

Aetna Medicare Part B Drug Step Criteria

Osteoarthritis

Preferred product(s):

Depo-Medrol

Kenalog

Methylprednisolone acetate

Triamcinolone acetate

This criteria document informs prescribers of preferred products and provides an exception process for targeted products through prior authorization. Step criteria are applied in addition to any applicable National Coverage Determination (NCD), Local Coverage Determination (LCD), and Aetna Medicare Part B Drug Criteria. [Find Aetna Medicare Part B Drug Criteria documents.](#)

This program applies to osteoarthritis products as specified in this policy. Coverage for targeted products is provided based on clinical circumstances that would exclude use of the preferred product and may be based on previous use of a product. The coverage review process will determine situations where a clinical exception can be made. This program applies to all Medicare members who are new to treatment with a targeted product.

For all Part B requests (new starts only):

TABLE. Osteoarthritis

Status	Product(s)
Preferred*	Depo-Medrol – no prior authorization required Kenalog – no prior authorization required Methylprednisolone acetate – no prior authorization required Triamcinolone acetate – no prior authorization required
Non-preferred (targeted)	Zilretta (triamcinolone acetonide extended-release)

*Preferred products do not require prior authorization

EXCEPTION CRITERIA

Coverage for the targeted product(s) is provided when the member meets one or more of the following criteria:

1. Member has received an authorized dose of the requested product in the past 365 days (does not include samples or doses administered without prior authorization).
2. Documented inadequate response to a trial of two or more of the preferred products (documentation required upon request)
3. Documented intolerable adverse event to two or more of the preferred products.

REFERENCES

1. Zilretta (triamcinolone acetonide extended-release injectable suspension) [package insert]. San Diego, CA: Pacira BioSciences, Inc.; March 2022.



Reference number
1019-AMBST

2. Kenalog (triamcinolone acetonide injection suspension) [package insert]. Princeton, NJ: Bristol-Myers Squibb Company; April 2019.
3. Depo-Medrol (methylprednisolone acetate injectable suspension) [package insert]. New York, NY: Pfizer injectables; June 2021.
4. Micromedex [database online]. New York, NY: Thomson Reuters, Inc.; 2019. Available at <http://www.micromedexsolutions.com/micromedex2/librarian>. Updated periodically. Accessed February 2022.

DOCUMENT HISTORY

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See Evidence of Coverage for a complete description of plan benefits, exclusions, limitations and conditions of coverage. Plan features and availability may vary by service area.
 The formulary may change at any time. You will receive notice when necessary.