

Glaucoma Agents
Idose TR (travoprost intracameral implant)
Effective 11/12/2024

Plan	<input checked="" type="checkbox"/> MassHealth UPPL <input 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
	Non-Specialty Medications		
	All Plans	Phone: 800-711-4555	Fax: 844-403-1029
Exceptions	N/A		
Notes	Additional agents from this class are available through the pharmacy benefit. Please see the MassHealth Drug List for coverage and criteria.		

Overview

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

Coverage Guidelines

Authorization may be reviewed on a case by case basis for members who are new to the plan currently receiving treatment with requested medication excluding when the product is obtained as samples or via manufacturer’s patient assistance programs.

OR

Authorization may be granted for members when all the following criteria are met:

1. Diagnosis of **ONE** of the following:
 - a. Open-angle glaucoma
 - b. Ocular hypertension
2. **ONE** of the following:
 - a. Inadequate response or adverse reaction to Travatan Z (travoprost 0.004% ophthalmic solution)
 - b. Medical necessity for the use of an implantable formulation as noted by **ONE** of the following:
 - i. Limited dexterity
 - ii. Visual impairment
 - iii. Intellectual disability
3. Affected eye(s) have not previously been treated with Idose TR (travoprost intracameral implant)

Continuation of Therapy

Recertification may only be granted if the prescriber documents it is for use in the previously untreated eye.

Limitations

1. Approvals may only be approved for up to one implant per eye per lifetime with a duration of up to 1 year.

References

1. iDose® TR (travoprost intracameral implant) [package insert]. San Clemente (CA): Glaukos Corp. 2023 Dec

Review History

10/9/24 – Created for P&T. New drug, iDose TR (travoprost intracameral implant), was added to criteria and available through medical benefit only. Effective 11/12/24

