

## Health Technology Clinical Committee Findings and Decision

**Topic:** Cardiac Stents  
**Meeting Date:** January 15, 2016  
**Final Adoption:** March 18, 2016

Meeting materials and transcript are available on the HTA website:

[www.hca.wa.gov/hta/meetingmaterials/Forms/ExtMeetingMaterials.aspx](http://www.hca.wa.gov/hta/meetingmaterials/Forms/ExtMeetingMaterials.aspx)

### Number and Coverage Topic:

20160115B – Cardiac Stents

### HTCC Coverage Determination:

Either drug eluting or bare metal cardiac stents are a **covered benefit** when cardiac stents are indicated for treatment.

For patients being treated for stable angina, cardiac stents are a **covered benefit with conditions:**

1. Angina refractory to optimal medical therapy, and
2. Objective evidence of myocardial ischemia

### HTCC Reimbursement Determination:

### Limitations of Coverage:

See above conditions for treatment of stable angina.

### 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

**Final**

**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 concluded that the current evidence for newer generation cardiac stents is sufficient to make a determination on this topic. The committee discussed and voted on the evidence for use of cardiac stents compared to current medical management strategies for stable angina. The committee then considered the evidence of newer generation drug eluting stents versus bare metal stents for stable or unstable angina. 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 cover with conditions cardiac stents for stable angina. The committee voted separately to cover with no conditions the use of drug eluting stents or bare metal stents when appropriate for stable or unstable angina.

	Not Covered	Covered Under Certain Conditions	Covered Unconditionally
Cardiac stents for stable angina	0	10	1
Cardiac stents, drug eluting vs bare metal	1	0	10

***Discussion***

The committee reviewed and discussed the evidence for use of cardiac stents compared to medical management for stable angina and discussed the meaning, quality and methodology of the available studies for stents vs medical management. The committee determined that coverage with conditions for the question of stable angina when compared to medical management. Limitations are for this condition and question only. For the question of drug eluting stents versus bare metal stents when stents are indicated the committee determined to cover without conditions. Therefore there are no limitations on the use of drug eluting or bare metal stents when intervention with cardiac stents is appropriate.

**Limitations**

For patients with **stable angina** cardiac stents are covered for the following:

1. Angina refractory to optimal medical therapy, and
2. Objective evidence of myocardial ischemia.

**Action**

The committee checked for availability of a Centers for Medicare and Medicaid Services (CMS) national coverage decision (NCD). There is a NCD (National Coverage Determination Manual: 20.7 (2014)) for percutaneous transluminal angioplasty with and without stent. The HTCC coverage determination is similar to the CMS decision.

The committee discussed and reviewed treatment criteria from clinical guidelines identified for treatment of stable angina and revascularization from the following organizations:

- American College of Cardiology and American Heart Association;
- American Association for Thoracic Surgery;
- American College of Cardiology Foundation;
- American College of Physicians;
- American Diabetes Association;
- Council on Clinical Cardiology;
- Joint National Committee on Prevention, Detection, Evaluation, and Treatment of High Blood Pressure;
- National Cholesterol Education Program (NCEP);
- Preventive Cardiovascular Nurses Association;
- Society for Cardiovascular Angiography and Interventions;
- Society of Thoracic Surgeons

The chair noted consistency with existing guidelines that include risk identification, risk reduction, medical and revascularization treatment criteria.

The committee chair directed HTA staff to prepare a findings and decision document on Cardiac Stents reflective of the majority vote 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 Administrator.