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Medical benefit drug policies are a source for BCBSM and BCN medical policy information only. These documents are not to be used to determine benefits or reimbursement. Please reference the appropriate certificate or contract for benefit information. This policy may be updated and therefore subject to change.

P&T Date: 08/13/2026

Zilretta[®] (triamcinolone acetonide extended-release)

HCPCS: J3304

Policy:

Requests must be supported by submission of chart notes and patient specific documentation.

- A. Coverage of the requested drug is provided when all the following are met:
 - a. FDA approved age
 - b. Osteoarthritis of the knee with a Kellgren-Lawrence grade of 2 or greater
 - i. Coverage will not be provided for injections into any joint besides the knee
 - c. Inadequate response to TWO or more of the following:
 - i. Resistance exercise (such as structured weightlifting or resistance band program) or cardiovascular exercise (such as walking, biking, stationary bike, or aquatic exercises)
 - ii. Weight reduction (in those that are overweight defined as a BMI of 25 or greater) by 5% from baseline
 - iii. Utilizing durable medical equipment (such as: wearing medially-directed patellar taping, wearing wedged insoles, or using walking aids)
 - iv. Physical therapy or occupational therapy
 - d. Trial and failure of ALL of the following unless contraindicated or clinically significant adverse events are experienced:
 - i. Oral non-steroidal anti-inflammatory drug (NSAID) at maximal therapeutic dosage
 - 1. Oral NSAID not required if the member is at least 65 years of age or under 65 years of age and unable to take an oral NSAID
 - ii. Topical NSAID
 - iii. Immediate-release intra-articular triamcinolone acetonide injection
 - 1. Treatment failure is defined as any of the following:
 - a) Inadequate pain relief
 - b) Frequent need for continued rescue doses of NSAIDs
 - c) Inability to increase activity levels or need to decrease activity levels
 - d) Adequate pain relief but experienced steroid-induced hyperglycemia
 - 2. Please provide a credible explanation why Zilretta is expected to work if triamcinolone acetonide has not
 - e. Must not have had a previous intra-articular corticosteroid injection within the past 3 months.
 - f. Trial and failure, contraindication, OR intolerance to the preferred drugs as listed in BCBSM/BCN's utilization management medical drug list.

This policy and any information contained herein is the property of Blue Cross Blue Shield of Michigan and its subsidiaries, is strictly confidential, and its use is intended for the P&T committee, its members and BCBSM employees for the purpose of coverage determinations.

- B. Quantity Limitations, Authorization Period and Renewal Criteria
- Quantity Limits: Align with FDA recommended dosing
 - Authorization Period: 3 months to allow for scheduling
 - Renewal Criteria: Not applicable as no further authorization will be provided

***Note: Coverage and approval duration may differ for Medicare Part B members based on any applicable criteria outlined in Local Coverage Determinations (LCD) or National Coverage Determinations (NCD) as determined by Center for Medicare and Medicaid Services (CMS). See the CMS website at <http://www.cms.hhs.gov/>. Determination of coverage of Part B drugs is based on medically accepted indications which have supported citations included or approved for inclusion determined by CMS approved compendia.

Background Information:

- Osteoarthritis (OA) is a common degenerative condition affecting the knees. Historically a disease of older Americans, OA is now being diagnosed at increasingly younger ages with the prevalence rising after age 45. More than 27 million individuals are affected by osteoarthritis. By 2030 it is expected to affect 67 million Americans.
- The overall goals of management are to reduce pain and prevent disability. Rheumatologists and orthopedists are the primary physician specialties versed in handling musculoskeletal disorders like OA, especially in cases of complicated or treatment-refractory disease. Consulting an orthopedic surgeon may be necessary for cases that may require surgical intervention.
- The American College of Rheumatology (ACR), American Academy of Orthopedic Surgeons (AAOS), and the Osteoarthritis Research Society International (ORSI) have practice guidelines for the management of OA of the knee. These guidelines provide recommendations for both non-pharmacologic and pharmacologic therapies for the treatment of knee OA.
- The ACR, AAOS, and ORSI all agree that non-pharmacologic treatment is a mainstay of therapy for all patients with knee OA. Non-pharmacologic treatment modalities are often used in combination to maximize their effectiveness.
 - Exercise is strongly recommended for all patients with OA, with an emphasis on resistance training (i.e. weightlifting, band exercises) and cardiovascular/aerobic exercise (i.e. walking, stationary bicycles, aquatics). Exercise interventions have evidence to support statistically and clinically significant improvements in pain and function scores in OA.
 - Weight loss is also recommended for patients with knee OA who are overweight (defined as a BMI ≥ 25). The 2019 ACR guidelines specifically note that a loss of $\geq 5\%$ of body weight can yield positive change in clinical and mechanistic outcomes; the benefits continue to increase as the percent of weight lost increases.
 - Gait aids may be warranted for use in knee OA. The 2019 ACR guidelines strongly recommend the use of a cane and tibiofemoral knee braces in the event the disease is significantly impacting ambulation, joint stability, or pain; kinesiotaping and patellofemoral braces are conditionally recommended. The 2021 AAOS guidelines suggest braces and canes could help improve pain and function in patients with knee OA with moderate strength evidence.
 - Physical and occupational therapy have also shown evidence of benefit in knee OA, particularly for initiating and maintaining an appropriate exercise regimen, for self-efficacy and self-management training, and instruction in the use of and fitting of braces.

- Pharmacologic interventions strongly recommended by the ACR, AAOS, and OARSI for knee OA include topical and oral NSAID therapy. Oral NSAIDs should be avoided in patients of any age with conditions putting them at high risk of cardiovascular, renal, gastrointestinal, and hematologic adverse events associated with NSAID use. The elderly population (65 years of age and older) in particular are very susceptible to the side effect profiles of NSAIDs; NSAIDs have also been shown to increase the risk of falls, geriatric psychiatric events, and the risk of stroke in elderly patients.
- Intra-articular glucocorticoid injections are recommended for knee OA by the ACR and OARSI recommendations (strongly recommended and conditionally recommended, respectively), and most recently by the AAOS per the updated 2021 guidelines as they have demonstrated short-term efficacy in symptomatic knee OA. Intra-articular glucocorticoid injections are available in both short- and long-acting preparations; however, there is insufficient evidence evaluating comparative safety and efficacy to recommend one product over the other.
- Zilretta (triamcinolone acetonide extended-release) is an extended-release intra-articular corticosteroid injection indicated for the management of osteoarthritis pain of the knee.
 - It is administered as a one-time injection into the affected knee(s); the safety and efficacy of repeat injections have not been demonstrated.
 - Per the prescribing information, the safety and effectiveness of Zilretta in pediatric patients has not been established; therefore, use is limited to patients 18 years of age and older.
 - The safety and efficacy of Zilretta have not been evaluated for the management of osteoarthritis of other joints besides the knees.
- A Phase 3 trial demonstrated statistically significant improved pain, stiffness, and function in patients with osteoarthritis of the knee (Kellgren-Lawrence grade 2 or 3) treated with Zilretta compared to placebo through 12 weeks post injection. The treatment arm comparing Zilretta to traditional intraarticular triamcinolone acetonide, however, showed a similar onset of action and no statistically significant pain relief superiority between the two agents.
- The use of Zilretta in patients with previous intraarticular corticosteroid injections in any joint within 3 months of treatment with Zilretta was not established in the Phase 3 trial as these patients were excluded from enrollment.
- Zilretta has not demonstrated superior efficacy over traditional short-acting intra-articular triamcinolone acetate. There is a lack of data supporting one preparation over the other and a significant difference in cost between Zilretta and generically available intraarticular triamcinolone acetonide. This supports requiring trial and failure of short-acting intraarticular triamcinolone prior to Zilretta, as well as requiring a credible explanation to why the long-acting formulation is expected to work if the short-acting formulation of the same product resulted in treatment failure.

References:

1. Zilretta (triamcinolone acetonide extended-release injectable suspension) [package insert]. Flexion Therapeutics, INC. December 2024.
2. Drugs@FDA: FDA Approved Drug Products. Available at: <https://www.accessdata.fda.gov/scripts/cder/daf/index.cfm?event=overview.process&ApplNo=208845>. Accessed July 2018.
3. FDA Approves Flexion's Zilretta for osteoarthritis knee pain. Available at: <http://www.firstwordpharma.com/node/1510807#axzz4v0KQGoMD>. Accessed July 2018.
4. Flexion Therapeutics Submits New Drug Application for Zilretta to Treat Knee Osteoarthritis Pain. Available at: <https://www.firstwordpharma.com/node/1440166>. Accessed July 2018.
5. Flexion Therapeutics Announces Presentation of Phase 3 Data Demonstrating that Extended-Release Zilretta Achieves Clinically Significant Improvement of Pain, Stiffness, and Function in Patients with Osteoarthritis of the Knee. Available at: <https://www.firstwordpharma.com/node/1432522>. Accessed July 2018.
6. Flexion Therapeutics to Present Data on Zilretta (FX006) at the American Diabetes Association's 77th Scientific Sessions. Available at: <https://www.firstwordpharma.com/node/1479103>. Accessed July 2018.
7. 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 volume. 2018;100(8):666-677. doi:10.2106/JBJS.17.00154.
8. Kolasinski SL, Neogi T, et al. 2019 American College of Rheumatology/ Arthritis Foundation Guideline for the Management of Osteoarthritis of the Hand, Hip and Knee. Arthritis Care & Research. February 2020;72(2):149-162.
9. American Academy of Orthopaedic Surgeons Management of Osteoarthritis of the Knee (Non-Arthroplasty) Evidence-Based Clinical Practice Guideline. <https://www.aaos.org/oak3cpg>. Published 08/31/2021. Accessed June 15, 2022.
10. Bannuru RR, et al. OARSI guidelines for the non-surgical management of knee, hip, and polyarticular osteoarthritis. Osteoarthritis and Cartilage. 2019;27:1578-1589.

Policy History												
#	Date	Change Description										
2.0	Effective Date: 08/13/2026	Annual review of criteria was performed, no changes were made										
1.9	Effective Date: 08/07/2025	Annual review of criteria was performed, no changes were made										
1.8	Effective Date: 08/08/2024	Annual review of criteria was performed, no changes were made										
1.7	Effective Date: 08/10/2023	Removed prescriber requirement from criteria										
1.6	Effective Date: 08/04/2022	Annual review of criteria was performed, no changes were made										
1.5	Effective Date: 08/12/2021	Annual review of criteria was performed, no changes were made										
1.4	Effective Date: 08/13/2020	Policy update; Addition of preferred drug step										
1.3	Effective Date: 08/15/2019	Annual Review of Medical Policy										
1.2	Effective Date: 06/03/2019	UM medical management system update for BCNA and MAPPO <table><tr><th>Line of Business</th><th>PA Required in Medical Management System (Yes/No)</th></tr><tr><td>BCBS</td><td>Yes</td></tr><tr><td>BCN</td><td>Yes</td></tr><tr><td>MAPPO</td><td>Yes</td></tr><tr><td>BCNA</td><td>Yes</td></tr></table>	Line of Business	PA Required in Medical Management System (Yes/No)	BCBS	Yes	BCN	Yes	MAPPO	Yes	BCNA	Yes
Line of Business	PA Required in Medical Management System (Yes/No)											
BCBS	Yes											
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MAPPO	Yes											
BCNA	Yes											
1.1	Effective Date: 10/01/2018	UM medical management system update for BCBS and BCN <table><tr><th>Line of Business</th><th>PA Required in Medical Management System (Yes/No)</th></tr><tr><td>BCBS</td><td>Yes</td></tr><tr><td>BCN</td><td>Yes</td></tr><tr><td>MAPPO</td><td>No</td></tr><tr><td>BCNA</td><td>No</td></tr></table>	Line of Business	PA Required in Medical Management System (Yes/No)	BCBS	Yes	BCN	Yes	MAPPO	No	BCNA	No
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BCBS	Yes											
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1.0	Effective Date: 08/09/2018	New Drug Policy <table><tr><th>Line of Business</th><th>PA Required in Medical Management System (Yes/No)</th></tr><tr><td>BCBS</td><td>No</td></tr><tr><td>BCN</td><td>No</td></tr><tr><td>MAPPO</td><td>No</td></tr><tr><td>BCNA</td><td>No</td></tr></table>	Line of Business	PA Required in Medical Management System (Yes/No)	BCBS	No	BCN	No	MAPPO	No	BCNA	No
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BCN	No											
MAPPO	No											
BCNA	No											

* The prescribing information for a drug is subject to change. To ensure you are reading the most current information it is advised that you reference the most updated prescribing information by visiting the drug or manufacturer website or <http://dailymed.nlm.nih.gov/dailymed/index.cfm>.

Authorization Request Form

Zilretta® (triamcinolone acetonide extended-release injectable suspension, for intra-articular use only)

HCPCS CODE: J3304

Blue Cross
Blue Shield
Blue Care Network
of MichiganNonprofit corporations and independent licensees
of the Blue Cross and Blue Shield Association

This form is to be used by participating physicians to obtain coverage for Zilretta®. For commercial members only, please complete this form and submit via fax to 1-877-325-5979. If you have any questions regarding this process, please contact BCBSM Provider Relations and Servicing or the Medical Drug Helpdesk at 1-800-437-3803 for assistance.

PATIENT INFORMATION

PHYSICIAN INFORMATION

Name	Name
ID Number	Specialty
D.O.B. ☐ Male ☐ Female	Address
Diagnosis	City /State/Zip
Drug Name ☐ Zilretta®	Phone/Fax: P: () - F: () -
Dose and Quantity	NPI
Directions	Contact Person
Date of Service(s)	Contact Person Phone / Ext.

STEP 1: DISEASE STATE INFORMATION

- Is this request for: ☐ Initiation ☐ Continuation Date patient started therapy: _____
- Administered by patient or a medical professional? ☐ patient (self) ☐ health care professional (physician, nurse, etc.)
- Please provide the NPI number for the place of administration: _____
- Initiation AND Continuation of therapy:**
 - Requested Anatomical Location of Injection: ☐ Left Knee ☐ Right Knee ☐ Both Knees ☐ Other (please specify): _____
 - Kellgren-Lawrence Grade: ☐ 0 ☐ 1 ☐ 2 ☐ 3 ☐ 4
 - Please check all non-pharmacological therapies tried by patient:
 - ☐ Resistance or Cardiovascular Exercise
 - ☐ Weight Reduction (Please indicate % weight loss from baseline): _____
 - ☐ Durable Medical Equipment (Please Specify): _____
 - ☐ Physical Therapy or Occupational Therapy
 - Please check all pharmacological therapies tried by patient:
 - ☐ Oral NSAID at maximal tolerated Dose (If contraindicated please specify): _____
 - ☐ Topical NSAID, List the name: _____
 - ☐ Immediate release intra-articular triamcinolone acetonide injection (please list dates and reason for failure): _____
 - Please provide a credible explanation why Zilretta is expected to work if triamcinolone acetonide has not: _____
 - Has the patient had a previous intra-articular corticosteroid injection within the past 3 months? ☐ YES ☐ NO
- Continuation of therapy:**
 - Has the patient previously received a Zilretta® injection into the same joint currently being requested? ☐ YES ☐ NO
- Please add any other supporting medical information necessary for our review**

Coverage will not be provided if the prescribing physician's signature and date are not reflected on this document.

☐ Request for expedited review: I certify that applying the standard review time frame may seriously jeopardize the life or health of the member or the member's ability to regain maximum function

Physician's Name	Physician Signature	Date
Step 2: Checklist	☐ Form Completely Filled Out ☐ Attached Chart Notes	
Step 3: Submit	By Fax: BCBSM Specialty Pharmacy Mailbox 1-877-325-5979	By Mail: BCBSM Specialty Pharmacy Program P.O. Box 312320, Detroit, MI 48231-2320

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7/23/2018; 8/15/2018, 9/18/2018; 11/30/2018; 10/1/2020