Intraocular Drug Eluting Implants

Humana

Medicaid Medical Coverage Policy

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Description

Durysta (bimatoprost) and iDose TR (travoprost) are FDA-approved surgically placed microscopic intracameral devices or implants that deliver continuous prostaglandin analog to lower intraocular pressure in an individual diagnosed with open angle glaucoma or ocular hypertension. These devices have the advantage of continuous delivery to avoid the peaks and troughs of topical treatment and help with difficulties of medication compliance.

Coverage Determination

Humana members may be eligible under the Plan for **drug eluting devices for ocular hypertension or open angle glaucoma (0660T, 0661T)** when the following criteria are met:

- Absence of all the following[6,7]:
  - Absent or ruptured posterior lens capsule (ie, Durysta [bimatoprost] only)
  - Corneal endothelial dystrophy
  - Ocular or periocular infections

- Hypersensitivity to bimatoprost or travoprost medication
- Prior corneal transplantation; **AND**

- Age 18 years of age or older[2,3]; **AND**
- One time use each eye, two total implants per individual[6,7]; **AND**
- Re-treatment of eye(s) previously treated with an implant for the following:

  - Not within the past 1 year for travoprost implant[7]; **OR**
  - Not readministering bimatoprost implant to an eye that has previously received bimatoprost implant[6] **AND**

- Trial of two ophthalmic medications[1](eg, bimatoprost, carteolol, pilocarpine) meeting one of the following criteria:

  - Medications ineffective to lower IOP to desired level[1]; **OR**
  - Adverse reaction severe enough to warrant discontinuation of the previously tried ophthalmic products[3, 6,7]

For members under age 21, requests are reviewed for medical necessity in accordance with Early and Periodic Screening, Diagnostic and Treatment (EPSDT) requirements.

Coding Information

Any codes listed on this policy are for informational purposes only. Do not rely on the accuracy and inclusion of specific codes. Inclusion of a code does not guarantee coverage and/or reimbursement for a service or procedure.

CPT® Code(s)	Description	Comments
No code(s) identified		
CPT® Category III Code(s)	**Description**	**Comments**
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 Code(s)	**Description**	**Comments**
No code(s) identified		

References

1. American Academy of Ophthalmology (AAO). Preferred Practice Pattern. Primary open-angle glaucoma. https://aao.org. Published September 6, 2025.

2. ClinicalKey. Drug Monograph. Bimatoprost. https://clinicalkey.com. Revised September 10, 2025.

3. ClinicalKey. Drug Monograph. Travoprost. https://clinicalkey.com. Revised February 2, 2026.

4. Sarkisian S, Ang R, Lee A, et al. Travoprost intracameral implant for open-angle glaucoma or ocular hypertension: 12-Month results of a randomized, double-masked trial. *Ophthalmol Ther*. 2024 Apr;13(4):995-1014.

5. Singh I, Berdahl, Sarkisian S, et al. Long-term safety and efficacy evaluation of travoprost Intracameral implant based on pooled analyses from two phase III trials. *Drugs*. 2024 Oct;84(10):1299-1311.

6. US Food & Drug Administration (FDA). Full prescribing information: Durysta (bimatoprost intracameral implant). https://fda.gov. Revised October 2024.

7. US Food & Drug Administration (FDA). Full prescribing information: iDose TR (travoprost intracameral implant). https://fda.gov. Revised January 2026.

Change Summary

07/07/2026 New Policy Version 000