

Zilretta® (triamcinolone extended-release) Effective 04/01/2023

Plan			☑ Prior Authorization
Benefit	☑ Pharmacy Benefit☑ Medical Benefit (NLX)	Program Type	☐ Quantity Limit ☐ Step Therapy
Specialty Limitations	N/A		
	Specialty Medications		
	All Plans	Phone: 866-814-5506	Fax: 866-249-6155
	Non-Specialty Medications		
Contact	MassHealth	Phone: 877-433-7643	Fax: 866-255-7569
Information	Commercial	Phone: 800-294-5979	Fax: 888-836-0730
	Exchange	Phone: 855-582-2022	Fax: 855-245-2134
	Medical Specialty Medications (NLX)		
	All Plans	Phone: 844-345-2803	Fax: 844-851-0882
Exceptions	N/A		

Overview

Zilretta® (triamcinolone extended-release) is an intra-articular corticosteroid injection indicated for the management of osteoarthritis pain of the knee.

No PA	Drugs that require PA
Celestone® # (betamethasone injection)	Zilretta [®] (triamcinolone extended-release injectable
Depo-Medrol® # (methylprednisolone acetate)	suspension)
dexamethasone injection	
Kenalog® # (triamcinolone injection)	
Solu-Cortef® # (hydrocortisone injection)	

#This is a brand-name drug with FDA "A"-rated generic equivalents. PA is required for the brand, unless a particular form of that drug (for example, tablet, capsule, or liquid) does not have an FDA "A"-rated generic equivalents

Coverage Guidelines

Authorization may be granted for members when all the following criteria are met, and documentation is provided:

- 1. Diagnosis of osteoarthritis pain of the knee
- Physician attestation of inadequate response or adverse reaction to TWO different intra-articular corticosteroid injection preparations or contraindication to ALL other intra-articular corticosteroid injection preparations
- 3. Appropriate dosing

Limitations

- 1. Initial approvals will be granted for 1 month (30 days)
- 2. Zilretta® is not intended for repeat administration

References

- 1. Zilretta® [package insert].San Diegio(CA): Pacira Pharmaceuticals, Inc; 2022 Mar.
- 2. Micromedex®Healthcare Series [database on the internet]. Greenwood Village (CO): Truven Health Analytics. Updated periodically; [cited 2022 Sep 6]. Available from: http://www.thomsonhc.com/.

Review History

01/11/23 - Reviewed and created for Jan P&T; matched MH UPPL. Created criteria to be in compliance with Masshealth unified formulary requirements. Effective 4/1/23

