

PA Criteria	Criteria Details						
<b>Covered Uses (FDA approved indication)</b>	iDose TR is a prostaglandin analog indicated for the reduction of intraocular pressure (IOP) in patients with open-angle glaucoma (OAG) or ocular hypertension (OHT).						
<b>Exclusion Criteria</b>	The requested eye for treatment must not have received prior treatment with IDOSE TR.						
<b>Required Medical Information</b>	Medical records supporting the request must be provided; AND Patient has open angle glaucoma or ocular hypertension.						
<b>Age Restriction</b>	None.						
<b>Prescriber Restrictions</b>	None.						
<b>Coverage Duration</b>	One-time administration as indicated per the FDA-approved labeling or within accepted standards of medical practice.						
<b>Other Criteria/Information</b>	Refer to the Gold Coast Health Plan Medicare Part B Reference and Summary of Evidence document. <table border="1" data-bbox="496 898 1511 1045"> <thead> <tr> <th>HCPCS</th> <th>Description</th> <th>Billing Units/How Supplied</th> </tr> </thead> <tbody> <tr> <td>J7355</td> <td>iDose TR (travoprost intracameral implant)</td> <td><b>Billing unit: 1 mcg</b>  75 mcg per each</td> </tr> </tbody> </table>	HCPCS	Description	Billing Units/How Supplied	J7355	iDose TR (travoprost intracameral implant)	<b>Billing unit: 1 mcg</b>  75 mcg per each
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STATUS	DATE REVISED	REVIEW DATE	APPROVED/REVIEWED BY	EFFECTIVE DATE
Created	3/26/2025	3/26/2025	Dawn Shojai, PharmD, Senior Pharmacy Benefit Consultant (PSG)	N/A
Approved	N/A	8/21/2025	Pharmacy & Therapeutics (P&T) Committee	8/21/2025