

General Commissioning Policy

Treatment	Hyaluronic acid injections
For the treatment of	Musculoskeletal joint pain
Background	Hyaluronic acid and its derivatives are injected intra-articularly to supplement natural hyaluronic acid in the synovial fluid. In February 2014, NICE CG177: Osteoarthritis. Care and Management in Adults concluded that intra-articular hyaluronan injections should NOT be offered for the management of osteoarthritis based on a lack evidence for their use.
Commissioning position	NHS Hull CCG does NOT routinely commission Hyaluronic Acid Injections. Requests for hyaluronic acid injections must be submitted for consideration by the Individual Funding Request (IFR) Panel. The IFR proforma (accessed at the end of this document) must be completed along with the general IFR request form.
Effective from	1 st June 2017
Summary of evidence / rationale	<p>The NICE Clinical Guideline 177: Osteoarthritis considered the clinical and cost effectiveness of hyaluronic injections in the management of Osteoarthritis in the knee, ankle, big toe and hip, although the vast majority of data relates to the knee.</p> <p>NICE considered trials including licenced and unlicenced preparations, and trials that compared hyaluronic acid injections with placebo, usual treatment, steroid injections, and another hyaluronan.</p> <p>Outcomes considered included joint pain, quality of life (QOL), and adverse events.</p> <p>No relevant economic evaluations were identified and therefore not included in the NICE guideline.</p> <p>Knee OA</p> <p>A clinically important reduction in pain compared to placebo was demonstrated for two licenced products, however, all these effects were surrounded by uncertainty and the quality of the trials ranged from low to very low.</p> <p>There was no evidence of improved QOL available and two licenced products demonstrated higher rates of adverse effects versus placebo.</p> <p>Hip OA</p> <p>No clinically important difference was demonstrated over placebo on any pain scale. No QOL data was available and higher rates of adverse effects were demonstrated versus placebo.</p>

	<p>Ankle OA There was very limited data available and the quality of the data that was available ranged from low to very low.</p> <p>Base of Thumb OA The data available suggests no clinically important difference in adverse events versus placebo.</p>
Date	June 2017
Review Date	June 2019
Contact for this policy	Karen Billany, Head of Acute Care NHS Hull Clinical Commissioning Group. Karen.billany@nhs.net

Notes

1. This Policy will be reviewed in the light of new evidence, or guidance from NICE.
2. General Commissioning Policies are agreed by the Planning and Commissioning Committee on behalf of NHS Hull CCG.

References:

1. NICE Clinical Guideline 177 – Osteoarthritis
<http://www.nice.org.uk/guidance/cg177> (*Conclusion - do not offer intra-articular hyaluronan injections for the management of osteoarthritis*)

Hull Clinical Commissioning Group

Hyaluronic Acid (HA) Injection IFR Request proforma

(to be completed in addition to General IFR request form)

Patient Name		Referring Clinician	
Extent of knee osteoarthritis (OA) as clinically diagnosed in secondary care:		Impact on activities of daily living?	
Mild / Moderate / Severe			
Grade 1 / Grade 2 / Grade 3 / Grade 4			
ALL measures below must have been tried over at least a 6 month period, or for the clinically appropriate amount of time recommended, and found to be ineffective or contraindicated prior to requesting funding for Hyaluronic Acid Injections			
Lifestyle changes		Dates, duration of intervention and outcome	
- Weight Loss	YES/NO		
- Moderate Exercise	YES/NO		
		*please specify method of weight loss e.g. Weightwatchers	
Physical therapies		Dates, duration of intervention and outcome	
- Physiotherapy	YES/NO		
- Occupational Therapy	YES/NO		
- Walking Aids	YES/NO		
Conservative Management		Dates, duration of intervention and outcome?	
- Simple Analgesia	YES / NO		
- Anti-Inflammatories	YES / NO		
- NSAIDS	YES / NO		
- Steroid Injections	YES / NO		
Is any Conservative Management contraindicated?	YES / NO	If yes, please state which and reasons why	
Is surgical knee replacement suitable for this patient?	YES / NO	If no, state clinical rationale why patient unsuitable	
Have intra-articular HA injections previously been given?	YES / NO	If yes, state number, dates and duration of benefit	
If yes, was treatment previously approved through the IFR process?	YES / NO		