Triamcinolone Acetonide Injectable Suspension (Xipere®)

IMPORTANT REMINDER

We develop Medical Policies to provide guidance to Members and Providers. This Medical Policy relates only to the services or supplies described in it. The existence of a Medical Policy is not an authorization, certification, explanation of benefits or a contract for the service (or supply) that is referenced in the Medical Policy. For a determination of the benefits that a Member is entitled to receive under his or her health plan, the Member's health plan must be reviewed. If there is a conflict between the medical policy and a health plan or government program (e.g., TennCare), the express terms of the health plan or government program will govern.

POLICY

INDICATIONS

The indications below including FDA-approved indications and compendial uses are considered a covered benefit provided that all the approval criteria are met and the member has no exclusions to the prescribed therapy.

FDA-Approved Indications
Xipere is a corticosteroid indicated for the treatment of macular edema associated with uveitis.

All other indications are considered experimental/investigational and not medically necessary.

PRESCRIBER SPECIALTIES

This medication must be prescribed by or in consultation with an ophthalmologist.

COVERAGE CRITERIA

Macular Edema Associated with Uveitis

Authorization of 12 months may be granted when all of the following criteria are met:

- The member has a diagnosis of macular edema associated with uveitis.
- The member does not have infectious uveitis.
- The member will not exceed a dose of 4 mg (0.1 mL) administered as a suprachoroidal injection per eye into the affected eye(s).

CONTINUATION OF THERAPY

Authorization of 12 months may be granted for continued treatment of an indication listed in coverage criteria section when the member meets all initial authorization criteria and has demonstrated a positive clinical response to therapy (e.g., improvement or maintenance in best corrected visual acuity [BCVA] or visual field, reduction or maintenance in central subfield thickness (CST), a reduction in the rate of vision decline or the risk of more severe vision loss, reduction in inflammation).

APPLICABLE TENNESSEE STATE MANDATE REQUIREMENTS

BlueCross BlueShield of Tennessee's Medical Policy complies with Tennessee Code Annotated Section 56-7-2352 regarding coverage of off-label indications of Food and Drug Administration (FDA) approved drugs when the off-label use is recognized in one of the statutorily recognized standard reference compendia or in the published peer-reviewed medical literature.

ADDITIONAL INFORMATION

For appropriate chemotherapy regimens, dosage information, contraindications, precautions, warnings, and monitoring information, please refer to one of the standard reference compendia (e.g., the NCCN Clinical Practice Guidelines in Oncology (NCCN Guidelines®) published by the National Comprehensive Cancer Network®, Drugdex Evaluations of Micromedex Solutions at Truven Health, or The American Hospital Formulary Service Drug Information).

REFERENCES

1. Xipere [package insert]. Bridgewater, NJ: Bausch & Lomb Americas, Inc.; May 2025.
2. Yeh S, Khurana RN, Shah M, et al. Efficacy and Safety of Suprachoroidal CLS-TA for Macular Edema Secondary to Noninfectious Uveitis: Phase 3 Randomized Trial. Ophthalmology. 2020;127(7):948-955.

EFFECTIVE DATE 9/30/2026

ID_CHS_2026