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 ≥ 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/periocular 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.