Washington State Health Care Authority

Health Technology Clinical Committee

Date: September 20, 2024
Time: 8:00 a.m. – 1:00 p.m.
Location: Webinar
Adopted: January 31, 2025

Meeting materials and transcript are available on the **HTA website.**

HTCC Minutes

Members present: John Bramhall, MD, PhD; Clinton Daniels, DC, MS; Chris Hearne, DNP, MPH; Conor Kleweno, MD; Evan Oakes, MD, MPH; Sheila Rege, MD; Tony Yen, MD
Clinical experts: Michael James, MD

HTCC Formal Action

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

   July 26, 2024 meeting minutes: Draft minutes reviewed. Motion made and seconded to approve the minutes as written.

   Action: Seven committee members approved the July 26, 2024 meeting minutes.
4. **Cochlear implants**

   HTCC reviewed and supplemental materials.

   Action: Seven committee members voted that the evidence presented would not change the previous determination
5. **Treatments for chondral defects of the knee**

   HTCC discussion and action:

   Discussion

Final

The committee discussed and deliberated on key health outcomes by incorporating information from a comprehensive and current evidence report, public comments, and state agency utilization information. The committee discussed and voted separately on the evidence for the use of matrix-induced autologous chondrocyte implantation (MACI), osteochondral autologous transplantation (OATS)/osteochondral allograft transplantation (OCA), and cell-free implants and autologous matrix-induced chondrogenesis (AMIC) for the treatment of chondral defects of the knee. The committee decided that the current evidence on MACI and OATS/OCA is sufficient to determine coverage with conditions. 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 MACI and OATS/OCA for the treatment of chondral defects of the knee. The committee voted not to cover cell-free implants and AMIC.

	Not covered	Covered with conditions	Covered unconditionally
Matrix-induced autologous chondrocyte implantation (MACI)	0	7	0
Osteochondral autologous transplantation (OATS)/ osteochondral allograft transplantation (OCA)	0	7	0
Cell-free implants and autologous matrix-induce chondrogenesis (AMIC)	7	0	0

Discussion

The committee reviewed and discussed the available studies for MACI, OATS/OCA, cell-free implants, and AMIC for treatments of chondral defects of the knee. Conditions for coverage were discussed, drafted, and voted on. All committee members present supported the conditions of coverage of MACI and OATS/OCA. Details of study design, inclusion criteria, outcomes, cost, cost-effectiveness, and other factors affecting study quality were discussed as well as clinical application.

Decision

Treatments for chondral defects of the knee are covered with conditions for the following:

- MACI (and other FDA-approved 3rd generation ACI) for the treatment of chondral defects of the knee is a covered benefit with conditions:
    - Symptomatic, single or multiple full-thickness (Outerbridge Classification of Grade III or IV) articular cartilage defects of the femoral condyle (medial, lateral, or trochlea) and/or patella at least 3cm² in size;
    - Documented closure of growth plates in adolescent individuals;
    - Age <50, older at the discretion of the agency;
    - Body mass index less than 35; and

    - Excluding malignancy, degenerative (Kellgren-Lawrence Grade 3 or 4) and inflammatory arthritis in the joint,
- OATS/OCA for the treatment of chondral defects of the knee is a covered benefit with conditions:
    - Symptomatic, single or multiple full-thickness (Outerbridge Classification of Grade III or IV) articular cartilage defects of the femoral condyle (medial, lateral, or trochlea) and/or patella;
    - For OATS, articular cartilage lesions that are between 2cm² and 4cm² in size;
    - Documented closure of growth plates in adolescent individuals;
    - Age <50, older at the discretion of the agency;
    - Body mass index less than 35; and
    - Excluding malignancy, degenerative (Kellgren-Lawrence Grade 3 or 4) and inflammatory arthritis in the joint
- Not covered with:
    - Uncorrected malalignment, unless a corrective procedure done prior to, or concomitantly
    - Uncorrected ligamentous deficiency, unless a corrective procedure is done prior to, or concomitantly

Cell-free implants and autologous matrix-induce chondrogenesis (AMIC) are not a covered benefit for treatments of chondral defects of the knee.

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 treatments reviewed for chondral defects of the knee.

The committee discussed clinical guidelines identified from the following organizations:

- Knee Pain and Mobility Impairments: Meniscal and Articular Cartilage Lesions Revision 2018: Clinical Practice Guidelines Linked to the International Classification of Functioning, Disability and Health from the Orthopaedic Section of the American Physical Therapy Association (2018)
- Consensus Guidelines on Interventional Therapies for Knee Pain (STEP Guidelines) from the American Society of Pain and Neuroscience (2022)
- Mosaicplasty for symptomatic articular cartilage defects of the knee: National Institute for Health and Care Excellence (NICE) (2018)

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

HTA staff will prepare a findings and decision document on treatments for chondral defects of the knee for public comment to be followed by consideration for final approval at the next committee meeting.

6. Meeting adjourned