Mass General Brigham
Health Plan

Glaucoma Agents
Idose TR (travoprost intracameral implant)
Effective 01/04/2027

Plan	☒ MassHealth UPPL ☐Commercial/Exchange	**Program Type**	☒ Prior Authorization ☐ Quantity Limit ☐ Step Therapy
Benefit	☐ Pharmacy Benefit ☒ Medical Benefit		
Specialty Limitations	N/A		
Contact Information	**Medical Benefit** **Pharmacy Benefit**	Phone: 833-895-2611 Phone: 800-711-4555	Fax: 888-656-6671 Fax: 844-403-1029
Exceptions	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 elevated intraocular pressure (IOP) in adults (ocular implant, ocular solution) and pediatric patients ≥ 16 years of age (ocular solution) with open-angle glaucoma (OAG) or ocular hypertension (OHT).

Coverage Guidelines

If member is new to the plan (as evidenced by coverage effective date of less than or equal to 90 days), submission of medical records documenting that the member is currently receiving treatment with the requested drug, excluding when the product is obtained as samples or via manufacturer's patient assistance programs

OR

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

1. Diagnosis of **ONE** of the following:
    a. Open-angle glaucoma
    b. Ocular hypertension
2. Appropriate dosing with documentation of specific eye(s) to be treated
3. Member is ≥18 years of age
4. Prescriber is an ophthalmologist
5. **ONE** of the following:
    a. Inadequate response or adverse reaction to combination with THREE of the following topical products:
        i. Carbonic Anhydrase Inhibitor (e.g., dorolamide)
        ii. Ophthalmic alpha-2 adrenergic agonist (e.g., brimonidine)
        iii. Ophthalmic beta-blocker
        iv. Parasympathomimetic (e.g., pilocarpine)
        v. Prostaglandin analog
        vi. Rhopressa (netarsudil)
    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

6. Clinical rationale for use of the requested agent instead of Durysta
   Baseline central corneal endothelial cell density value is provided and is above the minimum density threshold based on phakic or pseudophakic eye(s)

Continuation of Therapy

Recertification can be issued for another iDose TR (travoprost intracameral implant) if the prescriber provides documentation of **ALL** of the following:

1. Appropriate dosing with documentation of specific eye(s) to be treated
2. Previous iDose TR was implanted in target eye(s) >365 days ago
3. **ONE** of the following:
    a. **ONE** of the following:
        i. Current implant for <3 years AND clinical rationale why the iDose TR cannot be supplemented by a topical product
        ii. Medical necessity for the use of an implantable formulation as noted by **ONE** of the following:
            1. Limited dexterity
            2. Visual impairment
            3. Intellectual disability
    b. iDose TR has been implanted for ≥3 years and is no longer effective
4. **BOTH** of the following
    a. Baseline central corneal endothelial cell density based on phakic or pseudophakic eye(s)
    b. Central corneal endothelial cell loss is <10% from pre-administration baseline
5. Members current endothelial cell density threshold is above the minimum recommended based on phakic or pseudophakic eye(s)
6. No history of prior iDose TR device dislocation

Limitations

1. Initial approvals and reauthorizations are granted for 3 months.

References

1. iDose® TR (travoprost intracameral implant) [package insert]. San Clemente (CA): Glaukos Corp. 2023 Dec
2. Jacobs DS. Open-angle glaucoma: Epidemiology, clinical presentation, and diagnosis. UpToDate [database on the internet]. Waltham (MA): UpToDate; 2024 [cited 2025 Jul 3]. Available from: http://www.utdol.com/utd/index.do.
3. Gedde SJ, Vinod K, Wright MM, Muir KW, Lind JT, Chen PP, et al. Primary Open-Angle Glaucoma Suspect Preferred Practice Pattern® Guidelines. Ophthalmology. 2025 Nov; 128(1):P1-101.
4. Wallace DK, Flaxel CJ, Gedde SJ, Jacobs DS, Kopplin L, Lee BS, et al. Primary Open-Angle Glaucoma Preferred Practice Pattern® Guidelines. Ophthalmology. 2016 Jan;123(1):P41-P111.
5. Jacobs DS. Open-angle glaucoma: Treatment. UpToDate [database on the internet]. Waltham (MA): UpToDate; 2024 [cited 2025 Jul 3]. Available from: http://www.utdol.com/utd/index.do.
6. National Institute for Health and Clinical Excellence (NICE): Clinical Guidelines. Glaucoma: diagnosis and management of chronic open angle glaucoma and ocular hypertension [guideline on the internet].

London, England: National Institute of health and Clinical Excellence; 2022 Jan [cited 2025 Jul 3]. Available from: https://www.nice.org.uk/guidance/ng81.
7. American Optometric Association. Optometric Clinical Practice Guideline. Care of the Patient with Open Angle Glaucoma. 2010 [cited 2015 Oct 19]. Available from: http://www.aoa.org/documents/optometrists/CPG-9.pdf.

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

11/4/26 – Reviewed and updated for P&T. Updated references. Updated criteria following updated labeling that allows re-administration. Effective 1/4/27