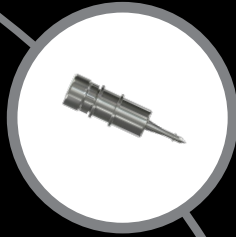


INTERVENTIONAL GLAUCOMA BILLING & CODING GUIDE



iDose^{TR}®
(travoprost intracameral
implant) 75 mcg



**iStent
infinite[™] ∞**



**iStent
inject[™] w[∞]**

with Infinite Injector Technology



iAccess[™]
Precision Blade

GLAUKOS[®]
TRANSFORMING VISION

INTERVENTIONAL GLAUCOMA REIMBURSEMENT GUIDE



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REIMBURSEMENT DISCLAIMER

Glaukos provides this coding guide for informational purposes only and it is subject to change without notice. This guide is not an affirmative instruction as to which codes and modifiers to use for a particular service, supply, procedure, or treatment and does not constitute advice regarding coding, coverage, or payment for Glaukos products. It is the responsibility of providers, physicians, and suppliers to determine and submit appropriate codes, charges, and modifiers for products, services, supplies, procedures, or treatment furnished or rendered. Providers, physicians, and suppliers should contact their third-party payers for specific and current information on their coding, coverage, and payment policies. For further detailed product information, including indications for use, contraindications, effects, precautions, and warnings, please consult the product's Instructions for Use (IFU) or Prescribing Information (PI) prior to use. The information provided herein is without any other warranty or guarantee of any kind, expressed or implied, as to completeness, accuracy, or otherwise. This information is intended only to help estimate Medicare payment rates and product costs. All rates shown are national average Medicare rates and have not been adjusted for geographic variations in payment or other factors, such as sequestration. Glaukos makes no guarantee of coverage or reimbursement.



INDICATION STATEMENTS



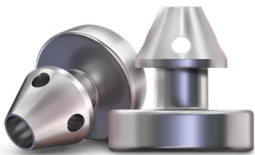
iDose[®] TR 
(travoprost intracameral
implant) 75 mcg

iDose[®] TR (travoprost intracameral implant) 75 mcg is indicated for the reduction of intraocular pressure (IOP) in patients with open angle glaucoma (OAG) or ocular hypertension (OHT).



iStent
infinite ...

The iStent infinite[®] Trabecular Micro-Bypass System Model iS3 is an implantable device intended to reduce the intraocular pressure (IOP) of the eye. It is indicated for use in adult patients with primary open-angle glaucoma in whom previous medical and surgical treatment has failed.



iStent
inject w..

with Infinite Injector Technology

The The iStent *inject*[®] W with Infinite Injector Technology Model iS2 is indicated for use in conjunction with cataract surgery for the reduction of intraocular pressure (IOP) in adult patients with mild to moderate primary open-angle glaucoma.



iAccess
Precision Blade

The Glaukos iAccess[®] Precision Blade is intended for use in ophthalmic surgical procedures to manually cut trabecular meshwork[™] in pediatric and adult patients.





PRODUCT OVERVIEW & COVERAGE

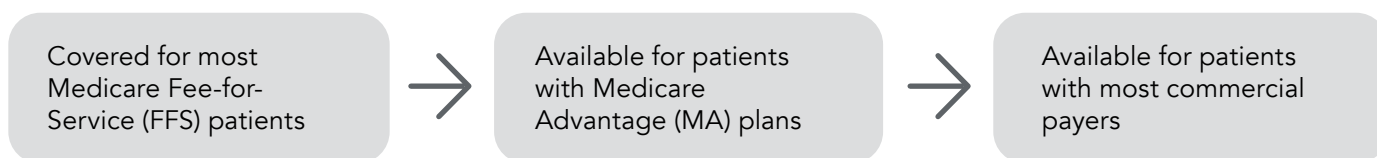
Product Overview

iDose[®] TR (travoprost intracameral implant) 75 mcg is an FDA-approved, physician-administered implant designed to reduce intraocular pressure (IOP) in patients with open-angle glaucoma (OAG) or ocular hypertension (OHT). It is delivered via a procedure-based treatment performed in an outpatient setting.^{1,2}

Outpatient Settings May Include:

- Ambulatory Surgical Centers (ASCs)
- Hospital Outpatient Departments (HOPDs)
- Office-Based Settings²

Coverage for iDose[®] TR



Cost and coverage for Medicare Advantage and Commercial plans may vary³⁻⁶

Prior authorization (PA) may be required by some plans for iDose TR. Conducting a benefits verification can determine if individual plans require a PA or step therapy.

Medicare Part B covers 80% of iDose TR cost³

The majority (89%) of FFS beneficiaries have some type of supplemental coverage that can help cover copays, while 41% have a Medigap plan that may help with Part B coinsurance (20%).^{3,7}

For an iDose[®] TR-specific reimbursement guide, please contact your Reimbursement Liaison or email us at marketaccess@glaukos.com

Please see Important Safety Information on Page 15 and full **Prescribing Information**.





CODING

HCPCS Code

Claims for drugs that are physician-administered are submitted with a HCPCS code when billed to a payer.⁸

Effective July 1, 2024, the following HCPCS code may be used on claims for iDose^{TR}:

HCPCS Code	Description
J7355	Injection, travoprost, intracameral implant, 1 microgram.

iDose^{TR} is billed in 75 units

CPT[®] code

CPT is the code set used to describe procedures and services performed by healthcare providers.¹⁰

CPT Code ^{11,12}	Description
0660T	Implantation of anterior segment intraocular nonbiodegradable drug-eluting system, internal approach

CPT = Current Procedural Terminology.

CPT[®] 2026 American Medical Association. All rights reserved. CPT is a registered trademark of the American Medical Association.

HCPCS = Healthcare Common Procedure Coding System.

National Drug Code (NDC)^{13,14}

- Payers often require inclusion of the drug’s NDC on the claim
- While the FDA provides NDCs as 10-digit codes, some payers may require an 11-digit format
- Converting the 10-digit NDC to an 11-digit NDC may be as simple as the payer requiring you to add a leading zero
- Contact each payer for specific requirements, as they vary by payer

FDA-specified 10-Digit NDC (5-3-2 format) ¹	11-Digit NDC (5-4-2 format) ¹
25357-100-01	25357-0100-01

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CODING *continued*

Diagnosis Codes¹⁵

The International Classification of Diseases, Tenth Revision, Clinical Modification (ICD-10-CM) is the coding system used to report patient diagnoses. Diagnosis codes are used to document the indication for the procedure and may include additional diagnoses of other clinical conditions applicable to a healthcare visit.¹⁶ It is up to the provider to determine the appropriate diagnosis code(s) on the claim.

ICD-10-CM Code	Description
Open-angle glaucoma	
H40.10X0	Unspecified open-angle glaucoma
H40.111X	Primary open-angle glaucoma, right eye
H40.112X	Primary open-angle glaucoma, left eye
H40.113X	Primary open-angle glaucoma, bilateral
H40.131X	Pigmentary glaucoma, right eye
H40.132X	Pigmentary glaucoma, left eye
H40.133X	Pigmentary glaucoma, bilateral
H40.141X	Capsular glaucoma with pseudoexfoliation of lens, right eye
H40.142X	Capsular glaucoma with pseudoexfoliation of lens, left eye
H40.143X	Capsular glaucoma with pseudoexfoliation of lens, bilateral
H40.149X	Capsular glaucoma with pseudoexfoliation of lens, unspecified eye
Ocular hypertension	
H40.051X	Ocular hypertension, right eye
H40.052X	Ocular hypertension, left eye
H40.053X	Ocular hypertension, bilateral

ICD-10-CM = International Classification of Diseases, Tenth Revision, Clinical Modification.

For open-angle glaucoma codes, please add the appropriate seventh character to reflect the stage of the patient's condition:

0 = stage unspecified 1 = mild stage 2 = moderate stage 3 = severe stage 4 = indeterminate stage

Please consult the ICD-10 Codebook for more information.

Please see Important Safety Information on Page 15 and full **Prescribing Information**.





REIMBURSEMENT



Medicare Fee For Service (FFS)

Drug reimbursement for ASCs, HOPDs, and physician offices is based on average sales price (ASP) + 6%.^{18-21†}

[†]2% sequestration (Medicare payment adjustment) continues until further notice.



Commercial payer and Medicare Advantage plan reimbursement varies and is based on the contracted rate with the provider. Review your contracts to understand your specific reimbursement rates.¹⁷



Medicaid reimbursement varies by state. Often, payment methodologies follow Medicare and may be based on wholesale acquisition cost (WAC) and average wholesale price (AWP).²²

2026 Medicare National Unadjusted Payment Rates*

CPT Code	Descriptor	Physician Payment	Ambulatory Surgical Center (ASC) Payment ²³	Hospital Outpatient Department (HOPD) Payment ^{24,25}
0660T	Implantation of anterior segment intraocular nonbiodegradable drug-eluting system, internal approach	Carrier Priced [†]	\$2,204	\$4,223 APC 5492

*The national average 2026 Medicare rates shown do not reflect payment cuts due to sequestration, geographic adjustments, quality adjustments, or any other factors that may influence actual payment rates. Any payment rates listed may be subject to change without notice. Actual payment will vary based on geographic location and may also differ based on policies and fee schedules as outlined in your health plan and/or payer contracts. 2% sequestration (Medicare payment adjustment) continues until further notice.

[†]Category III codes are carrier-priced.

Please see Important Safety Information on Page 15 and full **Prescribing Information**.



TRABECULAR MICRO-BYPASS



PRODUCT OVERVIEW



iStent
infinite[®]...

iStent infinite[®]

iStent infinite[®] Trabecular Micro-Bypass System Model iS3 is an implantable device intended to reduce the intraocular pressure (IOP) of the eye. It is indicated for use in adult patients with primary open-angle glaucoma in whom previous medical and surgical treatment has failed.

iStent infinite[®] is the first micro-invasive standalone implantable alternative.



iStent
inject[®] w[•]

with Infinite Injector Technology

iStent inject[®] W with Infinite Injector Technology

iStent inject[®] W with Infinite Injector Technology is indicated for use in conjunction with cataract surgery for the reduction of IOP in adult patients with mild to moderate primary open-angle glaucoma.

COVERAGE

Coverage for Trabecular Micro-bypass, standalone and in combination with cataract

Currently, all Medicare Administrative Contractors (MACs) have established positive coverage guidelines for standalone trabecular micro-bypass (Category III CPT[®] Code 0671T) and trabecular micro-bypass in combination with cataract (CPT[®] codes 66989 and 66991). Do not report 0671T in conjunction with 66989 or 66991.²⁶

Many Commercial payers have also established positive coverage guidelines for 0671T, 66991, and 66989.



Prior authorizations and pre-determinations are recommended for Commercial & Medicare Advantage plans:

Because Category III CPT Codes are often used to identify emerging technology, prior authorizations or pre-certifications are highly recommended for Medicare Advantage and Commercial payers.²⁷ Medical policies are a component of coverage. A published fee schedule and/or presence of codes does not guarantee payment.



Confirm coverage upfront – Category III codes may require extra documentation:

Because Category III CPT Codes are often used to identify emerging technology, payers unfamiliar with the standalone trabecular micro-bypass may request additional materials to support coverage when submitting claims. Check your local payer contracts to determine how coverage specifically applies to your practice.²⁸

Please see Important Safety Information on Page 15 and full **Prescribing Information**.



TRABECULAR MICRO-BYPASS



CODING

CPT® codes

CPT is the code set used to describe procedures and services performed by healthcare providers.¹⁰

CPT Code	Descriptor	Modifiers
0671T	Insertion of anterior segment aqueous drainage device into the trabecular meshwork, without external reservoir, and without concomitant cataract removal, one or more	
66989	Extracapsular cataract removal with insertion of intraocular lens prosthesis (1-stage procedure), manual or mechanical technique (eg, irrigation and aspiration or phacoemulsification), complex , requiring devices or techniques not generally used in routine cataract surgery (eg, iris expansion device, suture support for intraocular lens, or primary posterior capsulorrhexis) or performed on patients in the amblyogenic development stage; with insertion of intraocular (eg, trabecular meshwork, supraciliary, suprachoroidal) anterior segment aqueous drainage device, without extraocular reservoir, internal approach, one or more.	-LT (left side) -RT (right side)
66991	Extracapsular cataract removal with insertion of intraocular lens prosthesis (1-stage procedure), manual or mechanical technique (eg, irrigation and aspiration or phacoemulsification); with insertion of intraocular (eg, trabecular meshwork, supraciliary, suprachoroidal) anterior segment aqueous drainage device, without extraocular reservoir, internal approach, one or more.	

CPT = Current Procedural Terminology.

CPT® 2026 American Medical Association. All rights reserved. CPT is a registered trademark of the American Medical Association.

Diagnosis Codes^{15,16}

ICD-10-CM Code	Descriptor
H40.XXXX	Glaucoma

ICD-10-CM = International Classification of Diseases, Tenth Revision, Clinical Modification.

Device Codes

Healthcare Common Procedure Coding System (HCPCS) codes are used, among other things, to describe medical devices provided to patients. C-codes are HCPCS codes established by the Centers for Medicare & Medicaid Services (CMS) for the Hospital Outpatient Prospective Payment System (HOPPS) for use on Medicare claims for hospital outpatient and ambulatory surgical center items and services. The following HCPCS codes may be appropriate for reporting when trabecular micro-bypass stents are used, and the number of service units for the code reported may correspond to the number of stents deployed.²⁹

HCPCS Code	Descriptor	Revenue Codes
C1783	Ocular implant; aqueous drainage assist device	278
L8612	Aqueous shunt	278

Please see Important Safety Information on Page 15 and full **Prescribing Information**.



TRABECULAR MICRO-BYPASS



REIMBURSEMENT

2026 Medicare National Unadjusted Payment Rates*

CPT Code	Descriptor	Physician Payment ³⁰	Ambulatory Surgical Center (ASC) Payment ²³	Hospital Outpatient Department (HOPD) Payment ²⁵
0671T	Insertion of anterior segment aqueous drainage device into the trabecular meshwork, without external reservoir, and without concomitant cataract removal, one or more	Carrier Priced [†]	\$4,387	\$5,437 APC 5493
66989	Extracapsular cataract removal with insertion of intraocular lens prosthesis (1-stage procedure), manual or mechanical technique (eg, irrigation and aspiration or phacoemulsification), complex, requiring devices or techniques not generally used in routine cataract surgery (eg, iris expansion device, suture support for intraocular lens, or primary posterior capsulorrhexis) or performed on patients in the amblyogenic development stage; with insertion of intraocular (eg, trabecular meshwork, supraciliary, suprachoroidal) anterior segment aqueous drainage device, without extraocular reservoir, internal approach, one or more	\$722	\$3,974	\$5,437 APC 5493
66991	Extracapsular cataract removal with insertion of intraocular lens prosthesis (1-stage procedure), manual or mechanical technique (eg, irrigation and aspiration or phacoemulsification); without endoscopic cyclophotocoagulation with insertion of intraocular (eg, trabecular meshwork, supraciliary, suprachoroidal) anterior segment aqueous drainage device, without extraocular reservoir, internal approach, one or more	\$585	\$4,015	\$5,437 APC 5493

*The national average 2026 Medicare rates shown do not reflect payment cuts due to sequestration, geographic adjustments, quality adjustments, or any other factors that may influence actual payment rates. Any payment rates listed may be subject to change without notice. Actual payment will vary based on geographic location and may also differ based on policies and fee schedules as outlined in your health plan and/or payer contracts. 2% sequestration (Medicare payment adjustment) continues until further notice.

[†]Category III codes are carrier-priced.

Please see Important Safety Information on Page 15 and full **Prescribing Information**.





iAccess® Precision Blade

Product Overview

The iAccess® Precision Blade was developed by Glaukos in partnership with ophthalmic surgeons. iAccess® is designed to open the trabecular meshwork over an area >90° to directly access Schlemm’s canal. When medically necessary, precision goniotomy with iAccess® minimizes tissue disruption and is designed to preserve the eye’s natural blood-aqueous barrier.³¹

2026 Medicare National Unadjusted Payment Rates*

CPT Code	Descriptor	Physician Payment ³⁰	Ambulatory Surgical Center (ASC) Payment ²³	Hospital Outpatient Department (HOPD) Payment ²⁵
65820	Goniotomy	\$727	\$2,204	\$4,223 APC 5492

*The national average 2026 Medicare rates shown do not reflect payment cuts due to sequestration, geographic adjustments, quality adjustments, or any other factors that may influence actual payment rates. Any payment rates listed may be subject to change without notice. Actual payment will vary based on geographic location and may also differ based on policies and fee schedules as outlined in your health plan and/or payer contracts. 2% sequestration (Medicare payment adjustment) continues until further notice.

§Category III codes are carrier-priced.

Please see Important Safety Information on Page 15 and full **Prescribing Information**.

SAMPLE CMS-1450/837I CLAIM FORM



SAMPLE CMS-1450/837I CLAIM FORM

- The CMS-1450 (also known as the UB-04) claim form is used to bill for services provided in the HOPD and ASC.³²
- Check with individual payers for specific coding guidance and documentation requirements.³³

BOX 42

Revenue codes: Enter the appropriate code based on the cost center and service provided. In the HOPD setting, CMS requires revenue code 0636 be used when billing for a drug or biologic.³⁴

BOX 43

Description: Enter a narrative description or standard abbreviation for each revenue code listed in FL42.

BOX 44

HCPCS and Procedure Codes: Enter the appropriate CPT and HCPCS codes and modifiers, if required. Document use of drug with the appropriate HCPCS code (eg, J-code) and all appropriate CPT administration codes on separate lines. Append the appropriate modifier (-LT or -RT).

BOX 46

Service Units: Include the number of units used for each line item.

BOX 67

Principal Diagnosis Code: Indicate the appropriate ICD-10-CM diagnosis code. FL 67A-67Q are reserved for additional diagnosis codes, if necessary.

BOX 80

Remarks: Some payers may require additional information

The image shows a sample CMS-1450/837I claim form. The form is divided into several sections. The top section contains patient information, including name, address, and insurance details. Below this is a section for procedure codes, where boxes 42, 43, 44, and 46 are highlighted in blue. Box 42 is for revenue codes, box 43 is for descriptions, box 44 is for HCPCS and procedure codes, and box 46 is for service units. The middle section contains a table for line items, with columns for procedure code, description, date, and units. Below this is a section for diagnosis codes, where box 67 is highlighted in blue. The bottom section contains remarks, where box 80 is highlighted in blue. A magnifying glass icon is positioned over the top right corner of the form.



SAMPLE CMS-1500 CLAIM FORM



SAMPLE CMS-1500

- The CMS-1500 claim form is typically used for implant and exchange procedures in ASC and provider office settings.^{35,36}
- The CMS-1500 claim form is shown here as an example. Check with individual payers for specific coding guidance and documentation requirements.³⁷

BOX 19

Additional Claim Information:

Some payers may require additional information.

BOX 21

Diagnosis or Nature of Illness or Injury: Enter the appropriate ICD-10-CM code.

BOX 24B

Place of Service: Enter the appropriate POS code.

BOX 24

Procedures, Services, or Supplies:

Enter the appropriate CPT and HCPCS codes and modifiers (-LT, -RT), if required. Document use of drugs or devices with the appropriate HCPCS code and the appropriate CPT administration code(s) on separate lines.

BOX 24G

Days or Units: Include the number of units used for each line item.

The image shows a sample CMS-1500 Health Insurance Claim Form. The form is divided into several sections. The top section is labeled 'HEALTH INSURANCE CLAIM FORM' and includes fields for patient and insured information. The middle section is labeled 'DIAGNOSIS OR NATURE OF ILLNESS OR INJURY' and includes fields for ICD-10-CM codes. The bottom section is labeled 'PROCEDURES, SERVICES, OR SUPPLIES' and includes a table with columns for line item, date of service, procedure code, and units. The form also includes fields for provider information, billing information, and a signature line. The form is annotated with blue boxes and numbers: 19, 21, 24B, 24D, and 24G. A magnifying glass icon is positioned over the top right corner of the form.



IMPORTANT SAFETY INFORMATION



iDose

IMPORTANT SAFETY INFORMATION

Dosage and administration

For ophthalmic intracameral administration. The intracameral administration should be carried out under standard aseptic conditions.

Contraindications

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.

Indications and usage

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). 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.

Please see full **Prescribing Information**.

iStent infinite®

IMPORTANT SAFETY INFORMATION

Indication for use

The iStent infinite® Trabecular Micro-Bypass System Model iS3 is an implantable device intended to reduce the intraocular pressure (IOP) of the eye. It is indicated for use in adult patients with primary open-angle glaucoma in whom previous medical and surgical treatment has failed.

Contraindications

The iStent infinite is contraindicated in eyes with angle-closure glaucoma where the angle has not been surgically opened, acute traumatic, malignant, active uveitic, or active neovascular glaucoma, discernible congenital anomalies of the anterior chamber (AC) angle, retrobulbar tumor, thyroid eye disease, or Sturge-Weber Syndrome or any other type of condition that may cause elevated episcleral venous pressure.

Warnings

Gonioscopy should be performed prior to surgery to exclude congenital anomalies of the angle, PAS, rubeosis, or conditions that would prohibit adequate visualization that could lead to improper placement of the stent and pose a hazard.

MRI information

The iStent infinite is MR-Conditional, i.e., the device is safe for use in a specified MR environment under specified conditions; please see Directions for Use (DFU) label for details.

Precautions

The surgeon should monitor the patient postoperatively for proper maintenance of IOP. Three out of 61 participants (4.9%) in the pivotal clinical trial were phakic. Therefore, there is insufficient evidence to determine whether the clinical performance of the device may be different in those who are phakic versus in those who are pseudophakic.

Adverse events

The most common postoperative adverse events reported in the iStent infinite pivotal trial included IOP increase ≥ 10 mmHg vs. baseline IOP (8.2%), loss of BSCVA ≥ 2 lines (11.5%), ocular surface disease (11.5%), perioperative inflammation (6.6%) and visual field loss ≥ 2.5 dB (6.6%).

Caution

Federal law restricts this device to sale by, or on the order of, a physician. Please see DFU for a complete list of contraindications, warnings, precautions, and adverse events



IMPORTANT SAFETY INFORMATION



iStent *inject* W®

IMPORTANT SAFETY INFORMATION

Indication of use

The iStent *inject*® W Trabecular Micro-Bypass System with Infinite Injector Technology Model iS2 is indicated for use in conjunction with cataract surgery for the reduction of intraocular pressure (IOP) in adult patients with mild to moderate primary open-angle glaucoma.

Contraindications

The iStent *inject*® W is contraindicated in eyes with angle-closure glaucoma, traumatic, malignant, uveitic, or neovascular glaucoma, discernible congenital anomalies of the anterior chamber (AC) angle, retrobulbar tumor, thyroid eye disease, or Sturge-Weber Syndrome or any other type of condition that may cause elevated episcleral venous pressure.

Warnings

Gonioscopy should be performed prior to surgery to exclude congenital anomalies of the angle, PAS, rubeosis, or conditions that would prohibit adequate visualization of the angle that could lead to improper placement of the stent and pose a hazard.

MRI information

The iStent *inject*® W is MR-Conditional, i.e., the device is safe for use in a specified MR environment under specified conditions; please see Directions for Use (DFU) label for details.

Precautions

The surgeon should monitor the patient postoperatively for proper maintenance of IOP. The safety and effectiveness of the iStent *inject*® W have not been established as an alternative to the primary treatment of glaucoma with medications, in children, in eyes with significant prior trauma, abnormal anterior segment, chronic inflammation, prior glaucoma surgery (except SLT performed > 90 days preoperative), glaucoma associated with vascular disorders, pseudoexfoliative, pigmentary or other secondary open-angle glaucomas, pseudophakic eyes, phakic eyes without concomitant cataract surgery or with complicated cataract surgery, eyes with medicated IOP > 24 mmHg or unmedicated IOP < 21 mmHg or > 36 mmHg, or for implantation of more or less than two stents.

Adverse events

Common postoperative adverse events reported in the iStent *inject*® W randomized pivotal trial included stent obstruction (6.2%), intraocular inflammation (5.7% for iStent *inject* vs. 4.2% for cataract surgery only), secondary surgical intervention (5.4% vs. 5.0%) and BCVA loss \geq 2 lines \geq 3 months (2.6% vs. 4.2%).

Caution

Federal law restricts this device to sale by, or on the order of, a physician. Please see DFU for a complete list of contraindications, warnings, precautions, and adverse events.

iAccess®

IMPORTANT SAFETY INFORMATION

Indication of use

The Glaukos iAccess® Trabecular Trephine is intended for use in ophthalmic surgical procedures to manually cut trabecular meshwork™ in pediatric and adult patients.

Contraindications

The Glaukos iAccess® Trabecular Trephine is contraindicated in eyes where there is poor visualization of angle structures.

Warnings/Precautions

Physician training is required prior to use of the iAccess® Trabecular Trephine, including intraoperative gonioscopy. Do not use the Glaukos iAccess® Trabecular Trephine if there is poor visualization of angle structures. Improper visualization could result in damage to adjacent eye structures. Do not re-sterilize or reuse the device as this may result in infection and/or intraocular inflammation, as well as occurrence of potential postoperative adverse events.

Caution

Federal law restricts this device to sale by, or on the order of, a physician.
Please see DFU for a complete list of instructions, contraindications, warnings, and precautions.



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