

UTILIZATION MANAGEMENT MEDICAL POLICY

POLICY: Corticosteroids (Intraarticular) – Zilretta Utilization Management Medical Policy

- Zilretta® (triamcinolone acetonide extended-release intraarticular injection – Pacira)

REVIEW DATE: 05/13/2026

OVERVIEW

Zilretta, an **extended-release** synthetic corticosteroid, is indicated as an intraarticular injection for the management of **osteoarthritis pain of the knee**.¹

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

Several other injectable corticosteroids (e.g., betamethasone sodium phosphate and betamethasone acetate, dexamethasone sodium phosphate, methylprednisolone acetate, and immediate-release triamcinolone acetonide) are indicated for intraarticular use for the management of osteoarthritic conditions.²⁻⁵

Dosing Information

Zilretta is administered as a single intraarticular injection in the knee that delivers 32 mg/5 mL.¹

Guidelines

Guidelines for the management of osteoarthritis of the hand, hip, and knee are available from the American College of Rheumatology (2019).⁶ Multiple non-pharmacological modalities are recommended for knee osteoarthritis, including exercise, self-management programs, weight loss, Tai Chi, and use of assistive devices (i.e., bracing or a cane). Pharmacologic therapy for knee osteoarthritis consists of acetaminophen, oral and topical non-steroidal anti-inflammatory drugs, tramadol, intraarticular corticosteroid injections, duloxetine, and topical capsaicin. In the guidelines, no distinction is made between the available intraarticular corticosteroid products or between short-acting and long-acting products.

The American Academy of Orthopaedic Surgeons practice guideline for the management of osteoarthritis of the knee (nonarthroplasty) [2022] state intraarticular corticosteroids could provide short-term relief for patients with symptomatic osteoarthritis of the knee.⁷ Additionally, extended-release intraarticular corticosteroids can be used over immediate-release to improve patient outcomes (moderate strength recommendation).

POLICY STATEMENT

Prior Authorization is recommended for medical benefit coverage of Zilretta. Approval is recommended for those who meet the **Criteria** and **Dosing** for the listed indication. Extended approvals are allowed if the patient continues to meet the Criteria and Dosing. Requests for doses outside of the established dosing documented in this policy will be considered on a case-by-case basis by a clinician (i.e., Medical Director or Pharmacist). All approvals are provided for 30 days, which is an adequate duration for the patient to receive one dose per affected knee.

Documentation: Documentation is required for use of Zilretta as noted in the criteria as **[documentation required]**. Documentation may include, but is not limited to, chart notes, prescription claims records, prescription receipts, and/or other information. All documentation must include patient-specific identifying information.

Automation: None.

RECOMMENDED AUTHORIZATION CRITERIA

Coverage of Zilretta is recommended in those who meet the following criteria:

FDA-Approved Indication

1. **Osteoarthritis Pain of the Knee.** Approve for one injection per treated knee if the patient meets ALL the following (A, B, and C):
 - A) Diagnosis of the knee to be treated is confirmed by radiologic evidence of knee osteoarthritis; AND
Note: Examples of radiographic evidence include diagnosis based on x-ray, magnetic resonance imaging, computed tomography scan, and ultrasound.
 - B) Patient has tried at least one intraarticular corticosteroid injection in the knee to be treated **[documentation required]**.
Note: Examples of intraarticular corticosteroid injections include immediate-release triamcinolone acetonide, betamethasone sodium phosphate and betamethasone acetate, dexamethasone sodium phosphate, and methylprednisolone acetate.
 - C) Patient is not receiving re-treatment of knee(s) previously treated with Zilretta.

Dosing. Approve one injection (32 mg/5 mL) administered by intraarticular injection per treated knee.

CONDITIONS NOT RECOMMENDED FOR APPROVAL

Coverage of Zilretta is not recommended in the following situations:

1. Coverage is not recommended for circumstances not listed in the Recommended Authorization Criteria. Criteria will be updated as new published data are available.

REFERENCES

1. Zilretta intraarticular injection [prescribing information]. San Diego, CA: Pacira; April 2026.
2. Betamethasone sodium phosphate/betamethasone acetate injection [prescribing information]. Shirley, NY: American Regent; June 2020.
3. Dexamethasone sodium phosphate injection [prescribing information]. Lehi, UT: Civica; November 2019.
4. Methylprednisolone acetate injection [prescribing information]. Bridgewater, NJ: Amneal; July 2021.
5. Triamcinolone acetonide injection [prescribing information]. Bridgewater, NJ: Amneal; December 2020.
6. Kolasinski SH, Neogi T, Hochberg MC, et al. 2019 American College of Rheumatology/Arthritis Foundation Guideline for the management of osteoarthritis of the hand, hip, and knee. *Arthritis Care Res.* 2019;72(2):149-162.
7. Brophy RH, Fillingham YA. AAOS Clinical Practice Guideline Summary: Management of Osteoarthritis of the Knee (Nonarthroplasty), Third Edition. *J Am Acad Orthop Surg.* 2022;30(9):e721-e729.

HISTORY

Type of Revision	Summary of Changes	Review Date
Annual Revision	No criteria changes.	05/08/2024
Annual Revision	No criteria changes	05/07/2025
Annual Revision	No criteria changes.	05/13/2026

05/13/2026

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