























**Supplemental Figure 1.** Summary of Selected Global Clinical Practice Guidelines for IAHA for Treating OA Knee Pain

Professional Societies	Geography	Year	Recommendation or Guideline
American Academy of Family Physicians (AAFP)		2012 [1]	Recommended in severe OA when other treatment options are not effective.
American Academy of Orthopaedic Surgeons (AAOS)		2021 [2]	Do not recommend due to a low likelihood that an appreciable number of patients achieved clinically important benefits based on published literature.
American College of Rheumatology (ACR)		2019 [3]	Conditionally recommended against.
American Medical Society for Sports Medicine (AMSSM)		2016 [4]	Recommended in patients who meet OMERACT-OARS criteria.
Arthroscopy Association of Canada (AAC)		2019 [5]	Recommended in patients with mild to moderate OA.
Chinese Medical Association (CMA)		2018 [6]	Recommended as a safe and effective treatment for mild to moderate knee OA.
European League Against Rheumatism (EULAR)		2003 [7]	Acknowledgement of potential benefits of IAHA use in treating OA patients.
European Society Clinical & Economic Aspects of Osteoporosis & OA (ESCEO)		2016 [8]	Recommend in mild to moderate knee OA; severe cases if surgery is contraindicated or desire to delay surgery.
German Society for Orthopedics and Orthopedic Surgery (DGOOC)		2018 [9]	Recommended if NSAIDs are not effective or contraindicated.
Osteoarthritis Research Society International (OARS)		2019 [10]	Conditional recommendation in favor for knee-only OA; not appropriate: multiple-joint OA.
Turkish League Against Rheumatism (TLAR)		2018 [11]	Recommended in patients with moderate to severe symptoms but some uncertainty in the current evidence.
PanAmerican League of Associations for Rheumatology (PANLAR)		2016 [12]	Recommended for patients with moderate to severe symptoms.
Spanish Society of Rheumatology (SER)		2005 [13]	Recommended as an effective treatment for knee OA.
Consensus, Agency Meta-analysis, and Healthcare Policy	Geography	Year	Recommendation or Guideline
		2007 [14]	Recommendation uncertain - variability in evidence; insufficient evidence to support disease modification.
Agency for Healthcare Research and Quality (AHRQ)		2015 [15]	Comparative effectiveness: IA treatment including IAHA have a 2-3 times greater clinical effect size than NSAIDs.
Center for Medicare and Medicaid Services (CMS) - Coverage Policy		2020 [16]	Medicare considers IAHA medically necessary (medical criteria), only covers knee and course every 6 mo.
Cochrane Collaboration		2006 [17]	HA showed a significant clinical benefit at 4-26 weeks.
European Experts on OA (EUROVISCO)		2021 [18]	Recommended as a safe and effective treatment for knee OA.
Malaysia Ministry of Health (MOH)		2017 [19]	Recommended where general measures or systemic therapies have failed or are contraindicated.
Mexican Consensus Meeting (MCM)		2018 [20]	Recommended as a safe and effective treatment; can reduce direct and indirect costs associated with the OA.
National Institute for Health and Care Excellence (NICE)		2014 [21]	Not recommended due to uncertainty in current evidence, although IAHA does not appear to be cost effective.
Veterans Affairs/Department of Defense (VA/DoD)		2014 [22]	Uncertain recommendation, although suggestion of potential use if other treatments are not effective.

IAHA, intra-articular hyaluronic acid; NSAID, nonsteroidal anti-inflammatory drug; OA, osteoarthritis; OMERACT, Outcome Measures in Rheumatoid Arthritis Clinical Trials.

## Supplemental References

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