

Stakeholder Feedback to Proposed Genetic Testing Policy

Marianne W., M.D.

I am writing you today because I have heard that Colorado Medicaid may no longer provide “Genesight” testing to eligible patients. At Children's Hospital Colorado, we have been utilizing this test since January of 2015. Initially, we tested children who either had failed at least one trial of a psychotropic medication, or were on more than 2 medications for the same disorder. As families heard of benefits to children, some of them started asking for the test even prior to any medication, as they did not want to take a “trial and error” approach to medicating their child, potentially wasting time and money.

[Portion of email has been redacted to protect patient information]

At Children’s Hospital, we are embarking on a QI project to describe the number of patients we have treated, how many have medications that are in the “red” zone (in adults, typically patients given these medications do not get better, have higher side effects, and/or lower adherence than if given a medication in their “green or yellow” zones.) In a few months, we should be able to present data to you as to how many pediatric patients benefitted from a switch of medications informed by the Genesight test. Since we are often referred children who have failed prior treatments, our numbers may be higher than in a community sample, but that is an empiric question at this time.

Genesight has been tested in large samples of adults, and shown to lead to overall decrease in costs per patient, both pharmacy costs as well as additional medical visit costs, if the prescribing physician had the Genesight information at time of prescribing versus not. It is approved by Medicare because of the data presented. There are not yet pediatric trials, but it would make sense that having a better idea of what medications are normally metabolized by the child would lead to better selection of a medication that may help them and lead to less side effects. As we try to not medicate children unless necessary, minimizing the number of medications to which they are exposed seems to be a safer approach than the “trial and error” method we have had to use up until now.

I realize that this test may be expensive, but I ask you to please continue funding for it at least for one more year as more data in the pediatric population is gathered and analyzed. I suspect that for managing a large population of patients it may be a break even, or even money saving, test to help us select the best medication more quickly for a given individual.

November, 2015

Brenda C., MD

Please know that GeneSight is an important clinical tool in psychiatry that saves patients many unnecessary, fatiguing, and sometimes unsafe drug trials. The formulation of their data is unique and I kindly request that you support this important testing.

Andrew S., MD

I was heartbroken to here that Colorado Medicaid has chosen not to cover the cost for GeneSight p450/MTHFR testing. Does this denial apply to all companies that perform the p450/MTHFR testing? I certainly hope not.

If so, then I have lost a very useful tool which provided extremely beneficial and clinically sound information for both my patients and I.

Having p450/MTHFR genetic information particularly in my pediatric population has done wonders at assisting us in the better choice of my patients next medication.

Having genetic information at my finger tips that ultimately leads to choices of medications that kids and adults will tolerate and metabolize better has been invaluable.

The money that Colorado Medicaid thinks that they are saving by denying payment for this useful study, will unfortunately be spent with more clinical visits per patient dealing with side effects or poor response to medications that are chosen in the absence of p450 profiles.

Drew S., MD

I recently learned that Medicaid is going to withdraw funding for pharmacogenetic testing through GeneSight. I am requesting with the greatest urgency that Medicaid continue this coverage. I do not offer or perform genetic testing on all my patients; instead, I focus on patients with a long history of multiple medication failures due to lack of efficacy or significant side effects. I have been using pharmacogenetic testing since January of this year, and have found the results to be extremely helpful. I can cite patient after patient on Medicaid who have directly benefitted from its use.

[Portion of email has been redacted to protect patient information]

[Patients] return to function, find medications they can tolerate, and move on with their lives, often returning to work after months or years of incapacitation.

November, 2015

As a community psychiatrist, I see my role as being both a safety-net provider and a steward of public resources. Because I limit pharmacogenetic testing to those cases with multiple treatment failures and many significant adverse medication side effects, I rarely find the testing to be unhelpful—the vast majority of the time the test results point me to a pharmacologic intervention likely to be more helpful with fewer side effects, resulting in rapid improvements in my patients. Returning to the ‘usual care’ that has been the modus operandi will result in our patients having worse outcomes, increase the duration and amount of their suffering from their illness, and result in significantly higher adverse side effects as we throw darts at the medication dartboard, hoping that we’ll get lucky and hit the correct medication by chance.

I understand the costs involved in covering pharmacogenetic testing are not insignificant; however, I believe those costs are balanced by improved care, fewer emergency room visits due to significant adverse side effects, and less medication wasting where patients are given a month’s worth of medicine then simply throw them away after experiencing a lack of benefit or a significant side effect. It is for these reasons I urge you to reconsider and continue to cover pharmacogenetic testing for Medicaid patients. The loss of this important tool in the care of our shared clients would be immeasurable.