



KEMENTERIAN KESIHATAN MALAYSIA
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Ruj. Kami : KKM.T.600-8/37/53 (12)

Tarikh : 5 Ogos 2025

Senarai Edaran

YBhg. Datuk/Dato'/Tuan/Puan,

THE USAGE OF INTRA-ARTICULAR HYALURONIC ACID (IAHA) COMBINE WITH SORBITOL AND MANNITOL INJECTION FOR OSTEOARTHRITIS OF VARIOUS JOINTS.

Dengan hormatnya perkara diatas dan surat KKM.T.600-8/37/53 (8) bertarikh 24hb September 2024 dirujuk.

2. Untuk makluman, Bahagian Amalan Perubatan telah mengeluarkan satu garis panduan bertajuk ***Criteria On The Usage of Intra-Articular Hyaluronic Acid (IAHA) Injection For Osteoarthritis (OA) Patients*** pada 24hb September 2024 dan versi yang telah dikemaskini pada 20hb Februari 2025.

3. Namun begitu, Bahagian ini telah menerima maklum balas daripada pakar-pakar ortopedik yang mewakili persatuan-persatuan berkenaan, mengenai pernyataan dalam perkara 3.10: ***"There is no significant difference in the effectiveness of IAHA with sorbitol or mannitol compared to IAHA or placebo in patients with knee osteoarthritis."*** dimana penggunaan IAHA yang digabungkan dengan sorbitol atau mannitol bagi pesakit OA adalah bergantung kepada pertimbangan klinikal.

4. Sehubungan itu, Bahagian ini telah menyemak semula garis panduan tersebut dan berdasarkan persetujuan pakar-pakar ortopedik yang mewakili persatuan-persatuan berkenaan telah memutuskan untuk memansuhkan perkara 3.10. Garis panduan yang telah dikemaskini akan berkuat kuasa mulai **15 Ogos 2025**. Semua pengamal perubatan di fasiliti kesihatan swasta adalah dinasihatkan untuk mematuhi garis panduan tersebut.

Sekian, terima kasih

"MALAYSIA MADANI"

"BERKHIDMAT UNTUK NEGARA"

Saya yang menjalankan amanah,

(DR. FEDERA AINI BINTI HAJI BIBIT)

(No. MMC: 35493)

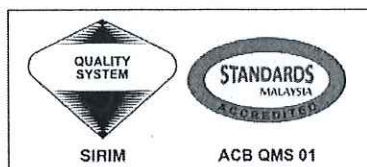
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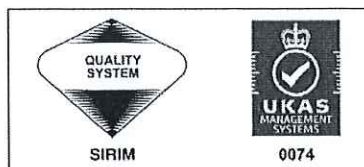
Bahagian Amalan Perubatan

Kementerian Kesihatan Malaysia

HS/mcofee/aug/2025



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CRITERIA ON THE USAGE OF INTRA-ARTICULAR HYALURONIC ACID (IAHA) INJECTION FOR OSTEOARTHRITIS (OA) PATIENTS (VERSION 3)

Effective 15th August 2025

1. Introduction:

Osteoarthritis (OA) is a degenerative condition of joints and is the most common form of arthritis. It frequently affects the hands and weight bearing joints including knee, hip and spine. The severity of OA can range from very mild to very severe. There is no cure for OA and current treatment focuses on relieving symptoms and improving function and to avoid progression of symptoms.

Viscosupplement or Hyaluronic Acid (HA) has gained popularity as a treatment option for non-operative management of patients with OA of the large joints. Research has demonstrated that local biology within the joint is significantly improved with IAHA injections resulting in decrease in pain and better function.

This criteria is provided to help registered medical practitioners (RMPs) to provide more appropriate, safe, effective and sustainable treatment modality for OA patients.

2. Objectives:

- 2.1 To outline the appropriate indications and contraindications for IAHA injection in OA patients.
- 2.2 To ensure proper screening and investigation (e.g: imaging) of OA patients by the treating RMPs before administration of IAHA injection.

3. Principles:

- 3.1 RMPs must have a valid Annual Practicing Certificate (APC).
- 3.2 RMPs must be trained to give IAHA under aseptic technique in a clean environment.
- 3.3 IAHA used must be registered with the Medical Device Authority (MDA) of the Ministry of Health Malaysia.
- 3.4 Written consent must be obtained by the treating RMP before IAHA injection is performed.

- 3.5 RMPs may **only administer a single injection per joint per session** in accordance to the manufacturer's recommendation.
- 3.6 IAHA injection **should not be used** as a routine replacement of synovial fluid during large joint procedures.
- 3.7 Radiofrequency ablation (RFA) and IAHA **should not be performed** together at the same setting.
- 3.8 IAHA **should not be used** as the first-line management for symptomatic osteoarthritis.
- 3.9 IAHA injection **do not benefit** for knee meniscus or ligament injury.
- 3.10 All RMPs must comply with the Code of Professional Conduct of the Malaysian Medical Council (MMC) or the Private Healthcare Facilities and Services Act 1998 (Act 586) or any other relevant legislation.

4. Indications:

- 4.1 IAHA may be used in the surgical management of patients with mild to moderate glenohumeral osteoarthritis for symptomatic relief. However, the observed benefits are primarily short-term.
- 4.2 IAHA may be administered for patients with knee osteoarthritis classified as Grade I to III (**Kellgren and Lawrence classification**) These injections are intended for short-term (less than 6 months) symptomatic relief and not considered a curative treatment.
- 4.3 Symptomatic adults with Grade I to III OA of knee and shoulder joint affecting functional activities of daily living with clinical and radiological evidence of the disease.
- 4.3 Kellgren and Lawrence classification for grading of knee osteoarthritis is as the following:
 - I. **Grade 0 (none):** define absence of x-ray changes of osteoarthritis
 - II. **Grade 1 (doubtful):** doubtful joint space narrowing and possible osteophytic lipping;
 - III. **Grade 2 (minimal):** definite osteophytes and possible joint space narrowing;

IV. **Grade 3 (moderate):** moderate multiple osteophytes definite narrowing of joint space and some sclerosis and possible deformity of bone ends; and

V. **Grade 4 (severe):** larger osteophytes, marked narrowing of joint space, some sclerosis and possible deformity of bone ends.

4.5 Patients with confirmed OA of knee and shoulder joint who have failed non-pharmacologic (physical therapy and lifestyle modifications) or pharmacologic therapies such as conservative treatment including and / or pharmacotherapy (non steroidal anti inflammatory drugs) and analgesics for at least 6 weeks for Kellgren and Lawrence Grade III and at least 12 weeks for Kellgren and Lawrence Grade I and II.

4.6 History of previous joint surgery for degenerative joint disease.

5. **Contraindication:**

5.1 Grade IV (severe), large osteophytes, marked narrowing of joint space, severe sclerosis and definite deformity of bone ends according to Kellgren and Lawrence system.

5.2 Hypersensitivity to HA.

5.3 Infections or skin diseases in the vicinity of the injection site or injection into a septic joint.

5.4 Joint with open wound.

6. **Conclusion:**

This criteria is formulated to ensure RMPs to provide, safe, effective and sustainable treatment modality for OA patients. It will also address issues faced by insurance companies and RMPs regarding the usage of IAHA among OA patients.

References:

Aidatul Azura AR, K1 Ismail, Amir Hazman K, Muhammad Ainuddin A and Izzuna MMG. Hyaluronic Injection for Various Joint Disorders. Technology Review. Ministry of Health Malaysia. Malaysian Health Technology Assessment Section (MaHTAS); 2023.218 p.Report No: 0014/2023. el.