CVS Caremark®

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| Reference number(s) |
| 5041-A |

# Specialty Guideline Management Xipere

## Products Referenced by this Document

Drugs that are listed in the following table include both brand and generic and all dosage forms and strengths unless otherwise stated. Over-the-counter (OTC) products are not included unless otherwise stated.

| Brand Name | Generic Name |
| --- | --- |
| Xipere | triamcinolone acetonide injectable suspension |

## Indications

### FDA-approved Indications1

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.

## Coverage Criteria

### Macular Edema Associated with Uveitis1,2

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).

## References

1. Xipere [package insert]. Bridgewater, NJ: Bausch & Lomb Americas, Inc.; September 2022.
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.