Medical Coverage Policy | Implantation of Anterior Segment Intraocular Nonbiodegradable Drug-Eluting System

EFFECTIVE DATE: 4|01|2026
POLICY LAST REVIEWED: 1|21|2026

OVERVIEW
Patient's poor adherence to topical eye medication for the treatment of glaucoma has led to the development of various drug-eluting devices. One such device is the anterior segment intraocular nonbiodegradable drug-eluting system.

MEDICAL CRITERIA
Not applicable

PRIOR AUTHORIZATION
Not applicable

POLICY STATEMENT
Medicare Advantage Plans and Commercial Products
Implantation of anterior segment intraocular non-biodegradable drug eluting system is covered.

COVERAGE
Benefits may vary between groups/contracts. Please refer to the Benefit Booklet, Evidence of Coverage or Subscriber Agreement for applicable not medically necessary/not covered benefits/coverage.

BACKGROUND
Drug-eluting devices are in development to combat low patient adherence with medications since many eye drops require multiple doses daily. These types of devices are implanted or inserted into the eye temporarily and purportedly release a steady dose of medication until they are removed, dissolve or are washed out via the tear duct.

The procedure to implant the anterior segment intraocular non-biodegradable drug eluting system is performed from an internal approach. The implant is anchored through the trabecular meshwork into the sclera that elutes the drug over an extended period to lower intraocular pressure.

Per the manufacturer, Glaukos, iDose TR® is a sustained release micro-invasive intracameral implant indicated for the reduction of intraocular pressure in patients with open angle glaucoma or ocular hypertension. It is designed to continuously deliver therapeutic levels of a proprietary preservative-free formulation of travoprost, a prostaglandin analog from within the eye for extended periods of time. It was FDA approved under 505(b)(2) New Drug Application on December 13, 2023.

CODING
Medicare Advantage Plans and Commercial Products
The following codes are covered for Medicare Advantage Plans and medically necessary for Commercial Products:
0660T Implantation of anterior segment intraocular nonbiodegradable drug-eluting system, internal approach
J7355 Injection, travoprost, intracameral implant, 1 microgram

RELATED POLICIES
Removal of Implantable Devices

PUBLISHED

Provider Update, March 2026
Provider Update, August 2024

REFERENCES

1. American Academy of Ophthalmology (AAO). American Academy of Ophthalmology and American Glaucoma Society Glaucoma ICD-10-CM quick reference guide. https://www.aao.org. Published February 2015. Updated June 2019.
2. American Academy of Ophthalmology (AAO). Ophthalmic Technology Assessment. Novel glaucoma procedures. https://www.aao.org. Published July 2011.
3. American Academy of Ophthalmology (AAO). Ophthalmic Technology Assessment. Pediatric glaucoma surgery. https://www.aao.org. Published November 2014.
4. American Academy of Ophthalmology (AAO). Preferred Practice Pattern. Cataract in the adult eye. https://www.aao.org. Published October 13, 2021.
5. American Academy of Ophthalmology (AAO). Preferred Practice Pattern. Primary angle-closure disease. https://www.aao.org. Published September 12, 2020.
6. American Academy of Ophthalmology (AAO). Preferred Practice Pattern. Primary open-angle glaucoma. https://www.aao.org. Published September 12, 2020.
7. American Glaucoma Society (AGS). American Glaucoma Society Position Paper. Microinvasive glaucoma surgery. https://www.americanglaucomasociety.net. Published January 24, 2020.
8. American Glaucoma Society (AGS). Position Statement. AGS – ACRS Definition of refractory glaucoma. https://www.americanglaucomasociety.net. Published August 19, 2020.
9. Ang, B, Lim S, Dorairaj, S. Intra-operative optical coherence tomography in glaucoma surgery – a systematic review. Eye. 2020;34:168-177.
10. Bicket A, Le J, Azuara-Blanco A, et al. Minimally invasive glaucoma surgical techniques for open-angle glaucoma: an overview of Cochrane systematic reviews and network meta-analysis. JAMA Ophthalmol. 2021;139(9):983-989.
11. ClinicalKey. Coulon S, Do AT, Panarelli JF. Microinvasive glaucoma surgeries. In: Yanoff M, Duker JS. Ophthalmology. 6th ed. Elsevier; 2023:1074-1080.e1. https://www.clinicalkey.com.
12. UpToDate, Inc. Angle-closure glaucoma. https://www.uptodate.com. Updated February 2024.
13. UpToDate, Inc. Open-angle glaucoma: treatment. https://www.uptodate.com. Updated February 2024.

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