

iDose TR (travoprost)
Effective 10/01/2024

Plan	<input type="checkbox"/> MassHealth UPPL <input checked="" type="checkbox"/> Commercial/Exchange	Program Type	<input checked="" type="checkbox"/> Prior Authorization <input type="checkbox"/> Quantity Limit <input type="checkbox"/> Step Therapy
Benefit	<input type="checkbox"/> Pharmacy Benefit <input checked="" type="checkbox"/> Medical Benefit		
Specialty Limitations	N/A		
Contact Information	Medical and Specialty Medications		
	All Plans	Phone: 877-519-1908	Fax: 855-540-3693
Exceptions	Non-Specialty Medications		
	All Plans	Phone: 800-711-4555	Fax: 844-403-1029

Overview

iDose TR (travoprost intracameral implant) is a prostaglandin analog indicated for the reduction of intraocular pressure (IOP) in patients with open-angle glaucoma (OAG) or ocular hypertension (OHT).

Coverage Guidelines

Authorization may be granted for members when all the following criteria are met, and documentation is provided:

1. Member has one of the following diagnoses:
 - a. Open-angle glaucoma (OAG)
 - b. Ocular hypertension (OHT)
2. Member is 18 years of age or older
3. Member has had an inadequate response or adverse reaction to at least two ophthalmic prostaglandins (e.g., bimatoprost, latanoprost, tafluprost, travoprost) or clinical rationale why the member cannot administer ophthalmic prostaglandins
4. Member has not previously received an iDose TR implant in the eye being treated
5. iDose TR is prescribed by or in consultation with an ophthalmologist

Limitations

1. Members are limited to one implant of iDose TR per eye per lifetime
2. Approvals will be authorized for 3 months.
3. iDose TR will be not approved for concurrent treatment with Durysta (bimatoprost intracameral implant).

References

1. iDose TR (travoprost intracameral implant) [prescribing information]. San Clemente, CA: Glaukos Corp; December 2023.

Review History

08/14/2024 – Reviewed at August P&T. Effective 10/01/2024.

