Clinical Policy: Triamcinolone ER Injection (Zilretta)
Reference Number: CP.PHAR.371
Effective Date: 03.01.18
Last Review Date: 02.21
Line of Business: Commercial, HIM, Medicaid

See Important Reminder at the end of this policy for important regulatory and legal information.

Description
Triamcinolone acetonide extended-release injectable suspension (Zilretta®) is an extended-release synthetic corticosteroid.

FDA Approved Indication(s)
Zilretta is indicated as an intra-articular injection for the management of osteoarthritis pain of the knee.

Limitation(s) of use: The efficacy and safety of repeat administration of Zilretta have not been demonstrated.

Policy/Criteria
Provider must submit documentation (such as office chart notes, lab results or other clinical information) supporting that member has met all approval criteria.

It is the policy of health plans affiliated with Centene Corporation® that Zilretta is medically necessary when the following criteria are met:

I. Initial Approval Criteria
   A. Osteoarthritis of the Knee (must meet all):
      1. Diagnosis of osteoarthritis of the knee;
      2. Prescribed by or in consultation with a rheumatologist or an orthopedist;
      3. Age ≥ 18 years;
      4. Failure of ≥ 4-week trial of one of the following (a or b), unless contraindicated or clinically significant adverse effects are experienced:
         a. Oral nonsteroidal anti-inflammatory drug (NSAID) at continuous therapeutic dosing (prescription strength);
         b. Topical NSAID if member is ≥ 75 years old or unable to take oral NSAIDs;
         *Prior authorization may be required for topical NSAIDs
      5. Trial of at least one other intra-articular glucocorticoid injection for the knee with a documented positive, but inadequate response (e.g., inadequate pain relief, frequent need of rescue medications such as NSAIDs or opioids, need to decrease or inability to increase activity levels, adequate pain relief but with steroid-induced hyperglycemia);
         *Prior authorization may be required for intra-articular glucocorticoids
      6. Dose does not exceed 32 mg as a single intra-articular injection into the knee.

Approval duration: 3 months (one dose per knee)
B. Other diagnoses/indications
   1. Refer to the off-label use policy for the relevant line of business if diagnosis is NOT specifically listed under section III (Diagnoses/Indications for which coverage is NOT authorized): CP.CPA.09 for commercial, HIM.PA.154 for health insurance marketplace, and CP.PMN.53 for Medicaid.

II. Continued Therapy
   A. Osteoarthritis of the Knee
      1. Re-authorization is not permitted. Zilretta is not indicated for repeat administration in the same knee. For an untreated knee, members must meet the initial approval criteria.
      Approval duration: Not applicable

B. Other diagnoses/indications (must meet 1 or 2):
   1. Refer to the off-label use policy for the relevant line of business if diagnosis is NOT specifically listed under section III (Diagnoses/Indications for which coverage is NOT authorized): CP.CPA.09 for commercial, HIM.PA.154 for health insurance marketplace, and CP.PMN.53 for Medicaid.

III. Diagnoses/Indications for which coverage is NOT authorized:
   A. Non-FDA approved indications, which are not addressed in this policy, unless there is sufficient documentation of efficacy and safety according to the off label use policies – CP.CPA.09 for commercial HIM.PA.154 for health insurance marketplace, and CP.PMN.53 for Medicaid.

IV. Appendices/General Information
   Appendix A: Abbreviation/Acronym Key
   FDA: Food and Drug Administration
   NSAID: non-steroidal anti-inflammatory drug
   TA: triamcinolone acetonide

   Appendix B: Therapeutic Alternatives
   This table provides a listing of preferred alternative therapy recommended in the approval criteria. The drugs listed here may not be a formulary agent for all relevant lines of business and may require prior authorization.

<table>
<thead>
<tr>
<th>Drug Name</th>
<th>Dosing Regimen</th>
<th>Dose Limit/Maximum Dose</th>
</tr>
</thead>
<tbody>
<tr>
<td>Oral NSAIDs</td>
<td></td>
<td></td>
</tr>
<tr>
<td>diclofenac (Voltaren®)</td>
<td>50 mg PO BID to TID</td>
<td>150 mg/day</td>
</tr>
<tr>
<td>etodolac (Lodine®)</td>
<td>400-500 mg PO BID</td>
<td>1200 mg/day</td>
</tr>
<tr>
<td>fenoprofen (Nalfon®)</td>
<td>400-600 mg PO TID to QID</td>
<td>3200 mg/day</td>
</tr>
<tr>
<td>ibuprofen (Motrin®)</td>
<td>400-800 mg PO TID to QID</td>
<td>3200 mg/day</td>
</tr>
<tr>
<td>indomethacin (Indocin®)</td>
<td>25-50 mg PO BID to TID</td>
<td>200 mg/day</td>
</tr>
<tr>
<td>indomethacin SR</td>
<td>75 mg PO QD to BID</td>
<td>150 mg/day</td>
</tr>
<tr>
<td>ketoprofen</td>
<td>25-75 mg PO TID to QID</td>
<td>300 mg/day</td>
</tr>
</tbody>
</table>
**Drug Name** | **Dosing Regimen** | **Dose Limit/Maximum Dose**
---|---|---
**Oral NSAIDs**
meloxicam (Mobic®) | 7.5-15 mg PO QD | 15 mg/day
naproxen (Naprosyn®) | 250-500 mg PO BID | 1500 mg/day
naproxen sodium (Anaprox®, Anaprox DS®) | 275-550 mg PO BID | 1650 mg/day
oxaprozin (Daypro®) | 600-1200 mg PO QD | 1800 mg/day
piroxicam (Feldene®) | 10-20 mg PO QD | 20 mg/day
salsalate (Disalcid®) | 1500 mg PO BID or 1000 mg PO TID | 3000 mg/day
sulindac | 150 mg-200 mg PO BID | 400 mg/day
**Topical NSAIDs**
diclofenac 1.5% (Pennsaid®) | 40 drops QID on each painful knee | 160 drops/knee/day
Voltaren® Gel 1% (diclofenac) | 2-4 g applied to affected area QID | 32 g/day
**Intra-articular Glucocorticoids**
triamcinolone acetonide (Kenalog®) | 40 mg (1 mL) for large joints | 80 mg/treatment
methylprednisolone acetate (Depo-Medrol®) | 20-80 mg for large joints | 80 mg/treatment

*Therapeutic alternatives are listed as Brand name® (generic) when the drug is available by brand name only and generic (Brand name®) when the drug is available by both brand and generic.*

**Appendix C: Contraindications/Boxed Warnings**
- Contraindication(s): patients with hypersensitivity to triamcinolone acetonide or any component of the product
- Boxed warning(s): none reported

**Appendix D: General Information**
- Zilretta (extended-release triamcinolone acetonide [TA-ER]) is designed to deliver TA over 12 weeks using extended-release microsphere technology. In contrast, Bodick, et al., 2015, reports that, historically, immediate-release intraarticular glucocorticoids, while demonstrating a large initial analgesic effect, wane over one to four weeks.
- In an evaluation of TA-ER vs immediate-release triamcinolone acetonide (TA-IR) synovial and systemic pharmacokinetics, Krause, et al, 2017, reports that TA-ER demonstrated prolonged residency in the joint (through week 12) relative to TA-IR (through week 6), and consequently showed diminished peak plasma steroid levels relative to TA-IR through week 6. Russell, et al, 2017, reports that in patients with knee osteoarthritis and type-2 diabetes mellitus, TA-ER was associated with a significant and clinically relevant reduction in blood glucose elevation relative to TA-IR 72 hours post-injection.
- In the Zilretta pivotal trial, Conaghan, et al, 2018, reported superiority of TA-ER versus placebo to 12 weeks in average daily pain (ADP) scores (primary endpoint) and continuing TA-ER activity out to 24 weeks. While TA-ER did not show superior
outcomes relative to TA-IR over 12 weeks in ADP scores (secondary endpoint), it was superior to TA-IR at week 12 when evaluated using the exploratory endpoints Western Ontario and McMaster Universities Osteoarthritis Index (WOMAC)-A/B/C and Knee injury and Osteoarthritis Outcome Score Quality of Life (KOOS QoL) subscales.

- Conaghan also reports that patients treated with TA-ER used significantly less rescue medication than those treated with TA-IR.
- A phase 3b, open-label, single-arm study by Spitzer et al., 2019, evaluated the safety and efficacy of repeat administration of Zilretta in 208 patients, of whom 179 received a second injection of Zilretta after a median of 16.6 weeks. Additional injections after the second dose were not allowed.
  - The proportion of patients who experienced arthralgia in any joint was nearly doubled during the second injection period (19.0%) compared to the first injection period (10.6%); there were also slightly higher rates of index-knee treatment-emergent AEs during the second injection period (17.3%) compared to the first (14.0%).
  - The FDA highlights this concern in the Zilretta Prescribing Information, Section 6.1 Adverse Reactions – Clinical Studies, stating “The data from this study are insufficient to fully characterize the safety of repeat administration of Zilretta.” As a result, the label continues to retain a limitation of use concerning the unknown benefit of repeat administration.

V. Dosage and Administration

<table>
<thead>
<tr>
<th>Indication</th>
<th>Dosing Regimen</th>
<th>Maximum Dose</th>
</tr>
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<tbody>
<tr>
<td>Osteoarthritis of the knee</td>
<td>32 mg (5 mL) as a single intra-articular extended-release injection</td>
<td>32 mg (5 mL)</td>
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</table>

VI. Product Availability

Injectable suspension of microspheres (single-dose vial for reconstitution): 32 mg/5 mL

VII. References


**Coding Implications**

Codes referenced in this clinical policy are for informational purposes only. Inclusion or exclusion of any codes does not guarantee coverage. Providers should reference the most up-to-date sources of professional coding guidance prior to the submission of claims for reimbursement of covered services.

<table>
<thead>
<tr>
<th>HCPCS Codes</th>
<th>Description</th>
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<tr>
<td>J3304</td>
<td>Injection, triamcinolone acetonide, preservative-free, extended-release, microsphere formulation, 1 mg</td>
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<table>
<thead>
<tr>
<th>Reviews, Revisions, and Approvals</th>
<th>Date</th>
<th>P&amp;T Approval Date</th>
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<tbody>
<tr>
<td>Policy created</td>
<td>01.09.18</td>
<td>02.18</td>
</tr>
<tr>
<td>No significant changes; per SDC decision, added HIM Medical Benefit line of business.</td>
<td>04.12.18</td>
<td></td>
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<tr>
<td>1Q 2019 annual review; no significant changes; references reviewed and updated.</td>
<td>12.11.18</td>
<td>02.19</td>
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<tr>
<td>1Q 2020 annual review: no significant changes; modified NSAID trial duration to 4 weeks to align with existing requirements for hyaluronates; replaced HIM Medical Benefit with HIM line of business; references reviewed and updated.</td>
<td>11.26.19</td>
<td>02.20</td>
</tr>
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</table>
Reviews, Revisions, and Approvals | Date | P&T Approval Date
--- | --- | ---
1Q 2021 annual review: no significant changes; references to HIM.PHAR.21 revised to HIM.PA.154; added coding implications; references reviewed and updated. | 10.22.20 | 02.21
Added information regarding repeat administration to Appendix D. | 03.26.21 |

**Important Reminder**
This clinical policy has been developed by appropriately experienced and licensed health care professionals based on a review and consideration of currently available generally accepted standards of medical practice; peer-reviewed medical literature; government agency/program approval status; evidence-based guidelines and positions of leading national health professional organizations; views of physicians practicing in relevant clinical areas affected by this clinical policy; and other available clinical information. The Health Plan makes no representations and accepts no liability with respect to the content of any external information used or relied upon in developing this clinical policy. This clinical policy is consistent with standards of medical practice current at the time that this clinical policy was approved. “Health Plan” means a health plan that has adopted this clinical policy and that is operated or administered, in whole or in part, by Centene Management Company, LLC, or any of such health plan’s affiliates, as applicable.

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Note:
For Medicaid members, when state Medicaid coverage provisions conflict with the coverage provisions in this clinical policy, state Medicaid coverage provisions take precedence. Please refer to the state Medicaid manual for any coverage provisions pertaining to this clinical policy.

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