

Medical Drug Clinical Criteria

Subject:	Xipere (triamcinolone acetonide injectable suspension)		
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Overview

This document addresses the use of Xipere (triamcinolone acetonide injectable suspension) for suprachoroidal use. Xipere is the first FDA-approved agent administered via suprachoroidal injection. It is approved for the treatment macular edema associated with uveitis.

Uveitis is a broad term referring to a number of conditions that produce inflammation of the uvea, the vascular layer of the eye sandwiched between the sclera and the retina. Uveitis may affect any part of the uvea, including the anterior (iritis), intermediate (pars planitis), posterior (choroiditis), or the entire uvea (pan-uveitis). Uveitis may affect one or both eyes. Potential causes of uveitis are autoimmune disorders including sarcoidosis, infection, or exposure to toxins. However, the cause remains unknown in most individuals. Topical corticosteroids are often used for anterior uveitis but are often ineffective for posterior uveitis. Periocular or intraocular glucocorticoid injections are a treatment option, but include the risk of increased ocular pressure, glaucoma, and cataracts.

Xipere (triamcinolone acetonide injectable suspension) for suprachoroidal use was studied in one randomized, sham-controlled trial of individuals with macular edema associated with noninfectious anterior-, intermediate-, posterior-, or pan-uveitis of any cause. Patients were treated at baseline and at week 12 and were allowed rescue therapy including intravitreal or periocular steroids. Xipere was superior to sham injection in percentage of patients with an improvement in vision (≥ 3 lines of vision) from baseline at week 24 (47% vs 16%, respectively; $P < 0.001$). Treatment-related adverse events occurred in 30% vs 12.5%, respectively, in the Xipere and sham arms, with cataract (7% vs 6%), eye pain (6% vs 0), and vitreous detachment (5.2% vs 1.6%) occurring more frequently in the Xipere arm. The FDA label does not address re-treatment with Xipere, but current published data evaluated the use of two injections separated by 12 weeks (Yeh 2021).

Clinical Criteria

When a drug is being reviewed for coverage under a member's medical benefit plan or is otherwise subject to clinical review (including prior authorization), the following criteria will be used to determine whether the drug meets any applicable medical necessity requirements for the intended/prescribed purpose.

Xipere (triamcinolone acetonide injectable suspension)

Requests for Xipere (triamcinolone acetonide injectable suspension) for suprachoroidal use may be approved if the following criteria are met:

- I. Individual has a diagnosis of noninfectious uveitis; **AND**
- II. Individual has evidence of macular edema secondary to uveitis

Requests for Xipere (triamcinolone acetonide injectable suspension) for suprachoroidal use may not be approved for the following:

- I. Individual has active or suspected ocular or periocular infections including most viral diseases of cornea and conjunctiva including active epithelial herpes simplex keratitis (dendritic keratitis), vaccinia, varicella, mycobacterial infections, and fungal disease; **OR**
- II. When the above criteria are not met and for all other indications.

Approval duration: 1 month

Quantity Limits

Xipere (triamcinolone acetonide injectable suspension) Quantity Limits

Drug	Limit
Xipere (triamcinolone acetonide injectable suspension) 40 mg/mL vial for suprachoroidal use	4 mg (1 single-dose vial) per eye per treatment; repeat treatments may be approved no sooner than 12 weeks after the prior dose.

Coding

The following codes for treatments and procedures applicable to this document are included below for informational purposes. Inclusion or exclusion of a procedure, diagnosis or device code(s) does not constitute or imply member coverage or provider reimbursement policy. Please refer to the member's contract benefits in effect at the time of service to determine coverage or non-coverage of these services as it applies to an individual member.

HCPCS

J3299 Injection, triamcinolone acetonide (xipere), 1 mg

CPT

67516 Suprachoroidal space injection of pharmacologic agent (separate procedure) when billed in conjunction with intravitreal injection [Xipere] (HCPCS code listed above) *Inclusion of this code in the clinical policy is informational only and does not denote a requirement for pre or post service medical necessity review.

ICD-10 Diagnosis

H20.011-H20.019 Primary iridocyclitis [anterior uveitis]
H20.021-H20.029 Recurrent acute iridocyclitis [anterior uveitis]
H20.041- H20.049 Secondary noninfectious anterior iridocyclitis [HLA-B27-associated acute anterior uveitis]
H20.10-H20.13 Chronic iridocyclitis [anterior uveitis]
H20.20-H20.23 Lens-induced iridocyclitis [anterior uveitis]
H20.811- H20.829 Other iridocyclitis [anterior uveitis]
H30.001-H30.049 Focal chorioretinal inflammation [posterior uveitis]
H30.101-H30.139 Disseminated chorioretinal inflammation [posterior uveitis]
H30.20-H30.23 Posterior cyclitis [pars planitis; intermediate uveitis]
H30.811-H30.819 Harada's disease [posterior uveitis]
H30.891-H30.899 Other chorioretinal inflammations [posterior uveitis]
H30.90-H30.93 Unspecified chorioretinal inflammation [Retinitis NOS; posterior uveitis]
H35.81 Retinal edema
H43.89 Other disorders of vitreous body [vitritis]
H44.111-H44.119 Panuveitis
H44.131-H44.139 Sympathetic uveitis

Document History

Reviewed: 6/09/2025

Document History:

- 06/09/2025 – Annual Review: No changes. Coding Reviewed: Organized codes in ascending order. Updated description for ICD-10-CM H20.011-H20.019, H20.021-H20.029, H20.041-H20.049, H30.811-H30.819, H43.89. Removed H20.11-H20.10 and added H20.10-H20.13. Removed H30.21-H30.20 and added H30.20-H30.23. Added H20.20-H20.23, H30.891-H30.899, H30.90-H30.93, H35.81, H44.131-H44.139. Added H20.811-H20.819 to existing range H20.821-H20.829 and updated description. Consolidated codes H30.001-H30.049 into one range and updated description. Consolidated codes H30.101-H30.139 into one range and updated description. Removed H35.021-H35.029, H35.061-H35.069, H44.011-H44.013, H44.021-H44.023. 06/10/2024 – Annual Review: No changes. Coding Reviewed: No changes.
- 06/12/2023 – Annual Review: No changes. Coding Reviewed: No changes. Effective 4/1/2024 Added CPT 67516.
- 06/13/2022 – Annual Review: Create new clinical criteria document for Xipere. Coding Reviewed: J3490, C9092. All diagnoses pend. Effective 7/1/2022 Added HCPCS J3299. Removed HCPCS J3490, C9092. Added ICD-10-CM H20.011-H20.019, H20.021-H20.029, H20.11-H20.10, H43.89, H30.21-H30.20, H44.011-H44.013, H44.021- H44.023,

H44.111- H44.119, H35.021- H35.029, H35.061- H35.069, H30.001- H30.009, H30.011- H30.019, H30.021- H30.029, H30.031- H30.039, H30.041- H30.049, H30.101- H30.109, H30.111- H30.119, H30.121- H30.129, H30.131- H30.139, H30.90- H30.93, H30.891- H30.899, H30.811- H30.819, H20.821- H20.829, H20.041- H20.049.

References

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2. DrugPoints® System [electronic version]. Truven Health Analytics, Greenwood Village, CO. Updated periodically.
3. Lexi-Comp ONLINE™ with AHFS™, Hudson, Ohio: Lexi-Comp, Inc.; 2025; Updated periodically.
4. 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 Jul;127(7):948-955.

Federal and state laws or requirements, contract language, and Plan utilization management programs or policies may take precedence over the application of this clinical criteria.

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