

Division: Pharmacy Policy	Subject: Prior Authorization Criteria
Original Development Date: Original Effective Date: Revision Date:	August 19, 2024

iDose[®] TR (travoprost intracameral implant)

LENGTH OF AUTHORIZATION: One implant (in each eye) per lifetime

REVIEW CRITERIA:

- Patient must be \geq 18 years of age.
- Patient must have a documented diagnosis of open-angle glaucoma or ocular hypertension.
- Patient has had an inadequate response, intolerance, or contraindication to the following (*clinical documentation demonstrating failure to previous therapies must be provided*):
 - At least two preferred ophthalmic prostaglandins (e.g., latanoprost, Rocklatan[®], Travatant[®]); **AND**
 - Ophthalmic agents from each of the therapeutic classes listed below:
 - Beta blockers (e.g., carteolol, levobunolol, timolol)
 - Alpha-agonists/combination products (e.g, brimonidine, Combigan[®])
 - Carbonic anhydrase inhibitor/beta blocker (e.g., dorzolamide-timolol)
 - Rho kinase inhibitor (e.g., Rhopressa[®]).
- Patient does not have any of the following:
 - Prior corneal or endothelial cell transplants;
 - Active or suspected ocular/periorcular infection or corneal endothelial cell dystrophy;
 - Absent or ruptured posterior lens capsule;
 - Any eye/laser surgeries within the past 6 months in the affected eye(s).
- Medication must be prescribed by an ophthalmologist.

DOSING AND ADMINISTRATION:

- Refer to product labeling at <https://www.accessdata.fda.gov/scripts/cder/daf/>
- Available as an intracameral implant containing 75 mcg of travoprost, pre-loaded in a single-dose inserter.