

<u>Subject:</u>	<u>Zilretta (triamcinolone acetonide extended-release)</u>		
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Overview

This document addresses the use of Zilretta (triamcinolone acetonide extended-release) injection. Zilretta is FDA indicated as an intraarticular injection for the management of osteoarthritis pain of the knee. The efficacy and safety of Zilretta for the management of osteoarthritis pain of the shoulder and hip has not been evaluated. In addition, Zilretta is not suitable for use in small joints, such as the hand.

Zilretta is administered as a single intra-articular extended-release injection of triamcinolone acetonide, to deliver 32 mg (5 mL) in one dose. The FDA package label states Zilretta is not intended for repeat administration for the management of osteoarthritis pain of the knee as the efficacy and safety has not been evaluated. Follow up studies focusing on Zilretta efficacy duration and need for repeat dosing are undergoing.

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.

Zilretta (triamcinolone acetonide extended-release)

Requests for Zilretta (triamcinolone acetonide extended-release) may be approved if the following criteria are met:

- I. Individual has a diagnosis of osteoarthritis of the knee; AND
- II. Individual has not received previous administration of Zilretta to the requested knee; AND
- III. Individual has not received therapy with an intra-articular short-acting corticosteroid type drugs within the previous 3 months; AND
- IV. Individual has had a therapeutic failure, a contraindication, or is intolerant to all of the following (ACR 2017):
 - A. Non-pharmacological therapy, e.g. physical therapy; AND
 - B. Oral nonsteroidal anti-inflammatory drug (NSAID) at continuous therapeutic dosing (prescription strength); OR topical NSAID if unable to take oral NSAIDs; AND
 - C. Two conventional injectable corticosteroids [e.g. Dexamethasone injection, methylprednisolone acetate injection, Kenalog injection (triamcinolone acetonide)].

Requests for Zilretta may not be approved for the following:

- I. Individual is using for management of osteoarthritis pain of the shoulder, hip, or small joints, such as the hand; OR
- II. Individual is requesting repeat administration for the management of osteoarthritis pain of the knee; OR
- III. All other indications not included above.

Quantity Limits

Zilretta (triamcinolone acetonide extended-release) Quantity Limits

Drug	Limit
<u>Zilretta 32mg (5 mL) injection</u>	<u>One injection (32 mg/5 mL) per knee per lifetime</u>

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

<u>J3304</u>	<u>Injection, triamcinolone acetonide, preservative-free, extended-release, microsphere formulation, 1 mg</u>
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ICD-10 Diagnosis

<u>M17.0-M17.5</u>	<u>Osteoarthritis of knee</u>
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Document History

New: 08/21/2020

Document History:

- 08/21/2020 – Annual Review: Add new clinical criteria document for Zilretta Prior Authorization, Step Therapy, and Quantity Limit. Coding Reviewed: Added HCPCS: J3304, ICD-10-CM M17.0-M17.5

References

1. American College of Rheumatology (ACR). Osteoarthritis. Available at: <http://www.rheumatology.org>. Accessed July 22, 2020.
2. Clinical Pharmacology [database online]. Tampa, FL: Gold Standard, Inc.: 2020. URL: <http://www.clinicalpharmacology.com>. Updated periodically.
3. Conaghan PG, Hunter DJ, Cohen SB, et al. Effects of a Single Intra-Articular Injection of a Microsphere Formulation of Triamcinolone Acetonide on Knee Osteoarthritis Pain: A Double-Blinded, Randomized, Placebo- Controlled, Multinational Study. *The Journal of Bone and Joint Surgery American*. 2018;100(8):666-677.
4. DailyMed. Package inserts. U.S. National Library of Medicine, National Institutes of Health website. <http://dailymed.nlm.nih.gov/dailymed/about.cfm>. Accessed: June 23, 2020.
5. DrugPoints® System [electronic version]. Truven Health Analytics, Greenwood Village, CO. Updated periodically.
6. Lexi-Comp ONLINE™ with AHFS™, Hudson, Ohio: Lexi-Comp, Inc.: 2020; Updated periodically.
7. Kolasinski 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 Care & Research*. 2020; 72 (2):149-162.
10. Zilretta [package insert]. Burlington, MA; Flexion Therapeutics, Incl; Jan 2020.

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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