

# Health Technology Assessment (HTA) Petition for Health Technology Review or Rereview



**Complete this form to request a review or rereview of a specific health technology.** Submit your completed petition to HCA via one of the following methods:

**Email:** [shtap@hca.wa.gov](mailto:shtap@hca.wa.gov)

**Fax:** (360) 586-8827

**Mail:** Washington State Health Care Authority  
Attn: Health Technology Assessment  
PO Box 42712, Olympia, WA 98504-2712

Type or print clearly in blue or black ink and use all capital lettering in the spaces provided. Example: **J O H N**

**!** Not all questions will apply to all technologies. For assistance, email the HTA program at the address above, or phone (360) 725-5126 (TTY 711).

Date of submission (mm/dd/yyyy)

Phone number

Your last name

Your first name

Name of your organization (if applicable)

Mailing address

Address line 2

City

State

ZIP code

**Technology topic:**

If this topic has been reviewed by the Health Technology Assessment program in the past, skip to **Question 7** below. To see a list of technologies HTCC previously reviewed, visit [hca.wa.gov/about-hca/health-technology-assessment/health-technology-reviews](http://hca.wa.gov/about-hca/health-technology-assessment/health-technology-reviews).

Does this technology have FDA approval?      Yes      No

Approval date (mm/dd/yyyy):

For what indications has FDA approved this technology?

Why do you believe this technology merits consideration for assessment?

What are your proposed research questions?

## 2

### Potential patient harm(s) or safety concerns

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What is the potential for patient harm related to use of this technology?

What is the likelihood and severity of the potential harms or adverse outcomes that may result from recommended use of this technology?

Are there significant potential harms associated with this technology compared to alternatives?

## 3

### Therapeutic efficacy, effectiveness or diagnostic accuracy

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What is the potential effectiveness of this technology on the indicated clinical condition (e.g., prevent or reduce mortality, increase quality of life, etc.)

How are indicated conditions diagnosed? Is there a consensus on diagnosis?

For diagnostic technologies: is this technology compared to a “gold standard” technology?

What is the diagnostic accuracy or utility?

What published, peer-reviewed literature documents the efficacy of this technology or the science that underlies it? Please enclose publications or bibliography.

**4**

## **Estimated total cost per year**

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What are the direct health care costs of this technology (annual or lifetime)?

What is the potential cost-effectiveness of this new technology compared with other alternatives?

Which private insurers reimburse for use of this technology? Please provide contact information with phone numbers.

**Number of persons affected:** What are the numbers of people affected by this technology in the State of Washington?

**Severity of condition(s):** What is the severity of the condition treated by this technology? Does it result in premature death; short or long term disability? How would this technology increase the quality of care for the State of Washington?

**Policy-related urgency:** Is there a particular urgency related to this technology? Is it new and rapidly diffusing? How long has this technology been in use? Is there a standard of care? Is this technology or proposed use(s) controversial?

**Potential or observed variation:** What is the observed or potential for under, or overuse of this technology? Are there any variations in use or outcomes by region or other characteristics?

**Special populations and ethical concerns:** Is use limited to small populations; what characteristics are present (e.g., race, ethnicity, religion, rare condition, socioeconomic status) that may impact policy decision?

List other organizations that have completed technology assessments on this topic (please provide date of technology assessments and links).

Cite any Center for Medicare and Medicaid Services (CMS) national coverage decision on this topic and the date issued. Provide list of key references used in preparing this petition.

Have any relevant medical organizations (e.g., American Medical Association) expressed an opinion on this technology? If so, please provide verification documents and contact names, numbers and links.

Bibliography or reference list of requestor attached:      Yes      No

Rereview of a technology requires new evidence that could change a previous decision. What new evidence should be considered? Please provide specific publication information and/or references.

Bibliography or reference list of requestor attached:      Yes      No