Washington State Health Care Authority

Health Technology Clinical Committee
DRAFT Findings and Decision

Topic: Pharmacogenetic testing for patients being treated with oral anticoagulants
Meeting date: May 18, 2018
Final adoption:

Meeting materials and transcript are available on the HTA website.

Number and coverage topic:

20180518B - Pharmacogenetic testing for patients being treated with oral anticoagulants

HTCC coverage determination:

Pharmacogenetic testing for patients being treated with oral anticoagulants is **not a covered benefit**.

HTCC reimbursement determination:

Limitations of coverage: N/A

Non-covered indicators: N/A

Agency contact information:

Agency	Phone Number
Labor and Industries	1-800-547-8367
Public Employees Health Plan	1-800-200-1004
Washington State Medicaid	1-800-562-3022

HTCC coverage vote and formal action:

Committee decision

Based on the deliberations of key health outcomes the committee decided that it had the most complete information: a comprehensive and current evidence report, public comments, and state agency utilization information. The committee decided that the current evidence on Pharmacogenetic testing for patients being treated with oral anticoagulants is sufficient to make a determination on this topic. The committee discussed and voted on the evidence for use of Pharmacogenetic testing for patients being treated with oral anticoagulants compared to no testing. The committee considered the evidence and gave greatest weight to the evidence it determined, based on objective factors, to be the most valid and reliable.

Based on these findings, the committee voted to not cover Pharmacogenetic testing for patients being treated with oral anticoagulants.

	Not covered	Covered under certain conditions	Covered unconditionally
Pharmacogenetic testing/ oral anticoagulants	9	0	0

Discussion

The committee reviewed and discussed the available studies of use of pharmacogenetic testing for patients being treated with oral anticoagulants. Details of study design, inclusion criteria, outcomes and other factors affecting study quality were discussed. A majority of committee members found the evidence sufficient to determine that select use of pharmacogenetic testing for patients being treated with oral anticoagulants was equivalent for safety and equivalent for effectiveness compared to not being tested. A majority of the committee voted to not cover, Pharmacogenetic testing for patients being treated with oral anticoagulants.

Limitations N/A

Action

The committee checked for availability of a Medicare national coverage decision (NCD). The one Medicare NCD identified does not provide coverage for pharmacogenetic testing, unless the beneficiary is enrolled in an RCT of anticoagulation therapy with warfarin.

The committee discussed clinical guidelines identified for Pharmacogenetic testing for patients being treated with oral anticoagulants from the following organizations:

- American College of Chest Physicians 2012 guideline Evidence-Based Management of Anticoagulant Therapy
- Scottish Intercollegiate Guidelines Network (SIGN) 2013 guidelines on antithrombotics indications and management
- Australasian Society of Thrombosis and Haemostasis's 2013 guideline
- Clinical Pharmacogenetics Implementation Consortium (CPIC) 2017 updated guideline
- Canadian Pharmacogenomics Network for Drug Safety 2015 guideline

- Canadian Agency for Drugs and Technologies in Health (CADTH) 2013 guidelines on atrial fibrillation
- American College of Cardiology/American Heart Association Task Force on Practice Guidelines and the Heart Rhythm Society 2014 guidelines on atrial fibrillation
- American College of Cardiology/American Heart Association Task Force on Clinical Practice Guidelines 2017 guidelines on valvular heart disease

The committee's determination is consistent with these guidelines.

The committee chair directed HTA staff to prepare a findings and decision document on the use of Pharmacogenetic testing for patients being treated with oral anticoagulants for public comment; followed by consideration for final approval at the next public meeting.

Health Technology Clinical Committee Authority:

Washington State's legislature believes it is important to use a science-based, clinician-centered approach for difficult and important health care benefit decisions. Pursuant to chapter 70.14 RCW, the legislature has directed the Washington State Health Care Authority (HCA), through its Health Technology Assessment (HTA) program, to engage in an evaluation process that gathers and assesses the quality of the latest medical evidence using a scientific research company and that takes public input at all stages.

Pursuant to RCW 70.14.110 a Health Technology Clinical Committee (HTCC) composed of eleven independent health care professionals reviews all the information and renders a decision at an open public meeting. The Washington State HTCC determines how selected health technologies are covered by several state agencies (RCW 70.14.080-140). These technologies may include medical or surgical devices and procedures, medical equipment, and diagnostic tests. HTCC bases its decisions on evidence of the technology's safety, efficacy, and cost effectiveness. Participating state agencies are required to comply with the decisions of the HTCC. HTCC decisions may be re-reviewed at the determination of the HCA Director.

Washington State Health Care Authority

Pharmacogenetic testing for patients being treated with oral anticoagulants

Draft findings and decision
Timeline, overview and comments

The Health Technology Assessment (HTA) program received comments in response to the posted Health Technology Clinical Committee (HTCC) draft findings and decision on Pharmacogenetic testing for patients being treated with oral anticoagulants.

Timeline

Phase	Date	Public Comment Days
Technology recommendations published	May 2, 2017	
Public comments	May 2, to 16, 2017	**14**
Selected technologies published	June 8, 2017	
Public comments	June 8, to July 7, 2017	**30**
Draft key questions published	January 8, 2018	
Public comments	January 8, to 22, 2018	**15**
Final key questions published	January 31, 2018	
Draft report published	March 8, 2018	
Public comments	March 8, to April 9, 2018	**33**
Final report published	April 19, 2018	
Public meeting	May 18, 2018	
Draft findings & decision published	June 15, 2018	
Public comments	June 15, to 28, 2018	**14**
Total		**106**

Overview

Category	Comment Period *June 15, to 28, 2018*	Cited Evidence
Patient, relative, and citizen	0	0
Legislator and public official	0	0
Health care professional	0	0
Industry & manufacturer	0	0
Professional society & advocacy organization	0	0
Total	**0**	**0**

Comments

Respondents	Representing	Cited Evidence
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No comments received.