PART B DRUG MEDICAL/PHARMACY	ASPIRE HEALTH	**Effective Date** January 1, 2024	
		Policy # Zilretta (triamcinolone acetonide ER)	
	ZILRETTA **(TRIAMCINOLONE ACETONIDE ER)**	**Review Date** 09/27/2023	**Applicable to:** ☑ Medicare Advantage ☐ Commercial ☐ Elevance Health HMO ☐ Blue Shield Trio
	Approver's Name & Title QI & UM Drug Subcommittee		

Aspire Health Plan applies medical drug clinical criteria as a reference for medical policy information only. Federal and state laws or requirements, contract language, and Plan benefit may take precedence over the application of these clinical criteria. Please consult the applicable certificate or contract for benefit details. This policy is subject to revision at the discretion of the Plan and is therefore subject to change. Refer to the disclaimer section below for more information.

POLICY

This policy addresses the coverage of triamcinolone acetonide extended-release (Zilretta) as an intra-articular injection for the management of osteoarthritis pain of the knee.

APPLICABLE HCPCS

J3304: Injection, triamcinolone acetonide, preservative-free, extended-release, microsphere formulation, 1 mg (1 billable unit = 1 mg)

Available as: Zilretta single-dose kit (containing 32 mg triamcinolone acetonide extended-release injectable powder for suspension with 5 mL of sterile diluent)

CLINICAL CRITERIA

A. INITIAL CRITERIA

Zilretta (triamcinolone acetonide extended-release) may be authorized when ALL of the following criteria are met with documentation:

1. Diagnosis of osteoarthritis of the knee; **AND**

2. Documentation of member's affected knee(s): Left, right or both knees to be treated.
   NOTE: Bilateral injections will be authorized only if both knees meet criteria; **AND**

3. Member reports pain which interferes with functional activities (e.g., ambulation, prolonged standing); **AND**

4. Member has had a therapeutic failure, a contraindication, or is intolerant to at least 3 months of conservative therapy, which includes:

    a. Non-Pharmacologic (i.e., physical, psychosocial, or mind-body approach [e.g., exercise-land based or aquatic, physical therapy, tai chi, yoga, weight management, cognitive behavioral therapy, knee brace or cane, etc.]); **and**

    b. Pharmacologic Approach (e.g., topical NSAIDs, oral NSAIDs with or without oral proton pump inhibitors, COX-2 inhibitors, topical capsaicin, acetaminophen, tramadol, duloxetine, etc.).

AND

5. Attestation / documentation of the following:

    a. Member has not received previous administration of triamcinolone acetonide extended-release (Zilretta) to the requested knee; **AND**

    b. Member does not have any conditions which would preclude intra-articular injections (e.g., active joint infection, unstable joint, etc.); **AND**

    c. Member has not received therapy with intra-articular hyaluronic acid derivative drugs within the previous 6 months of therapy; **AND**

    d. Member has not received therapy with intra-articular short-acting corticosteroid type drugs within the previous 3 months of therapy.

AND

6. Administered by, or under the supervision of, a physician specializing in rheumatology, orthopedic surgery, or physical medicine and rehabilitation (physiatrist) or a physician who has received specific training in the administration and use of viscosupplements.

B. REAUTHORIZATION / CONTINUATION OF THERAPY CRITERIA

1. Zilretta is *limited to a single course of therapy for OA of the knee and may not be authorized for continuation of treatment.

    *Limitation of Use: Safety and efficacy of repeat administration has not been studied (Prescribing Information, 2022).

STEP THERAPY

Step Therapy criteria do not apply for members who are currently being treated with the requested medications. Step therapy is only applied for members that are new to therapy (have not received the requested drug in the last 365 days.

A. **PREFERRED PRODUCT(S): Triamcinolone acetonide injection (Kenalog); Methylprednisolone acetate injection (Depo-Medrol). NO PA REQUIRED; NO STEP THERAPY REQUIRED.**

B. NONPREFERRED PRODUCT, Zilretta, may be authorized when all of the clinical criteria above are met **AND** the following:

    1. Treatment failure on intra-articular corticosteroids, including *immediate-release* triamcinolone acetonide injection resulting in minimal clinical response to therapy. Prescriber please provide a

clinical rationale supporting the expectation that Zilretta will be effective if the short-acting formulation of the same product was ineffective.

**Treatment failure is defined as any of the following (not an all-inclusive list) inadequate pain relief, frequent need for continued rescue doses of NSAIDs, inability to increase activity levels or need to decrease activity levels, and adequate pain relief but experienced steroid-induced hyperglycemia.*

OR

2. Clinical rationale supporting that treatment with a short-acting intra-articular corticosteroid (i.e. intra-articular immediate-release triamcinolone) is inappropriate for member.

NOTE: Convenience does not qualify as a clinical rationale for inappropriateness of triamcinolone acetonide Injection.

DOSAGE AND AUTHORIZATION TIMEFRAMES

1. Recommended Dose (osteoarthritis of the knee): ONE injection per knee per lifetime; dose does not exceed 32 mg as a single intra-articular injection into the knee.

2. Authorization Period: One dose per knee per lifetime. 32 billable units one time only.

3. Limitations: Safety and efficacy of repeat administration has not been studied (Prescribing Information, 2022).

DRUG INFORMATION

PHARMACOLOGIC CATEGORY: Corticosteroid, Systemic

ROUTE OF ADMINISTRATION: Intra-articular injection

FDA-APPROVED INDICATION: Osteoarthritis (OA) pain of the knee (use for OA pain of shoulder and hip have not been evaluated); use is not suitable for small joints (e.g., hand).

COMPENDIAL APPROVED (OFF-LABELED) USES: NONE

CONTRAINDICATIONS: Hypersensitivity to corticosteroids

CLINICAL SUMMARY / APPENDIX

Zilretta is indicated as an intra-articular injection for treatment of osteoarthritis-related knee pain; it has not been evaluated for the treatment of osteoarthritis-related shoulder or hip pain.

Intraarticular glucocorticoid injections are recommended for knee OA by the ACR and OARSI recommendations (strongly recommended and conditionally recommended, respectively) as they have demonstrated short-term efficacy in knee OA. Intra-articular (IA) glucocorticoid injection are available in both short- and long-acting preparations; however, there is insufficient evidence evaluating comparative safety and efficacy to recommend one product over another and IA triamcinolone acetonide has generically available preparations. This provides support for the requirement of a trial of short-acting IA triamcinolone prior to the extended-release (Zilretta) formulation, as well as a clinical rationale for the expectation that the long-acting formulation will be effective if the short-acting formulation of the same product was ineffective.

The 2019 joint guideline from the American College of Rheumatology (ACR) and the Arthritis Foundation (AF) for hip, hand and knee OA strongly support the use of intra-articular glucocorticoid IA injections in patients with knee and/or hip OA and conditionally support use in hand OA for short-term management. However, the authors indicate that data are insufficient to recommend selection of long-acting over short-acting agents or high versus low doses (Kolanski et al. 2019).

The ACR and AF guidelines for hip, hand and knee OA conclude that data are insufficient to recommend selection of long-acting over short acting agents or high vs. low doses for OA. Evidence is insufficient to support a substantive clinical advantage of IA administration of extended-release (ER) versus immediate-release (IR) triamcinolone for OA of the knee. Additional clinical studies directly comparing the efficacy and safety of intra-articular administration of equipotent doses of ER versus IR triamcinolone for OA of the knee are required.

The ACR, AAOS, and ORSI all aligned in that non-pharmacologic treatment is a mainstay of therapy for all patients with knee OA. Non-pharmacologic treatment modalities are usually utilized in combination to maximize their effectiveness.

REFERENCES

Government Agency

Centers for Medicare and Medicaid Services (CMS). Medicare coverage database: National coverage determination (NCD) (search: knee osteoarthritis OR triamcinolone acetonide). Available from CMS. No NCD for TA-ER identified**.**

Prescribing Information

Zilretta (triamcinolone acetonide) [prescribing information]. San Diego, CA: Pacira Pharmaceuticals Inc; March 2022.

Peer-reviewed Literature, Guidelines, Consensus,

1. American College of Rheumatology (ACR). Osteoarthritis. Available at: http://www.rheumatology.org.
2. American Academy of Orthopedic Surgeons (AAOS)-Management of Osteoarthritis of the Knee (Non-Arthroplasty): Evidence Based Clinical Practice Guideline. Adopted by the AAOS Board of Directors August, 2021. Available at: AAOS Accessed September 2023.
3. Bannuru RR, et al. OARSI guidelines for the non-surgical management of knee, hip, and polyarticular osteoarthritis. Osteoarthritis and Cartilage. 2019:27:1578-158
4. Kolanski SL, Neogi T, Hochberg MC, et al. 2019 American College of Rheumatology/Arthritis Foundation Guideline for the Management of Osteoarthritis of the Hand, Hip, and Knee. Arthritis and Rheum 2020;72:220-233. Available at: 2019 Osteoarthritis Guideline Accessed September 2023.

IMPORTANT REMINDER

This Medicare Part B Step Therapy Medical Necessity Guideline is provided for informational purposes only and neither constitutes nor replaces professional medical advice. Physicians, hospitals, and other providers are expected to administer or use drugs/biologicals in the most effective and clinically appropriate manner. Treating physicians and other health care providers are solely responsible for all medical care decisions. In accordance with the member's Evidence of Coverage (EOC), every benefit plan has its own coverage provisions, limitations, and exclusions. In the event of a conflict between this policy and the member's EOC, the member's EOC provisions will take precedence.

Aspire Health Plan (AHP) adheres to Medicare guidelines, including National Coverage Determination (NCD), Local Coverage Determinations (LCDs), Local Coverage Articles (LCAs), and other relevant Medicare manuals established by CMS. Compliance with these guidelines is required when applicable. Refer to the CMS website at http://www.cms.hhs.gov. For the most up-to-date Medicare policies and coverage, please search the Medicare Coverage Database. All LCDS are the same for each state within a Jurisdiction. Medicare Part B Administrative Contractor (MAC) for CA [Jurisdiction E (1)]: Active LCDs - JE Part B – Noridian (noridianmedicare.com). In the event of a discrepancy between this policy and the Medicare NCD or LCD, the Medicare NCD/LCD will govern.

This policy is utilized by AHP to determine coverage in the absence of applicable CMS Medicare guidelines. Please refer to the links provided in the References section below to access the Medicare source materials that were used for developing this resource document. This document does not serve as a substitute for the official Medicare source materials that provide detailed information on Medicare coverage requirements. In

the event of a conflict between this document and Medicare source materials, the Medicare source materials will take precedence.

The inclusion of a code in this policy does not imply that the health service it describes is covered or not covered. Benefit coverage for health services is determined by the member-specific plan document and applicable laws that may mandate coverage for a particular service. Inclusion of a code does not imply or guarantee reimbursement or payment of a claim. Other Policies and Standards may also apply. Providers are expected to retain or have access to the necessary documentation when requested in order to support coverage.

POLICY HISTORY / REVISION INFORMATION

Version	Approval Date	Summary of Changes
1	9/27/2023	New Policy