POLICY: Ophthalmology – iDose TR Utilization Management Medical Policy

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

EFFECTIVE DATE: 5/15/2024
LAST REVISION DATE: 02/12/2025

COVERAGE CRITERIA FOR: All Aspirus Medicare Plans

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, beta-blockers, alpha-agonist (brimonidine), carbonic anhydrase inhibitors, 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. iDose TR should not be re-administered to an eye that received a prior iDose TR.

POLICY STATEMENT

Prior Authorization is recommended for medical 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 1-month (30 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.

Automation: None.

RECOMMENDED AUTHORIZATION CRITERIA

Coverage of iDose TR is recommended in those who meet one of the following criteria:

FDA-Approved Indications

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1. **Ocular Hypertension.** Approve for a one-time use in each treated eye (i.e., one implant per treated eye; a total of two implants per patient) if the patient meets ALL of the following (A, B, C, D, and E):
   - **A)** Patient is ≥ 18 years of age; AND
   - **B)** Patient is not receiving re-treatment of eye(s) previously treated with iDose TR; AND
   - **C)** Patient meets BOTH of the following (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).
   - **D)** 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

E) 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].

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2. **Open-Angle Glaucoma.** Approve for a one-time use in each treated eye (i.e., one implant per treated eye; a total of two implants per patient) if the patient meets ALL of the following (A, B, C, D, and E):
   A) Patient is ≥ 18 years of age; AND
   B) Patient is not receiving re-treatment of eye(s) previously treated with iDose TR; AND
   C) Patient meets BOTH of the following (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).
   D) 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
   E) 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 RECOMMENDED FOR APPROVAL

Coverage of iDose TR is not recommended in the following situations:

1. **Re-Treatment of Previously-Treated Eye(s).** iDose TR is approved for a one-time use in each treated eye.[1] Repeat administration in previously treated eye(s) is not approvable.

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

3. Coverage is not recommended for circumstances not listed in the Recommended Authorization Criteria. Criteria will be updated as new published data are available.

REFERENCES

1. iDose® TR intracameral implant [prescribing information]. San Clemente, CA: Glaukos; December 2023.
2. Boyd K. Glaucoma. Available at: https://www.aao.org/eye-health/diseases/what-is-glaucoma. Last reviewed, December 4, 2023. Accessed on February 3, 2025.
3. Gedde SJ, Vinod K, Wright MW, et al. Primary open-angle glaucoma Preferred Practice Pattern® guidelines. The American Academy of Ophthalmology. 2020. Available at: at: https://www.aao.org/education/preferred-practice-pattern/primary-open-angle-glaucoma-ppp. Accessed on February 3, 2025.
4. Durysta® [prescribing information]. North Chicago, IL: AbbVie; October 2024.

HISTORY

Type of Revision	Summary of Changes	Review Date
New Policy		02/14/2024
Aspirus P&T Review	Policy reviewed and approved by Aspirus P&T committee. Annual review process	09/16/2024
Annual revision	No criteria changes.	02/12/2025