treated with iDose TR was removed. **Open-Angle Glaucoma.** The statement "Approve for a one-time use in each treated eye (i.e., one implant per treated eye; a total of two implants per patient)" was changed to "Approve one implant per affected eye(s)". The requirement that patient is not receiving retreatment of eyes previously treated with iDose TR was removed. **Conditions Not Recommended for Approval.** The condition "Retreatment of previously treated eye(s)" was revised to "Retreatment of previously treated eye(s) within the past 1 year".	

The policy effective date is in force until updated or retired.