

Health Technology Clinical Committee

Date: March 17, 2023
Time: 8:00 a.m. – 2:00 p.m.
Location: Webinar
Adopted: May 19, 2023

Meeting materials and transcript are available on the [HTA website](#).

HTCC Minutes

Members present: John Bramhall, MD, PhD; Clinton Daniels, DC, MS; Janna Friedly, MD, MPH; Chris Hearne, DNP, MPH; Conor Kleweno, MD; Laurie Mischley, ND, MPH, PhD; Sheila Rege, MD; Jonathan Sham, MD; Tony Yen, MD

Clinical expert: Tuesday Burns, MD

HTCC Formal Action

- Welcome and Chair remarks:** Dr. Rege, chair, called the meeting to order; members present constituted a quorum.
- HTA program updates:** Josh Morse, program director, presented HTCC meeting protocols and guidelines, and an overview of the HTA program.
- Previous meeting business:**

Vote on meeting location

Action: Seven committee members voted in favor of continuing meetings virtually.

January 27, 2023 meeting minutes: Draft minutes reviewed. Motion made and seconded to approve the minutes as written.

Action: Eight committee members approved the January 27, 2023 meeting minutes.

4. Transcranial Magnetic Stimulation for Treatment of Selected Conditions

Washington State agency utilization and outcomes: Gary Franklin, MD, MPH, Medical Director, Labor and Industries, presented the state agency perspective on Transcranial Magnetic Stimulation (TMS). Find the full presentation published with the [March 17 meeting materials](#).

Scheduled and open public comments: Chair called for public comments. Comments were provided by:

- Sina Shah-Hosseini, MD – Attending physician; Seattle Children’s Hospital; Seattle, WA

Vendor report/HTCC questions and answers: Shivani Reddy, MD, MSc, presented the evidence review for Transcranial Magnetic Stimulation for Treatment of Selected Conditions. The full presentation is published with the [March 17 meeting materials](#).

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 decided that the current evidence on transcranial magnetic stimulation for treatment of selected conditions was sufficient to make a determination. The committee discussed and voted separately on the evidence for the use of TMS for major depressive disorder (MDD), obsessive compulsive disorder (OCD), generalized anxiety disorder (GAD), post-traumatic stress disorder (PTSD), smoking cessation, and substance use disorder (SUD). The committee considered the evidence, public comment and expert input, 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 TMS for MDD. Separately, the committee voted not to cover TMS for OCD, GAD, PTSD, smoking cessation, and SUD.

	Not covered	Covered under certain conditions	Covered unconditionally
TMS for MDD	0	9	0
TMS for OCD	9	0	0
TMS for GAD	9	0	0
TMS for PTSD	9	0	0
TMS for smoking cessation	9	0	0
TMS for SUD	9	0	0

Discussion

The committee reviewed and discussed the available studies for use of TMS for MDD, OCD, GAD, PTSD, smoking cessation, and SUD. Conditions for coverage were discussed, drafted, and voted on. All committee members in attendance supported the conditions of coverage for TMS. Details of study design, inclusion criteria, outcomes, cost, cost-effectiveness, and other factors affecting study quality were discussed.

Committee’s draft determination

TMS for treatment resistant **Major Depression Disorder (MDD)** in adult patients (age 18 or older) is a covered benefit with conditions:

Initial treatment (up to 30 treatment sessions) is covered when ALL of the following criteria are met:

1. Failure of at least 2 different antidepressant medications from at least 2 separate classes at maximum tolerated dose for 4-12 weeks in separate trials; and
2. TMS is administered according to an FDA-cleared protocol.

Repeat TMS for MDD (up to 30 treatment sessions):

1. All of the above criteria have been met, and

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2. Individual has shown evidence of 30% or more improvement, or a minimally clinically important difference, on a validated scale for depression, with most recent TMS treatment, and
3. Improvement in symptoms is maintained for at least 6 weeks.

Notes:

Concurrent psychotherapy and/or antidepressant medication treatment is allowable as appropriate. Determination does not apply to age 17 and younger

Non-covered indicators

TMS is **not covered** for:

- OCD
- GAD
- PTSD
- Smoking cessation
- SUD

Action

The committee checked for availability of a Centers for Medicare and Medicaid Services (CMS) national coverage decision (NCD). Based on the information provided in the systematic review, there is no NCD for transcranial magnetic stimulation. The committee discussed clinical guidelines identified from the following organizations:

- Evidence-based guidelines on the therapeutic use of repetitive transcranial magnetic stimulation (rTMS) (European Expert Panel) (2020)
- French Recommendations from experts, the French Association for Biological Psychiatry and Neuropsychopharmacology and the foundation FondaMental *Clinical guidelines for the management of treatment-resistant depression* (2019)
- National Network of Depression Centers rTMS Task Group and the American Psychiatric Association Council on Research Task Force on Novel Biomarkers and Treatments *Consensus Recommendations for the Clinical Application of Repetitive Transcranial Magnetic Stimulation in the Treatment of Depression* (2018)
- Canadian Network for Mood and Anxiety Treatments (CANMAT) *2016 Clinical Guidelines for the Management of Adults with Major Depressive Disorder* (2016)
- National Institute of Health and Care Excellence (NICE) *Repetitive transcranial magnetic stimulation for depression* (2015)
- National Institute of Health and Care Excellence (NICE) *Repetitive transcranial magnetic stimulation for obsessive-compulsive disorder* (2020)
- European Expert Panel *Evidence-based guidelines on the therapeutic use of repetitive transcranial magnetic stimulation (rTMS)* (2020)
- Canadian Anxiety Guidelines Initiative Group *Canadian clinical practice guidelines for the management of anxiety, posttraumatic stress and obsessive-compulsive disorders* (2014)

The recommendations of the guidelines vary. The committee's determination is consistent with the noted guidelines.

Final

The committee chair directed HTA staff to prepare a findings and decision document on use of TMS for MDD for public comment to be followed by consideration for final approval at the next committee meeting.

5. Meeting adjourned