

PA Criteria	Criteria Details						
Covered Uses (FDA approved indication)	Xipere is a corticosteroid indicated for the treatment of ophthalmic conditions which include temporal arteritis, uveitis, and sympathetic ophthalmia, and ocular inflammatory conditions unresponsive to topical corticosteroids.						
Exclusion Criteria	None.						
Required Medical Information	Medical records supporting the request must be provided.						
Age Restriction	None.						
Prescriber Restrictions	None.						
Coverage Duration	In accordance with the FDA-approved labeling or accepted standards of medical practice.						
Other Criteria/Information	Refer to the Gold Coast Health Plan Medicare Part B Reference and Summary of Evidence document. <table border="1" data-bbox="495 888 1511 1035"> <thead> <tr> <th>HCPCS</th> <th>Description</th> <th>Billing Units/How Supplied</th> </tr> </thead> <tbody> <tr> <td>J3299</td> <td>Xipere (triamcinolone)</td> <td>Billing unit: 1 mg 40 mg/mL SDV</td> </tr> </tbody> </table>	HCPCS	Description	Billing Units/How Supplied	J3299	Xipere (triamcinolone)	Billing unit: 1 mg 40 mg/mL SDV
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STATUS	DATE REVISED	REVIEW DATE	APPROVED/REVIEWED BY	EFFECTIVE DATE
Created	3/26/2025	3/26/2025	Dawn Shojai, PharmD, Senior Pharmacy Benefit Consultant (PSG)	N/A
Approved	N/A	8/21/2025	Pharmacy & Therapeutics (P&T) Committee	8/21/2025