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September 26, 2017

Anthem, Inc.
120 Monument Circle
Indianapolis, IN 46204

Re: Anthem's New Medical Policy Beginning October 1, 2017

To Whom It May Concern:

On behalf of the Coalition of State Rheumatology Organizations (CSRO) and the undersigned member state and regional rheumatology societies, we are writing to express our concern regarding Anthem's decision to revise the clinical utilization management guidelines for hyaluronic acid injections (HA) treating osteoarthritis in the knees from medically necessary to not medically necessary.

The CSRO is a national organization comprised of over 35 state and regional professional rheumatology societies that was formed by physicians to advocate for excellence in the rheumatology community and ensure access to the highest quality care for rheumatologic patients. Rheumatologists are at the forefront of innovative treatments for patients with complex rheumatologic, autoimmune, and musculoskeletal diseases such as osteoarthritis that require the careful choice of therapies based on the unique clinical considerations of each patient. Anthem's decision to revise the use of HA from medically necessary to not medically necessary—and therefore eliminate coverage for this therapy—greatly hinders our ability to do so.

The decision to change the policy surrounding HA is based on meta-analysis suggesting that its use for treatment of osteoarthritis in the knee is of minimal clinical benefit. This analysis, however, has been widely regarded by the musculoskeletal community as flawed. There is also ample evidence to the contrary that demonstrates the safety and efficacy of HA, especially under certain clinical circumstances. A multitude of recently published peer-reviewed studies have found HA to be an effective treatment option for patients with knee osteoarthritis, including a comprehensive meta-analysis that concluded that in 29 RCTs with almost 5000 patients, HA had significant treatment effects compared to baseline values.¹ These publications, along with the highly regarded and widely

¹ Strand V et al. Safety and efficacy of US-approved viscosupplements for knee osteoarthritis: a systematic review and meta-analysis of randomized, saline-controlled trials. *Journal of Pain Research*. 2015;8:217-228. doi:10.2147/JPR.S83076; see also Bannuru RR et al. Comparative effectiveness of pharmacologic interventions for knee osteoarthritis: A systematic review and network meta-analysis. *Ann Intern Med*. 2015;162:46-54. doi: 10.7326/M14-1231; Campbell KA et al. Is local viscosupplementation injection clinically superior to other therapies in the treatment of osteoarthritis of the knee: A systematic review of overlapping meta-analyses. *Journal of Arthroscopy*. 2015 Oct;31(10):2036-45.e14. doi: 10.1016/j.arthro.2015.03.030.

accepted Cochrane Review, strongly suggest that HA treatment for knee osteoarthritis pain is clinically meaningful.

Furthermore, while the American Academy of Orthopedic Surgeons (AAOS) clinical guidelines do not endorse HA for knee osteoarthritis,² this recommendation is highly controversial and inconsistent with guidelines of numerous other medical societies. For example, the European Society for Clinical and Economic Aspects of Osteoarthritis task force recommends the use of HA for the knee in patients with mild to moderate osteoarthritis, and for more severe patients who are not good candidates for TKR or wishing to delay the surgery.³ Moreover, the American College of Rheumatology conditionally recommends the injections for osteoarthritis patients who experienced an inadequate response to initial therapy.⁴

The rationale for reclassifying HA disregards ample evidence that supports and recommends HA as an effective treatment for knee osteoarthritis in certain patients and instead broadly concludes that HA is not medically necessary in all cases. Using questions regarding treatment efficacy for every patient as a means of excluding coverage for those who may continue to benefit from HA therapy puts those patients who have experienced inadequate relief from previous treatments at risk and will inevitably lead to an increase in negative health outcomes.

Discrepancies in treatment effectiveness among different patients are a natural consequence of the complexities and difficulties associated with managing arthritic and rheumatologic diseases. The nature of these chronic illnesses necessitates a degree of individualized professional care from physicians, who are in the unique position to understand the impact and efficacy of certain therapies for each patient on a case-by-case basis. Choosing the best treatment option has been and should always remain squarely within the purview of the patient and her physician. This is especially true for rheumatology, and we strongly believe that the patient-physician relationship and shared treatment decisions must be preserved.

Finally, we are concerned that reducing the role HA plays in treating knee osteoarthritis will have unintended consequences for health resource utilization. Studies have demonstrated that HA reduces the use of NSAIDs, corticosteroids, and opioids, and delays total knee replacement. As a result, reducing patient access to HA by revising its medical necessity status has the potential to overcome short term savings.

The CSRO and its undersigned member societies strongly believe that the suggested change to the medical necessity status of HA is ill-conceived and contrary to the interest of best patient care. We therefore strongly urge Anthem to withdraw the change immediately.

² American Academy of Orthopedic Surgeons. Clinical practice guideline. Treatment of osteoarthritis of the knee. May 2013. Available at <http://www.aaos.org/research/guidelines/TreatmentofOsteoarthritisoftheKneeGuideline.pdf>.

³ Bruyere O et al, An algorithm recommendation for the management of knee osteoarthritis in Europe and internationally: a report from a task force of the European Society for Clinical and Economic Aspects of Osteoporosis and Osteoarthritis (ESCEO). *Semin Arthritis Rheum.* 2014;44:253–263.

⁴ American College of Rheumatology. Position statement on intra-articular hyaluronic acid injection in osteoarthritis of the knee. 2014. Available at <https://www.rheumatology.org/Portals/0/Files/Viscosupplementation.pdf>.

Respectfully,



Michael Stevens, MD, President
Coalition of State Rheumatology Organizations



Michael Schweitz, MD, Advocacy Chair
Coalition of State Rheumatology Organizations

CSRO Member State Rheumatology Society Signatories

David McLain, MD, President
Alabama Society for the Rheumatic Diseases

Ewa Olech, MD, President
Rheumatology Association of Nevada

Kaleo Ede, MD, President
Arizona United Rheumatology Alliance

Wen Xiong, MD, President
New Jersey Rheumatology Association

Michael Saitta, MD, MBA, President
Arkansas Rheumatology Association

Max Hamburger, MD, President
New York State Rheumatology Society

Robert Schoen, MD, MBA, President
Connecticut Rheumatology Association

Firas Kassab, MD, President
North Carolina Rheumatology Association

Robert Levin, MD, President
Florida Society of Rheumatology

Stephanie Ott, MD, FACP, President
Ohio Association of Rheumatology

Tim Lonesky, DO, President
Kentuckiana Rheumatology Alliance

Cody Wasner, MD, President
Oregon Rheumatology Alliance

Michael Brooks, MD, FACP, President
Rheumatology Association of Iowa

Suzan House, MD, President
Tennessee Rheumatology Society

Aaron Broadwell, MD, President
Rheumatology Alliance of Louisiana

Neil Sullivan, MD, FACP, President
Virginia Society of Rheumatologists

Mark Box, MD, President
Midwest Rheumatology Association

Suzanne Gharib, MD, President
West Virginia Rheumatology State Society

Amar Majhoo, MD, President
Michigan Rheumatism Society

Daniel Malone, MD, President
Wisconsin Rheumatology Association

Jason Taylor, MD, President
Mississippi Arthritis & Rheumatism Society

