

Aetna Medicare Part B Drug Criteria

ZILRETTA (triamcinolone acetonide extended-release injectable suspension)

This policy is for Aetna Medicare members. [Find the Aetna Commercial Medical Drug Criteria.](#)

For Aetna Medicare members, National Coverage Determinations (NCDs) and Local Coverage Determinations (LCDs) will be applied to Part B drug requests when applicable. Aetna Medicare Part B Drug Criteria documents will be used in the absence of an NCD and LCD.

POLICY

I. INDICATIONS

The indications below including FDA-approved indications and compendial uses are considered a covered benefit provided that all the approval criteria are met and the member has no exclusions to the prescribed therapy.

FDA-Approved Indication

Zilretta is indicated as an intraarticular injection for the management of osteoarthritis pain of the knee.

Limitation of Use: The efficacy and safety of repeat administration of Zilretta have not been demonstrated.

All other indications will be assessed on an individual basis. Submissions for indications other than those enumerated in this policy should be accompanied by supporting evidence from Medicare approved compendia.

II. CRITERIA FOR INITIAL APPROVAL

Osteoarthritis pain of the knee

Authorization of one dose per knee may be granted for treatment of osteoarthritis pain of the knee.

III. SUMMARY OF EVIDENCE

The contents of this policy were created after examining the following resources:

1. The prescribing information for Zilretta.
2. The available compendium
 - a. National Comprehensive Cancer Network (NCCN) Drugs and Biologics Compendium
 - b. Micromedex DrugDex
 - c. American Hospital Formulary Service- Drug Information (AHFS-DI)



Reference number
4816-A

- d. Lexi-Drugs
- e. Clinical Pharmacology

After reviewing the information in the above resources, the FDA-approved indications listed in the prescribing information for Zilretta are covered.

IV. EXPLANATION OF RATIONALE

Support for FDA-approved indications can be found in the manufacturer's prescribing information.

V. REFERENCES

1. Zilretta [package insert]. Burlington, MA: Flexion Therapeutics, Inc.; March 2022.

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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.