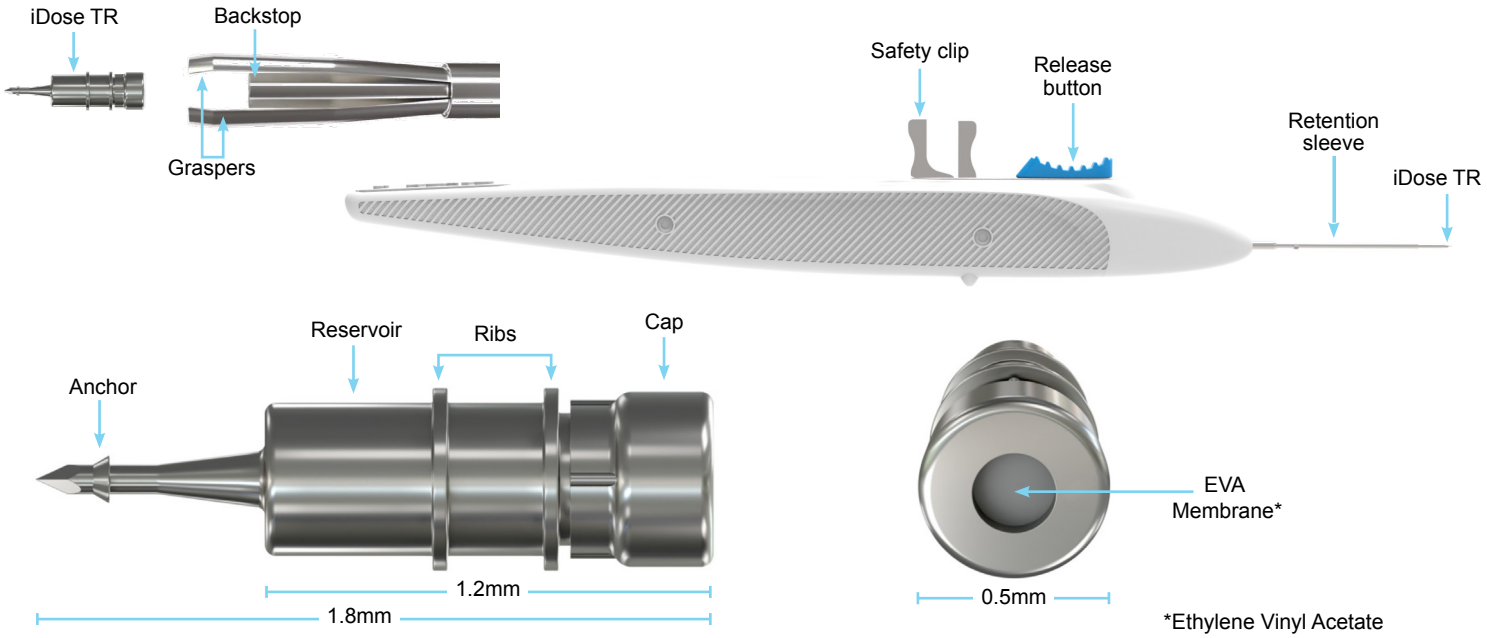
iDose® TR (travoprost intracameral implant) 75 mcg Procedure Guide

For ophthalmic intracameral administration. iDose® TR is a prostaglandin analog indicated for the reduction of the intraocular pressure (IOP) in patients with open-angle glaucoma (OAG) or ocular hypertension (OHT).

iDose TR Design:

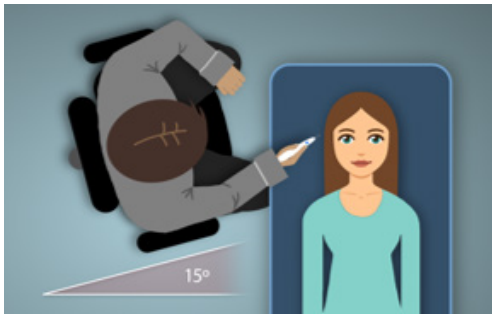
PLAY ANIMATION



*Ethylene Vinyl Acetate

Surgeon Positioning:

Position surgeon body 15° off axis from the temporal incision, target the superior quadrant at 10:30 or 1:30.

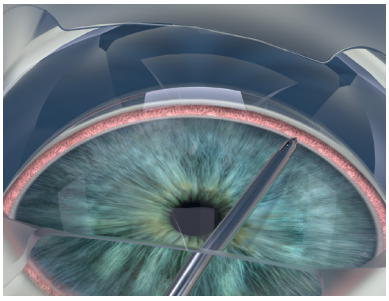


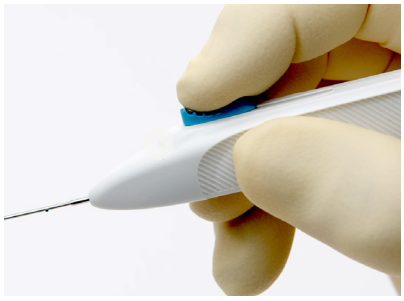
Preparation:

Turn the patient's head away from surgeon ~25°. Tilt microscope toward surgeon ~35°. Adjust the microscope (10-12x) and increase illumination (up to 85%) to identify key angle structures and locate the trabecular meshwork. Ensure the eye is well pressurized with cohesive viscoelastic. Remove the safety clip and keep the release button forward with your finger to avoid dropping the iDose TR.

Approach:

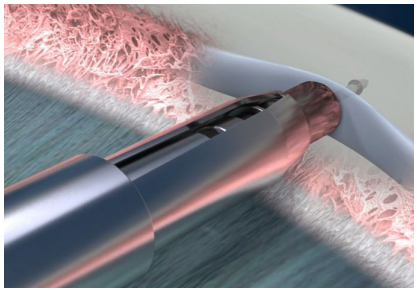
Create a clear temporal corneal incision ≥ 1.5mm. Target placement location just below the eyelid at 10:30 or 1:30 while avoiding the pupil during approach.

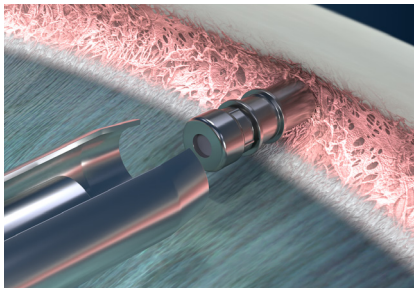


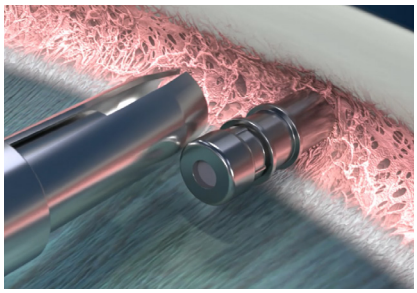


Key Procedure Steps*:

- Anchor the iDose TR through the center of TM, canal, and into sclera. Compress all tissues until you see stria.
- Once the anchor of the iDose TR is securely embedded in sclera, move the implant to a neutral position and pause to relax tissue.
- Carefully slide and hold the implant release button back to open the graspers and release the implant, ensuring the implant has released from the graspers.
- Slowly remove the inserter straight back. Avoid dislodging the iDose TR.
- The base of the iDose TR reservoir should be firmly in contact with and compressing the trabecular meshwork.
- Tap the sides of the iDose TR with the tip of the inserter to ensure the implant is fully anchored into scleral tissue.

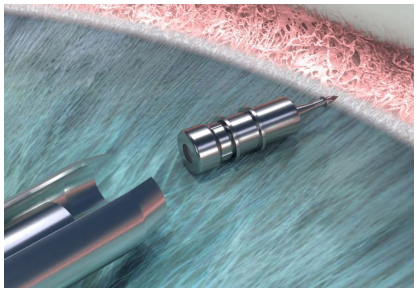






Troubleshooting:

- If the iDose TR appears loose or dislodged from the scleral tissue, slide and hold the implant release button back to fully open the graspers.
- Regrasp the body of the implant between the ribs by pushing and holding the release button forward.
- Re-implant a minimum of ½ clock hour superior. Do not re-implant at the same location.



INDICATION FOR USE: iDose TR (travoprost intracameral implant) is indicated for the reduction of intraocular pressure (IOP) in patients with open angle glaucoma (OAG) or ocular hypertension (OHT).

IMPORTANT SAFETY INFORMATION

DOSAGE AND ADMINISTRATION: For ophthalmic intracameral administration. The intracameral administration should be carried out under standard aseptic conditions. CONTRADICTIONS:iDose TR is contraindicated in patients with active or suspected ocular or periocular infections, patients with corneal endothelial cell dystrophy (e.g., Fuch's Dystrophy, corneal guttatae), patients with prior corneal transplantation, or endothelial cell transplants (e.g., Descemet's Stripping Automated Endothelial Keratoplasty [DSAEK]), patients with hypersensitivity to travoprost or to any other components of the product. WARNINGS AND PRECAUTIONS: iDose TR should be used with caution in patients with narrow angles or other angle abnormalities. Monitor patients routinely to confirm the location of the iDose TR at the site of administration. Increased pigmentation of the iris can occur. Iris pigmentation is likely to be permanent. ADVERSE REACTIONS: In controlled studies, the most common ocular adverse reactions reported in 2% to 6% of patients were increases in intraocular pressure, iritis, dry eye, visual field defects, eye pain, ocular hyperaemia, and reduced visual acuity. Please see full Prescribing Information at https://www.idosetrhcp.com/. You are encouraged to report all side effects to the FDA. Visit www.fda.gov/medwatch or call 1-800-FDA-1088. You may also call Glaukos at 1-888-404-1644.

iDose TR is MRI Conditional. Patients should be informed that the implant is MRI Conditional (as noted on their Patient ID card), and that if the patient needs to undergo an MRI, they should inform their doctor that they have an iDose TR implanted in their eye.

*Please refer to Full Prescribing Information for complete information on Administration of iDose TR.

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