

## GCHP Medi-Cal Clinical Guidelines Triamcinolone Suprachoroidal (Xipere™)

PA Criteria	Criteria Details								
Covered Uses (FDA Approved Indication)	Treatment of macular edema associated with uveitis.								
Exclusion Criteria	<ul style="list-style-type: none"><li>Active or suspected ocular or periocular infection (viral, bacterial or fungal).</li><li>Use in combination with another corticosteroid implant/insert/injection or ophthalmic topical solution or suspension.</li></ul>								
Required Medical Information	<p>Must meet ALL of the following:</p> <ul style="list-style-type: none"><li>Diagnosis of macular edema associated with non-infectious uveitis.</li><li>Uveitis is not due to infections such as herpes simplex or herpes zoster.</li><li>Documentation of best corrected visual acuity (BCVA) at baseline and periodically during treatment.</li><li>Confirmation that the patient does not have untreated intraocular pressure or uncontrolled glaucoma.</li><li>Tried and failed topical and oral corticosteroids unless contraindicated or clinically inappropriate.</li></ul> <p>Renewal will require confirmation of improvement or stabilization in BCVA from baseline.</p>								
Age Restriction	18 years of age and older								
Prescriber Restrictions	Ophthalmologist.								
Coverage Duration	One dose (4mg) per eye every three months.								
Other Criteria / Information	<table><tr><th>HCPCS</th><th>Description</th><th>Dosing, Units</th></tr><tr><td>J3299</td><td>Injection, triamcinolone acetonide, 1mg (Xipere™)</td><td>4mg suprachoroidally as a single dose</td></tr></table>			HCPCS	Description	Dosing, Units	J3299	Injection, triamcinolone acetonide, 1mg (Xipere™)	4mg suprachoroidally as a single dose
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STATUS	DATE REVISED	REVIEW DATE	APPROVED / REVIEWED BY	EFFECTIVE DATE
Created	8/5/2024	8/5/2024	Lily Yip, Director of Pharmacy Services; Yoonhee Kim, Clinical Programs Pharmacist	N/A
Approved	N/A	8/14/2024	Pharmacy & Therapeutics (P&T) Committee	3/1/2025