



Travoprost Drug-eluting Ocular Implants for the Treatment of Glaucoma

Published: 09/01/2025

Next Review: 04/2026

Last Review: 04/2025

Medicare Link(s) Revised: N/A

IMPORTANT REMINDER

The Medicare Advantage Medical Policy manual is not intended to override the member Evidence of Coverage (EOC), which defines the insured's benefits, nor is it intended to dictate how providers are to practice medicine. Physicians and other health care providers are expected to exercise their medical judgment in providing the most appropriate care for the individual member, including care that may be both medically reasonable and necessary.

The Medicare Advantage medical policies are designed to provide guidance regarding the decision-making process for the coverage or non-coverage of services or procedures in accordance with the member EOC and Centers of Medicare and Medicaid Services (CMS) policies and manuals, along with general CMS rules and regulations. In the event of a conflict, applicable CMS policy or EOC language will take precedence over the Medicare Advantage Medical Policy. In the absence of a specific CMS coverage determination for a requested service, item or procedure, the health plan may apply CMS regulations, as well as their Medical Policy Manual or other applicable utilization management vendor criteria developed with an objective, evidence-based process using scientific evidence, current generally accepted standards of medical practice, and authoritative clinical practice guidelines.

Some services or items may appear to be medically indicated for an individual, but may be a direct exclusion of Medicare or the member's benefit plan. Medicare and member EOCs exclude from coverage, among other things, services or procedures considered to be investigational (experimental) or cosmetic, as well as services or items considered not medically reasonable and necessary under Title XVIII of the Social Security Act, §1862(a)(1)(A). In some cases, providers may bill members for these non-covered services or procedures. Providers are encouraged to inform members in advance when they may be financially responsible for the cost of non-covered or excluded services. Members, their appointed representative, or a treating provider can request coverage of a service or item by submitting a pre-service organization determination prior to services being rendered.

DESCRIPTION

The iDoseTR is a sustained-release drug (travoprost) eluting ocular implant which is inserted intracamerally and releases medication over a prolonged period of time for the treatment of open angle glaucoma or ocular hypertension.

MEDICARE ADVANTAGE POLICY CRITERIA

Note: This policy does not address ocular inserts such as drug eluting rings, punctual plugs or contact lenses.

CMS Coverage Manuals*	None
National Coverage Determinations (NCDs)*	None
Noridian Healthcare Solutions (Noridian) Local Coverage Determinations (LCDs) and Articles*	None
Medical Policy Manual	<i>Medicare coverage guidance is not available for travoprost drug eluting implants such as the iDose®TR (0660T, 0661T, J7355) for the treatment of open angle glaucoma or ocular hypertension. Therefore, the health plan's medical policy is applicable.</i>

Travoprost Drug-eluting Ocular Implants (e.g., iDoseTR) for the Treatment of Glaucoma, Sugery, [Policy No. 237](#) (see *"NOTE" below*).

NOTE: If a procedure or device lacks scientific evidence regarding safety and efficacy because it is investigational or experimental, the service is noncovered as not reasonable and necessary to treat illness or injury. ([Medicare IOM Pub. No. 100-04, Ch. 23, §30 A](#)). According to Title XVIII of the Social Security Act, §1862(a)(1)(A), only medically reasonable and necessary services are covered by Medicare. In the absence of a NCD, LCD, or other coverage guideline, CMS guidelines allow a Medicare Advantage Organization (MAO) to make coverage determinations, applying an **objective, evidence-based process, based on authoritative evidence**. ([Medicare IOM Pub. No. 100-16, Ch. 4, §90.5](#)). The Medicare Advantage Medical Policy - Medicine Policy No. M-149 - provides further details regarding the plan's evidence-assessment process (see Cross References).

POLICY GUIDELINES

REGULATORY STATUS

The iDose®TR (Glaukos) was granted a New Drug Application (NDA) approval from the FDA in December 2023 (NDA# 218010). The iDose TR is indicated for the reduction of intraocular pressure (IOP) in patients with open-angle glaucoma (OAG) or ocular hypertension (OHT). The iDose®TR contains 75 mcg of travoprost pre-loaded in a single-dose inserter which is administered intracamerally through a small, clear corneal incision and is anchored into the sclera at the iridocorneal angle. The iDose®TR should not be readministered to an eye that received a prior iDose®TR. The iDose®TR (travoprost intracameral implant) is contraindicated in patients with

- active or suspected ocular or periocular infections.
- corneal Endothelial Dystrophy (e.g., Fuch's Dystrophy, corneal guttatae).
- prior corneal transplantation, or endothelial cell transplants (e.g., Descemet's Stripping Automated Endothelial Keratoplasty [DSAEK]).
- with hypersensitivity to travoprost or to any other components of the product.

Note, the fact a new service or procedure has been issued a CPT/HCPCS code or is FDA approved for a specific indication does not, in itself, make the procedure medically reasonable and necessary. The FDA determines safety and effectiveness of a device or drug, but does not establish medical necessity. While Medicare may adopt FDA determinations regarding safety and effectiveness, Medicare or Medicare contractors evaluate whether or not the drug or device is reasonable and necessary for the Medicare population under §1862(a)(1)(A).

CROSS REFERENCES

[Investigational \(Experimental\) Services, New and Emerging Medical Technologies and Procedures, and Other Non-Covered Services](#), Medicine, Policy No. M-149

[Micro-Invasive Glaucoma Surgery \(MIGS\) and Laser Trabeculectomy and Trabeculostomy](#), Surgery, Policy No. M-227

REFERENCES

None

CODING

Codes	Number	Description
CPT	0660T	Implantation of anterior segment intraocular nonbiodegradable drug-eluting system, internal approach
	0661T	Removal and reimplantation of anterior segment intraocular nonbiodegradable drug eluting implant
HCPCS	J7355	Injection, travoprost, intracameral implant, 1 mcg

***IMPORTANT NOTE:** Medicare Advantage medical policies use the most current Medicare references available at the time the policy was developed. Links to Medicare references will take viewers to external websites outside of the health plan's web control as these sites are not maintained by the health plan.