ElevatingMental Health Treatment

October 2022 Nasdaq/TASE: BWAY





Disclaimer



Safe Harbor and Non-GAAP Financial Measures

This presentation does not constitute an offer or invitation to sell or issue, or any solicitation of an offer to subscribe for or acquire any of the Company's securities or to participate in any investment in the Company.

No representation or warranty is made to the accuracy or completeness of this presentation. You must make your own investigation and assessment of the matters contained herein. In particular, no representation or warranty is given, and the Company has no responsibility, as to the achievement or reasonableness of any forecasts, estimates, or statements as to prospects contained or referred to in this presentation.

This presentation contains information that includes or is based on forward-looking statements within the meaning of the federal securities law. These statements are not guarantees of future performance, are based on current expectations of future events and are subject to various risks and uncertainties that could cause our actual activities, timing or results to differ materially from those expressed or implied in such statements. Such factors include, but are not limited to: continued business impact from the COVID-19 global pandemic; weakening of economic conditions that could adversely affect the level of demand for our products; pricing pressures generally; difficulties or delays in manufacturing; legislative and regulatory actions; changes in reimbursement level from third-party payors; product liability claims; the impact of federal legislation to reform the United States healthcare system; changes in financial markets; changes in the competitive environment; failure to gain sufficient market adoption of our products; regulatory actions or delays; and our ability to realize anticipated operational and manufacturing efficiencies. Additional information concerning these and other factors, including the Risk Factors set forth therein, is contained in our filings with the U.S. Securities and Exchange Commission.

The forward-looking statements in this presentation are made based upon our current expectations. If one or more of these factors materialize, or if any underlying assumptions prove incorrect, our actual results, performance or achievements may vary materially from any future results, performance or achievements expressed or implied by these forward-looking statements. You should not place undue reliance on forward-looking statements as a prediction of actual results. In addition, the presentation contains certain data and information that we obtained from various government and private publications. Statistical data in these publications also include projections based on a number of assumptions. If any one or more of the assumptions underlying the market data are later found to be incorrect, actual results may differ from the projections based on these assumptions. You should not place undue reliance on these forward-looking statements. All forward-looking statements included in this presentation are made only as of the date of this presentation. We assume no obligation to update any written or oral forward-looking statement made by us or on our behalf as a result of new information, future events or other factors.

Certain non-GAAP financial measures are included in this presentation

BrainsWay at a Glance



Boldly Advancing Neuroscience to Improve Health and Transform Lives



- Cleared in multiple large underserved mental health disorder markets
- ✓ Proven, differentiated noninvasive neurostimulation platform technology
- ✓ Robust dossier of clinical data and pipeline of additional potential applications
- ✓ Attractive business model and financial profile
- ✓ Superior science, evidence, and support



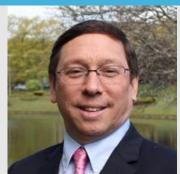
BrainsWay Leadership Team



Successful, Experienced Medical Device Professionals



Dr. Christopher von Jako
President & CEO
Joined January 2020
25+ Years Med Device



R. Scott Areglado SVP & CFO Joined May 2021 25+ Years Finance



Hadar Levy SVP, COO Joined July 2014 15+ Years Med Device



Dr. Aron Tendler VP, CMOJoined October 2015
15+ Years Practicing Psychiatrist



Dr. Yiftach Roth VP, CSOCo-Founded May 2006
15+ Years Med Device



VP, U.S. Sales
Joined May 2022
20+ Years Med Device



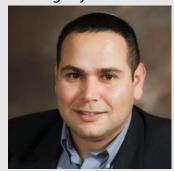
Christopher Boyer
VP, Global Marketing
Joined June 2020
15+ Years Med Device



VP, R&D

Joined October 2007

15+ Years Med Device



Amit Ginou
VP, Site Manager
Joined November 2008
15+ Medical Device



Menachem Klein
VP, GC and Corp Sec.
Joined November 2013
15+ Years Corporate Law

BrainsWay by the Numbers



Strong Fundamentals for Growth

34%

Revenue Growth

\$29.7m FY 2021 vs. \$22.1m FY 2020

829

Total Installed Base

as of Q2 2022

75%

Gross Margin

H1 2022

 $100,000+^{1}$

Patients Treated

3.5m+ individual treatments

\$52.4

Cash Balance

as of Q2 2022

 $34+^{1}$

Completed Randomized Controlled Trials

340+ Deep TMS™ publications

Mental Health Disorders' Sobering Statistics



Substantial Unmet Need with Strong Tailwinds Driving Adoption

Major Depressive Disorder

- 1 in 6 people will experience clinical depression in their lifetime²
- Lifetime comorbidity with anxiety is 60-90%³
- Depression and suicide are linked⁴
- Suicide rates have risen 35% since 1999^{5,6}
- Economic burden is >\$325B/year⁷

Obsessive-Compulsive Disorder (OCD)

- 1 in 40 people will experience OCD⁸
- 85% endure serious or moderate impairment due to their OCD⁸
- 44% have suicidal thoughts⁹
- Economic burden is >\$8B/year¹⁰

Continuum of Care for Depression and OCD



Massive Underserved Markets



Major Depressive Disorder

21m

Clinical Depression Sufferers/year¹¹ 60-90% comorbid anxiety symptoms³

Primary Care / Psychiatry

Obsessive-Compulsive Disorder

3_m

Obsessive-Compulsive Disorder Sufferers/year¹¹

7m

Treatment-Resistant Patients who do <u>NOT</u> achieve remission after 4 courses of medications & psychotherapy⁴²

Deep TMSTM

(Transcranial Magnetic Stimulation)

ECT

(Electroconvulsive Therapy)

Invasive & Experimental

(e.g. Deep Brain Stimulation)

Intensive / Interventional Psychiatry

Surgery

1.5m

Treatment-Resistant Patients who do <u>NOT</u> respond to any medications or psychotherapy¹²⁻¹⁴

Deep TMSTM

(Transcranial Magnetic Stimulation)

Intensive Program

(Intensive Outpatient, Residential, Hospitalization)

Invasive & Experimental

(e.g. Deep Brain Stimulation)

Transcranial Magnetic Stimulation (TMS)



Established Technology with Demonstrated Safety and Efficacy

Comprehensively Studied

Over 20,000 published papers on TMS¹⁵

How Does it Work?

- 1. An electromagnetic coil is placed over the scalp
- 2. A fast current is produced in the coil
- 3. Electromagnetic field is induced in the brain
- 4. These fields activate neural activity



Evolution of TMS



TMS has Been Used for >35 Years with BrainsWay Pioneering Key Innovations



George et al. first to demonstrate antidepressant effects of repetitive TMS



Traditional TMS
is cleared by the
FDA for
treatmentresistant
depression



is first TMS device to receive FDA clearance for OCD



expands
depression
indication for
Anxious
Depression

1985

1995

2000

2008



2018

2020

2021

Barker performs first motor cortex stimulation with TMS



invent the
H-Coil, which
stimulates deep
brain structures,
in collaboration
with the NIH



BrainsWay
receives FDA
clearance for
Deep TMS
therapy for
Depression



BrainsWay is first TMS device to receive FDA clearance for Smoking Addiction



Attractive Attributes of TMS



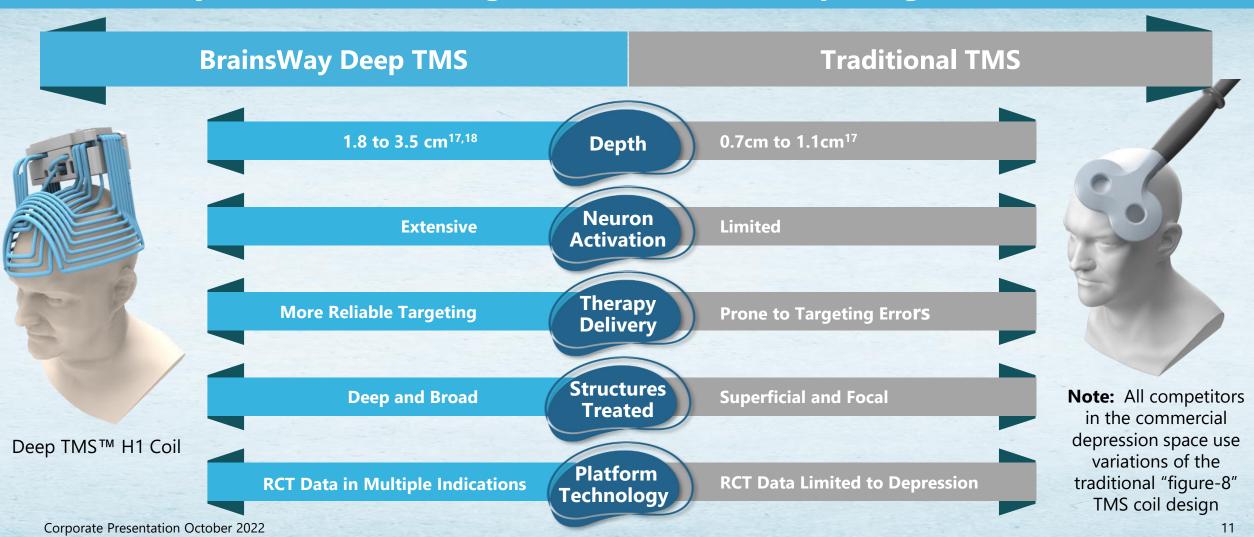
TMS Treatment Has Significant Appeal to Providers, Operators, and Patients



BrainsWay Deep TMS™ Advantages over Traditional TMS¹



BrainsWay's Clinical Advantages are Clear and Compelling



Stimulate Deeper and Broader than Traditional TMS

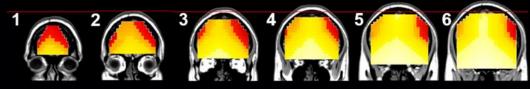


Activates More Neurons and Reduces Likelihood of Targeting Errors

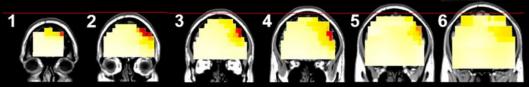
The deeper and broader field distribution of Deep TMS™ is apparent in these 6 MRI coronal slices



Deep TMS (H1 Coil)



Traditional TMS (Figure-8 Coil)



Greater Stimulation Volume Verified by MRI-Based Electric Field Maps



No Need for 3D Imaging-Guided Coil Placement or Contact Sensing Features as with Traditional TMS¹⁹

Robust Platform Technology



Multiple Clearances and Significant Market Expansion Potential

Bilateral Insula Anterior Cingulate Cortex Smoking Addiction Opioid & Alcohol Use Disorders* Obesity* **≈\$11B** of Total **Addressable Market** in currently cleared indications²⁰ Depression / Anxious Depression OCD **Smoking Addiction Left Dorsolateral Prefrontal Cortex** *Indicates conditions still **Motor Cortex** being researched. Not Depression/Anxious Depression cleared by the FDA for Multiple Sclerosis* safety and efficacy.

Chronic Pain*

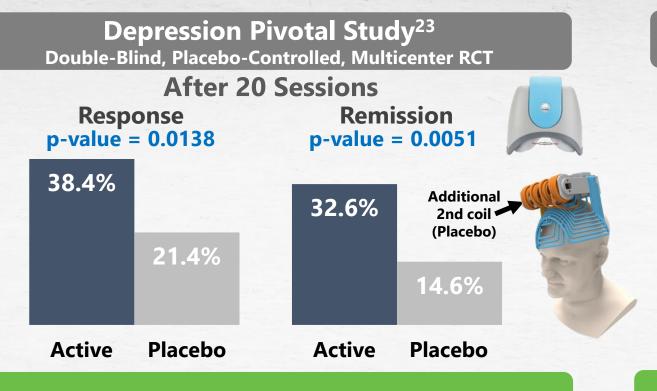
Corporate Presentation October 2022

12

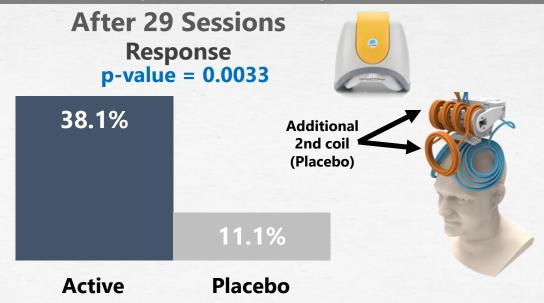
Deep TMS Pivotal Studies in Depression and OCD



Unsurpassed Blinded Placebo-Controlled Randomized TMS Study Data



OCD Pivotal Study²⁴ Double-Blind, Placebo-Controlled, Multicenter RCT



1 in 3 Patients Achieved Remission with Deep TMS

- 212 med-free, Treatment-Resistant Depression patients from 20 worldwide centers utilizing the Deep TMS blinding placebo H1 Coil
- No systemic side effects, and low drop out rate

>1 in 3 Patients Achieved Response

- 94 OCD patients from 11 worldwide centers with a Number Need to Treat (NNT) of 3.7 after 6 weeks of treatment
- No systemic side effects, and low drop out rate

Depression Clinical Efficacy



15

Substantial Body of Clinical Evidence Demonstrating Safety and Efficacy



1 in 2 Patients Achieved Remission with Deep TMS

- 1,040 patients at 21 worldwide centers received 20+ sessions, and 695 patients received 30+ sessions
- No systemic side effects

Durability in TMS is 1+ Year in ~50% of Responders

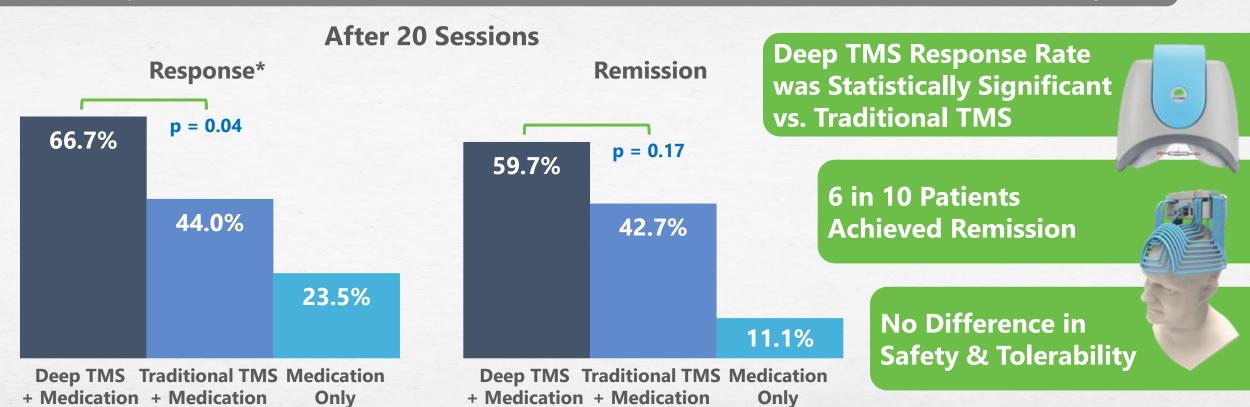
- Meta-analysis of 19 studies on TMS for depression
- A published abstract of 100 patients from a single BrainsWay site showed average durability of 860 days

Depression Head-to-Head



Independent Head-to-Head vs. Traditional TMS Showed Superior Outcomes²⁵

209 Treatment-Resistant Depression Patients Subjected to one of three interventions: (1) Deep TMS with Medication, (2) Traditional TMS with Medication, or (3) Medication Only



Anxious Depression

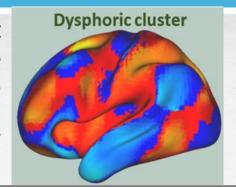


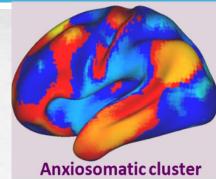
Only Deep TMS is FDA-Cleared to Treat Anxiety Comorbid with Depression

60-90%

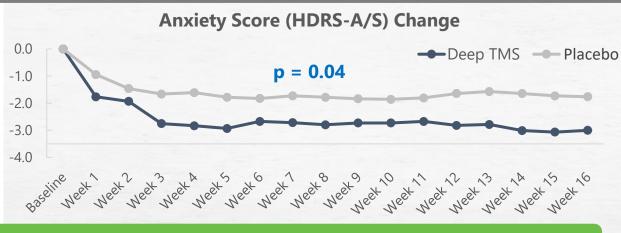
Of depressed patients have moderate-to-severe anxiety²⁶

Resting state fMRI data suggests that the breadth of **Deep TMS** enables the depression and anxiety centers of the brain to be addressed **with one coil in one treatment course**²⁷

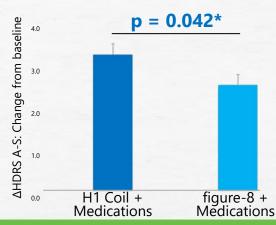




Post-Hoc Anxious Depression Analysis of RCTs²⁸



Pivotal Study: Durable Reduction of 40% in Anxiety Scores



In an independent head-to-head study, a comparison of the BrainsWay H1 Coil with the figure-8 coil in the per protocol population demonstrated a statistically significant difference in the reduction in anxiety scores after 4 weeks of treatment in favor of the BrainsWay H1 Coil. Both groups also continued with their previous medication regimen during the study.

Head-to-Head Study: Deep TMS + Meds Reduced Anxiety more than figure-8 TMS + Meds

OCD Clinical Efficacy



Only TMS System with Clinically Demonstrated Safety and Efficacy Outcomes

Real Clinical Practice Settings²⁹

After 29 Sessions

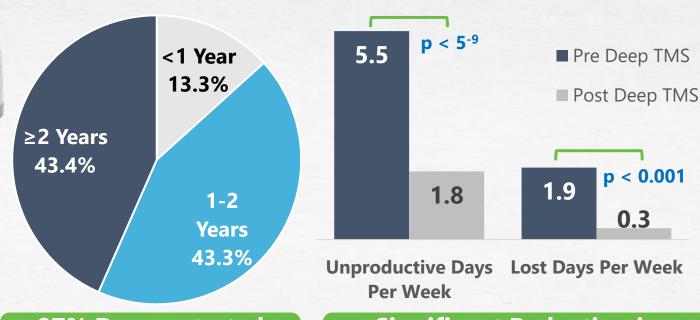
57.9%

Response

>1 in 2 Patients Achieved Response

- 219 patients from 22 worldwide centers
- Sustained response achieved in ~20 sessions
- No systemic side effects





87% Demonstrated Durability of 1+ Year

Significant Reduction in Functional Disability

- 60 patients from pivotal and post-marketing studies
- "Durability" defined as the elapsed time from the end of the Deep TMS treatment course until there was a change in ongoing treatment

OCD Cost Effectiveness



Cost Effective When Compared to Intensive Interventions

13,641

Cost Effectiveness Analysis³¹

Incremental Cost Effectiveness Ratio (ICER)

Antidepressant medication (**ADM**)
Cognitive behavioral therapy (**CBT**)
Partial hospitalization program (**PHP**)
Intensive outpatient program (**IOP**)

 768
 1,335

 ADM
 ADM + CBT
 Deep TMS

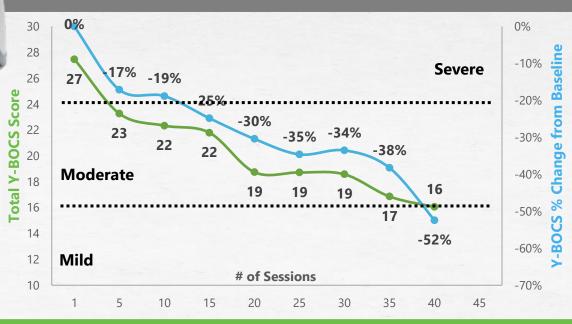
3,110

ADM + PHP / IOP Antipsychotic

Deep TMS Ranks Directly After Medication & Psychotherapy in Cost Effectiveness

- Analysis conducted by Baylor College of Medicine
- In terms of overall annual costs, Deep TMS ranks prior to the combination of medication and psychotherapy

Post-Marketing Analysis²⁹



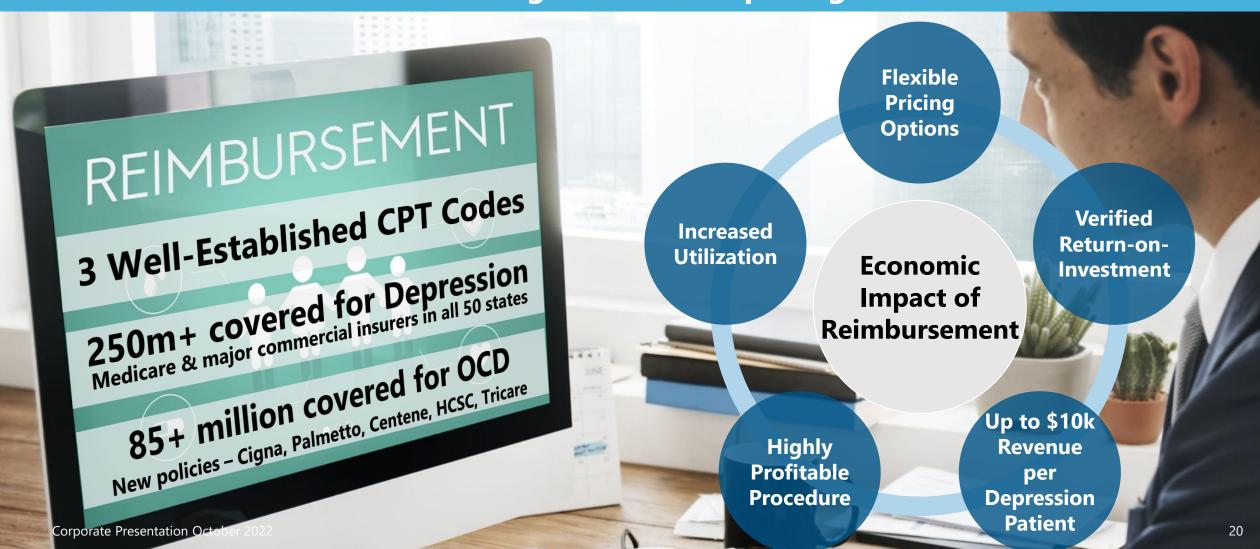
Payor Policies are Recognizing that Extending Deep TMS Treatment Improves Outcomes

Average YBOCS scores demonstrated continuous reduction with increased numbers of Deep TMS sessions (sessions 29-40)

Strong Economic and Clinical Incentive for Adopters



Robust Reimbursement Coverage Drives Compelling Clinician ROI



Commercialization Strategy



A Three-Pronged Approach



Physician Education

- Lead Generation: 40K+ US Psychiatrists³²
- Value-Based Selling



Practice Development

Customer Base Expansion via educating and partnering with customers
 / Enhancing the service offering to our customers



Broad Awareness

 Leverage increased focus on mental health through Deep TMS™ therapy awareness and education

Four Pillars of Value-Based Selling



Superior Science, Evidence, Financial Flexibility, and Customer Support



- BrainsWay Clinical Difference
- 3 FDA-cleared indications
- Future potential indications

Vast Clinical Experience

- 34+ RCTs
- 800+ installed systems
- 100k+ patients treated¹
- 3.0m+ treatment sessions

Flexible Business Model

- Highly positive procedure economics
- Unlimited use lease with fixed monthly fees
- Inclusive of service & support

Unrivaled Practice Support

- Practice development
- Dedicated service engineers
- Reimbursement and marketing guidance

Innovative Multi-Channel Commercialization



Differentiated Strategy Uses Partnerships, Education, & Advertising to Drive Adoption

Industry Partnerships

Raise Awareness Through Advocacy Groups







Educate Providers via Professional Organizations









Mental Health Awareness

Engage in Digital Media to Drive Interest









BrainsWay Debuts Valentine's Day Campaign



US Expansion



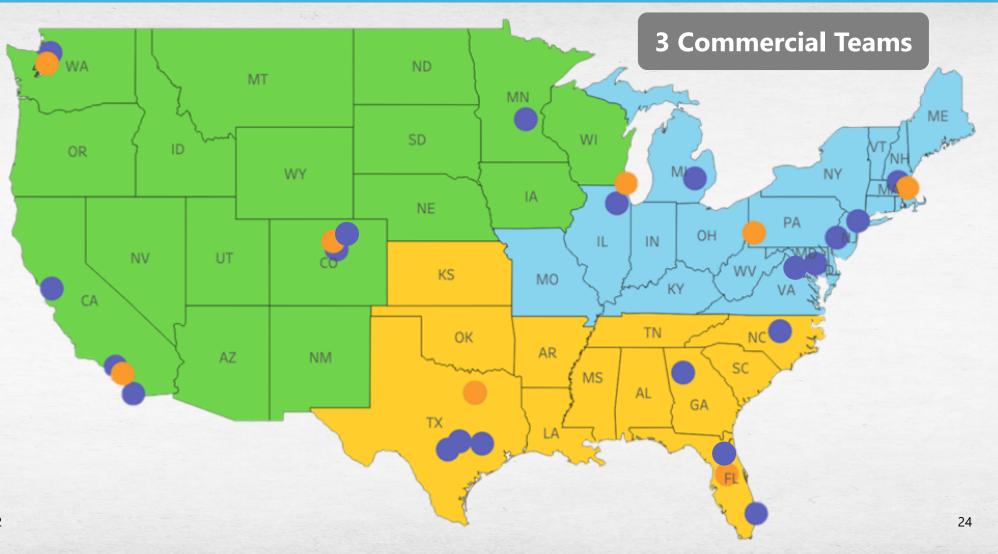
Expanding Customer Base and Cultivating Current Customer Growth

Market Penetration

- Sales Professionals
- Targeting 40k+
 psychiatrists, as well as
 psych nurse
 practitioners

Customer Depth

- Practice Development Consultants
- Focusing on success of 800+ installed systems to expand sites, systems, and coils



New Indications



Expanding Market Opportunities with Potential New Treatments

Indication & US Patient Population		Pre-Phase Clinical Trials	Randomized Controlled Trials	FDA Submission	Commercial Phase
Depression / Anxious Depression	21m ¹¹	=*=*	-X-X-X	***	*=*=
OCD	3m ¹¹	=	***	X -X-X	*= *=
Smoking Addiction	34m ³³	=*=*	XXX	***	*
Multiple Scleroris	1m ³⁴	武三			
Other Addictions	23m ³⁵				
Chronic Pain	16m ³⁶				
Corporate Presentation October 2022 Obesity	33m ³⁷	三类三			25

Smoking Addiction



Smokers Spend Nearly \$2B/year on Quitting and ~85% are Unsuccessful

34m

U.S. Adult Smokers³³ 68% are Motivated to Quit

5.4m

Made Serious Quit Attempt using prescription medication or nicotine replacement therapy (NRT)

4.6m

Smokers who were <u>NOT</u> successful quitting with cessation medication or psychotherapy³⁸

Deep TMSTM

Transcranial Magnetic Stimulation

Ideal Patient Profile¹

Based on Qualitative/Quantitative Research Across 200 Smokers

- Motivation to Quit: Highly motivated based on current/future health concern
- Quit attempt: Tried multiple methods, but unable to quit for > 2 months
- Smoking patterns: Heaviest smokers (2+ packs per day)
- Age: Middle-older demographic (>35)
- Income: Higher income (>\$100,000)
- Initial Reaction: Positive reaction to clinical data understands how clinical outcomes data are favorable to existing quitting methods

Smoking Addiction Clinical Efficacy

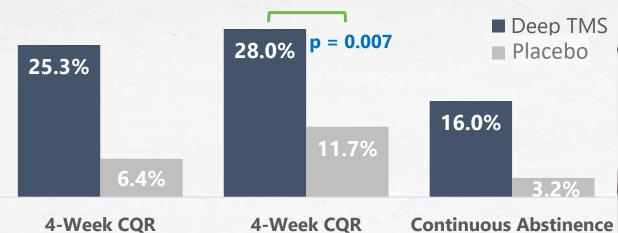
at Week 18



First TMS Addiction Clearance

Double-Blind, Placebo-Controlled RCT³⁹

Overall Quit Rate After 18 Sessions



Nearly 1 in 3 Quit for 4 Weeks
2 of 3 Completers at Week 6 Remaining Quitters
for Additional 3 Months

at Week 18

- 260 adult patients highly addicted to smoking from 15 worldwide centers. 70% previously failed 3+ quit attempts
- No systemic side effects or seizures reported

Corporate Presentation October 2022

at Week 6



New Territories



Geographic Expansion into Japan, Europe, and Other Asian Countries



Worldwide Statistics⁴¹

- Depression and anxiety disorders cost the global economy \$1 trillion per year
- Depression is a leading cause of disability worldwide
- Depression is a major contributor to the overall global burden of disease

International Markets are Long-Term Growth Opportunities

Innovating Technology



Potential to Improve Treatment via Novel Coil Design & Personalized Indicators

BrainsWay Model 102

2nd Generation Released in 2014

BrainsWay Model 104

3rd Generation Released in 2019

Multichannel System*

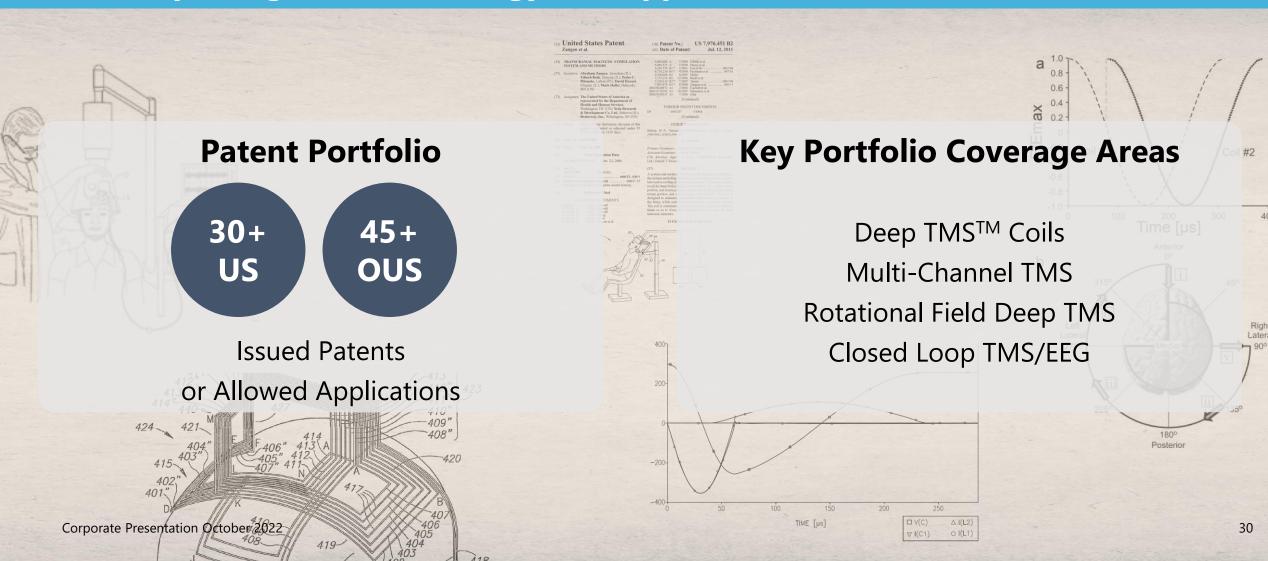
Novel coil design potentially enables variety of unique stimulation protocols⁴⁰



Most Extensive and Broadest TMS Intellectual Property



Encompassing Core Technology and Applications



Financial Review



Through Q2 2022

	H1 2022	FY 2021	FY 2020	FY 2019
Revenue	\$16.0m	\$29.7m	\$22.1m	\$23.1m
Gross Margin	75%	78%	77%	78%
R&D Expense	\$3.3m	\$6.4m	\$5.8m	\$7.9m
SG&A Expense	\$12.1m	\$21.7m	\$16.0m	\$18.6m
Operating Expense	\$15.4m	\$28.1m	\$21.8m	\$26.5m
Operating Loss	\$3.5m	\$5.0m	\$4.8m	\$8.5m
Net Loss	\$4.4m	\$6.5m	\$5.4m	\$10.3m
Installed Systems	829	754	629	530
Cash	\$52.4m*	\$57.3m*	\$17.2m	\$21.7m * No debt



22% Increase in revenue
H1 2022: \$16.0m vs H1 2021: \$13.1m

QoQ Increase in Total Systems
Installed from Q2-22 to Q2-21

BrainsWay Investment Highlights



Boldly Advancing Neuroscience to Improve Health and Transform Lives



Thank you!

Investor Contact:

Scott Areglado SVP and CFO

scott.areglado@brainsway.com







References

- 1. BrainsWay Data on File
- 2. Kessler RC, et al. National Comorbidity Survey Replication. JAMA (2003)
- 3. Kessler RC, et al. Comorbidity of DSM-III-R major depressive disorder in the general population: results from the US National Comorbidity Survey Br J Psychiatry Suppl. 1996
- 4. Ng CW, How CH, Ng YP. Depression in primary care: assessing suicide risk Singapore Med J.2017
- 5. Centers for Disease Control and Prevention
- 6. Winerman L. By the numbers: An alarming rise in suicide. APA. 2019
- 7. https://link.springer.com/article/10.1007/s40273-021-01019-4
- 8. Retrieved from https://www.hcp.med.harvard.edu/ncs/index.php. Data Table 2: 12-month prevalence DSM-IV/WMH-CIDI disorders by sex and cohort
- 9. Albert U, De Ronchi D, Maina G, Pompili M. Suicide Risk in Obsessive-Compulsive Disorder and Exploration of Risk Factors: A Systematic Review. Curr Neuropharmacol. 2019;17(8):681-696. doi:10.2174/1570159X16666180620155941
- 10. DuPont RL, Rice DP, Shiraki S, Rowland CR. Economic costs of obsessive-compulsive disorder. Med Interface. 1995 Apr;8(4):102-9.
- 11. The National Institute of Mental Health: nimh.nih.gov
- 12. Greist JH. The comparative effectiveness of treatments for obsessive-compulsive disorder. Bull Menninger Clin. 1998;62(4, suppl 1A):A65–A81
- 13. Marks I. Behavior therapy for obsessive-compulsive disorder: a decade of progress. Can J Psychiatry. 1997;42:1021–1027
- 14. Ballenger JC. Current treatments of the anxiety disorders in adults. Biol Psychiatry. 1999;46: 1579–1594
- 15. Lawson McLean A. Publication trends in transcranial magnetic stimulation: a 30-year panorama. Brain Stimul. 2019 May-Jun;12(3): 619-627
- 16. Donse L, et al. Simultaneous rTMS and psychotherapy in major depressive disorder: Clinical outcomes and predictors from a large naturalistic study. Brain Stimulation Mar-Apr 2018;11(2):337-345
- 17. Guadagnin, V., et. al., 2016. Deep Transcranial Magnetic Stimulation: Modeling of Different Coil Configurations. 63, 1543–1550
- 18. Fiocchi, S., et. al., 2016. Modelling of the Electric Field Distribution in Deep Transcranial Magnetic Stimulation. 2016
- 19. Baeken C, Brem AK, Arns M, et al. Repetitive transcranial magnetic stimulation treatment for depressive disorders: current knowledge and future directions. Curr Opin Psychiatry. 2019;32(5):409-415
- 20. Company estimates, references 3.4M adult MDD patients with insurance coverage and assumes 33 sessions per patient with an average session price of \$70; Oppenheimer Research Report, 08/24/2020
- 21. Harvey SA, et al. Deep TMS for major depression, interim post-marketing analysis of 1040 patients. Brain Stimulation. Vol 13, Issue 6, P1858, Nov 1 2020
- 22. Senova S, et al. Durability of antidepressant response to repetitive transcranial magnetic stimulation: Systematic review and meta-analysis. Brain Stimulation 12 (2019) 119e128
- 23. Levkovitz Y, et al. Efficacy and safety of deep transcranial magnetic stimulation for major depression: a prospective multicenter randomized controlled trial. World Psychiatry. 2015 Feb;14(1):64-73
- 24. Carmi L, et al. Efficacy and Safety of Deep Transcranial Magnetic Stimulation for Obsessive-Compulsive Disorder: A Prospective Multicenter Randomized Double-Blind Placebo-Controlled Trial. Am J Psychiatry 2019; 0:1–8;



References

- 25. Filipčićl et al. (2019) Efficacy of repetitive transcranial magnetic stimulation using a figure-8-coil or an H1-Coil in treatment of major depressive disorder; A randomized clinical trial. Journal of Psychiatric Research 114: 113-119; Note, difference in remission between Deep TMS and traditional TMS trended in favor of Deep TMS but did not rise to statistical significance.
- 26. Kaufman J, Charney D. Comorbidity of mood and anxiety disorders. Depress Anxiety. 2000;12 Suppl 1:69-76
- 27. Siddiqi S, et al. Distinct Symptom-Specific Treatment Targets for Circuit-Based Neuromodulation. American Journal of Psychiatry. Volume 177, Issue 5
- 28. Pell, G.S.; Harmelech, T.; Zibman, S.; Roth, Y.; Tendler, A.; Zangen, A. Efficacy of Deep TMS with the H1 Coil for Anxious Depression. J. Clin. Med.2022,11,1015. https://doi.org/10.3390/jcm11041015
- 29. Roth Y, et al. Real-world efficacy of deep TMS for obsessive-compulsive disorder: Post-marketing data collected from twenty-two clinical sites. J Psychiatr Res. 2020 Nov 4;S0022-3956(20)31065-7
- 30. Harmelech T et al. Long-term outcomes of a course of deep TMS for treatment-resistant OCD. Brain Stimulation 15 (2022) 226e228
- 31. Gregory ST, Goodman WK, Kay B, Riemann B, Storch EA. Cost-effectiveness analysis of deep transcranial magnetic stimulation relative to evidence-based strategies for treatment-refractory obsessive-compulsive disorder. J Psychiatr Res. 2022 Feb;146:50-54. doi: 10.1016/j.jpsychires.2021.12.034. Epub 2021 Dec 20. PMID: 34953305.
- 32. https://www.behavioralhealthworkforce.org/wp-content/uploads/2019/02/Y3-FA2-P2-Psych-Sub Full-Report-FINAL2.19.2019.pdf
- 33. https://www.cdc.gov/tobacco/data_statistics/fact_sheets/cessation/smoking-cessation-fast-facts/index.html. Data as of 2018 for U.S. adults.
- 34. https://www.nationalmssociety.org/What-is-MS/How-Many-People. Data as of 2019 for U.S. adults.
- 35. https://www.samhsa.gov/data/sites/default/files/reports/rpt29394/NSDUHDetailedTabs2019/NSDUHDetTabsSect5pe2019.htm?s=5.4&#tab5-4a,
- 36. Yawn, Barbara P et al. "The prevalence of neuropathic pain: clinical evaluation compared with screening tools in a community population." Pain medicine (Malden, Mass.) vol. 10,3 (2009): 586-93.
- 37. CDC 2020 National Diabetes Statistics Report
- 38. EY Parthenon Analysis 2018 https://www.smokefreeworld.org/sites/default/files/ey-p_smoking_cessation_landscape_analysis_key_findings.pdf
- 39. Zangen A et al. Repetitive transcranial magnetic stimulation for smoking cessation: a pivotal multicenter double-blind randomized controlled trial. World Psychiatry. 2021 Oct;20(3):397-404
- 40. Any expanded indications (beyond Depression, OCD, and Smoking Addiction) and multi-channel stimulation features are investigational and have not yet been cleared by the FDA
- 41. https://worldpopulationreview.com/country-rankings/depression-rates-by-country
- 42. Trivedi MH et al. STAR*D Study Team (2006), Evaluation of outcomes with citalopram for depression using measurement-based care in STAR*D: implications for clinical practice. Am J Psychiatry. 2006 Jan; 163(1):28-40.