

PHARMACY POLICY STATEMENT

Mississippi Medicaid

DRUG NAME	Xipere (triamcinolone)
BENEFIT TYPE	Medical
STATUS	Prior Authorization Required

Xipere, approved by the FDA in 2021, is an injectable suspension formulation of triamcinolone acetonide, indicated for the treatment of macular edema associated with uveitis. It is injected into the suprachoroidal space to deliver the medication to the choroid and retina at the back of the eye. Xipere is currently the only FDA approved medication administered by this particular route and the first specifically for macular edema associated with uveitis. It was approved based on results of the phase 3 PEACHTREE trial. Xipere will compete with the intravitreal injectable, Triesence, and with the intravitreal implants, i.e., Retisert, Ozurdex, and Yutiq.

Uveitis is an inflammation of the uvea (middle layer of the eye). It can be infectious or non-infectious. Non-infectious uveitis (NIU) is often associated with inflammatory conditions such as rheumatoid arthritis. Approximately one-third of uveitis patients develop uveitic macular edema, a build-up of fluid in the macula, the area of the retina responsible for central vision.

Suprachoroidal administration is a more targeted technique which has shown to lessen the risk of the ocular adverse effects of intravitreal corticosteroids and systemic adverse effects of oral corticosteroids.

Xipere (triamcinolone) will be considered for coverage when the following criteria are met:

Uveitic Macular Edema

For **initial** authorization:

1. Member is at least 18 years of age; AND
2. Medication must be prescribed by or in consultation with an ophthalmologist; AND
3. Member has a diagnosis of non-infectious uveitis (pan, anterior, intermediate, or posterior); AND
4. Member has a diagnosis of macular edema associated with uveitis; AND
5. Documentation of best corrected visual acuity (BCVA) at baseline; AND
6. Member does not have any active or suspected ocular or periocular infections.
7. **Dosage allowed/Quantity limit:** 4 mg (0.1mL) via suprachoroidal injection every 12 weeks (per eye)
QL: 2 vials per 12 weeks

If all the above requirements are met, the medication will be approved for 3 months.

For **reauthorization**:

1. Chart notes must show improved or stabilized visual acuity following treatment and/or reduction from baseline in central subfield thickness (CST)

If all the above requirements are met, the medication will be approved for an additional 12 months.



TrueCare considers Xipere (triamcinolone) not medically necessary for the treatment of conditions that are not listed in this document. For any other indication, please refer to the Off-Label policy.

DATE	ACTION/DESCRIPTION
11/10/2021	New policy for Xipere created.
10/05/2023	Corrected dosing interval. Added QL. Added references.
04/09/2025	Added reference.

References:

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9. Sood G, Patel BC. Uveitic Macular Edema. [Updated 2023 Jul 31]. In: StatPearls [Internet]. Treasure Island (FL): StatPearls Publishing; 2025 Jan-. Available from: <https://www.ncbi.nlm.nih.gov/books/NBK562158/>
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11. Ohio Administrative Code. (2022, July 18). 5160-26-03 Managed care: covered services. Retrieved February 22, 2023 from codes.ohio.gov.
12. Ohio Administrative Code. (2020, January 1). 5160-9-03 Pharmacy services: covered drugs and associated limitations. Retrieved February 22, 2023 from codes.ohio.gov.

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