

Xipere™ (triamcinolone acetonide)



Pharmacy Coverage Policy

Effective Date: February 23, 2022

Revision Date: November 22, 2023

Review Date: November 15, 2023

Line of Business: Medicare, Commercial, Medicaid - South Carolina, Medicaid - Ohio

Policy Type: Prior Authorization

Page: 1 of 2

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Products Affected

Xipere (PF) intraocular suspension

Listed Indications

Macular Edema associated with Uveitis

Macular Edema associated with Uveitis

Does the member meet all of the following criteria?

Criteria #1	Has a diagnosis of macular edema associated with uveitis
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Approval Duration

Initial	Xipere (triamcinolone acetonide) will be approved in plan year duration or as determined through clinical review.
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[Back to top](#)

Background

This is a prior authorization policy about Xipere (triamcinolone acetonide).

Xipere (triamcinolone acetonide) is a synthetic glucocorticoid (glucocorticoids are often referred to as corticosteroids) with immunosuppressive and anti-inflammatory activity. The primary mechanism of action for triamcinolone acetonide is as a corticosteroid hormone receptor agonist.

Xipere (triamcinolone acetonide) is indicated for the treatment of macular edema associated with uveitis.

Triamcinolone acetonide is available as Xipere 40 mg/mL injectable suspension (administered as a suprachoroidal injection).

Uveitic macular edema (UME) is a complication of acute or chronic uveitis. Characterized by the accumulation of fluid in the retinal layers or the subretinal space, resulting mostly from the breakdown of the blood-retina barrier subsequent to inflammation. UME can be associated with any of the uveitic entities and is the most common cause of diminution in vision in cases with posterior uveitis (around one-third of cases).

Uveitic macular edema is mostly associated with noninfectious causes of posterior, intermediate, and panuveitis. The management of uveitic macular edema (UME) may be challenging, due to its often recalcitrant nature. Corticosteroids remain the mainstay of treatment, through their capability of effectively controlling inflammation and the associated ME. Topical steroids may be effective in milder cases of UME, particularly in edema associated with anterior uveitis. Posterior sub-Tenon and orbital floor steroids, as well as intravitreal steroids often induce rapid regression of UME, although this may be followed by recurrence of the pathology. Intravitreal corticosteroid implants provide sustained release of steroids facilitating regression of ME with less frequent injections. Topical nonsteroidal anti-inflammatory drugs may provide a safe alternative or adjuvant therapy to topical steroids in mild UME, predominantly in cases with underlying anterior uveitis. Immunomodulators including methotrexate, mycophenolate mofetil, tacrolimus, azathioprine, and cyclosporine, as well as biologic agents, notably the anti-tumor necrosis factor- α monoclonal antibodies adalimumab and infliximab, may accomplish the control of inflammation and associated ME in refractory cases, or enable the tapering of steroids.

Provider Claim Codes

For medically billed requests, please visit www.humana.com/PAL. Select applicable Preauthorization and Notification List(s) for medical and procedural coding information.

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Page: 2 of 2

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Medical Terms

Xipere; triamcinolone acetonide; macular edema; uveitis; suprachoroidal; injection; medical

References

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3. Micromedex Healthcare Series: DRUGDEX. Thomson Micromedex, Greenwood Village, CO. Updated Periodically.
4. Xipere [package insert] Clearside Biomedical, Inc.: Alpharetta, GA. Revised October 2021.

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