

# Travoprost intracameral Implant (IDOSE TR)

## Criteria for Use

August 2024

VA Pharmacy Benefits Management Services and National Formulary Committee

*The following recommendations are based on medical evidence, clinician input, and expert opinion. The content of the document is dynamic and will be revised as new information becomes available. The purpose of this document is to assist practitioners in clinical decision-making, to standardize and improve the quality of patient care, and to promote cost-effective drug prescribing. THE CLINICIAN SHOULD USE THIS GUIDANCE AND INTERPRET IT IN THE CLINICAL CONTEXT OF THE INDIVIDUAL PATIENT. INDIVIDUAL CASES THAT ARE EXCEPTIONS TO THE EXCLUSION AND INCLUSION CRITERIA SHOULD BE ADJUDICATED AT THE LOCAL FACILITY ACCORDING TO THE POLICY AND PROCEDURES OF ITS P&T COMMITTEE AND PHARMACY SERVICES.*

The Product Information should be consulted for detailed prescribing information.

See the VA National Formulary Committee Monograph on this drug at the [PBM INTRAnet](#) site for further information.

### Exclusion Criteria

If the answer to ANY item below is met, then the patient should NOT receive travoprost implant.

- Ocular or periocular infection
- Corneal endothelial dystrophy
- Prior corneal transplant
- Prior treatment with travoprost implant in affected eye
- Active intraocular inflammation

### Inclusion Criteria

All of the following criteria must be met.

- Provider is a VA/VA Community Care ophthalmologist
- Diagnosis of open-angle glaucoma or ocular hypertension
- Unable to use at least ONE topical agent from each of the drug classes OR is using a topical agent and requires additional intraocular pressure lowering, but is unable to use at least ONE topical agent from the remaining drug classes<sup>1, 2</sup>
- Among the agents tried, at least TWO were preservative-free or contained a non-benzalkonium chloride preservative <sup>3</sup>
- Laser trabeculoplasty is contraindicated or has not had adequate response to prior laser treatment

1. Reasons include inadequate response, intolerable side effect(s), contraindication(s), severe ocular surface disease, inability to administer eye drops (e.g., mental or physical conditions, unstable housing), or rationale supporting clinical inappropriateness
2. Examples include: beta-blockers (timolol, betaxolol), alpha-agonist (brimonidine), carbonic anhydrase inhibitors (dorzolamide, brinzolamide), rho kinase inhibitor (netarsudil), prostaglandin analogues (latanoprost, tafluprost, bimatoprost, latanoprostene bunod)
3. Patients may have intolerance or allergies to preservatives and not the drug itself. The following are available preservative-free (tafluprost [PF generic available], latanoprost [Iyuzeh], timolol [Timoptic Occudose]); the following contain a non-BAK preservative (brimonidine [Alphagan P], dorzolamide/timolol [Cosopt PF], latanoprost [Xelpros], travoprost [Travatan Z])

Note: Providers need to be aware that iDose TR is Magnetic Resonance Imaging (MRI) Conditional. Patients should be informed that the implant is MR Conditional (as noted on their Patient ID card). If the patient requires MRI, they should inform their healthcare provider that they have an iDose TR implanted in their eye. Please refer to the product labeling for the conditions under which scanning can be done safely. Failure to follow these conditions may result in injury to the patient

### Other Justification

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