MetroPlus Health

Policy and Procedure

Title: Spravato (esketamine)	Division: Medical Management Department: Pharmacy, Utilization Management
Approval Date: 12/17/2021	LOB: Medicaid, HIV SNP, CHP, MetroPlus Gold, Goldcare I&II, Market Plus, Essential, HARP
Effective Date: 12/17/2021	Policy Number: UM-MP326
Review Date: 1/31/2023	Cross Reference Number:
Retired Date:	Page 1 of 6

1. **POLICY DESCRIPTION:**
   Major Depressive Disorder and Treatment-resistant depression (TRD) in adults– Non-competitive *N*-methyl *D*-aspartate (NMDA) receptor antogonist, Spravato

2. **RESPONSIBLE PARTIES:**
   Medical Management Administration, Utilization Management, Integrated Care Management, Pharmacy, Claim Department, Providers Contracting.

3. **DEFINITIONS:**
   Esketamine, the S-enentiomer of racemic ketamine, is a non-selective, non-competitive antagonist of the N-methyl-D-aspartate (NMDA) receptor, an ionotropic glutamate receptor. The mechanism by which esketamine exerts its antidepressant effect is unknown.

4. **POLICY:**
   A. Treatment-resistant Depression (TRD)/Major Depressive Disorder (MDD) with acute suicidal ideation or behavior
   Spravato will be considered medically necessary when the following conditions of coverage have been met:

   Initial Approval:
   1. Member is 18 years or older **AND**
   2. Member has a documented diagnosis of severe or very severe major depressive disorder by 1 or more of the following:
      a. Inventory of Depressive Symptomatology (IDS-C30) score $\geq$ 34
      b. Quick Inventory of Depressive Symptoms-Symptomology Self-Report (QIDS-SR16) score $\geq$ 16
      c. Hamilton Rating Scale for Depression (HRSD) score $\geq$ 24
      d. Montgomery–Åsberg Depression Rating Scale (MADRS) score $\geq$ 28
      e. Beck Depression Inventory (BDI) score $\geq$ 30
      f. Beck Depression Inventory (BDI) 13-item short form score $\geq$ 16
      g. Zung Self-Rating Depression Scale (SDS) score $\geq$ 70

      AND
   3. Requested drug will be administered under the direct supervision of a healthcare provider **AND**
   4. Requested drug will be used in combination with an oral antidepressant (i.e. duloxetine, escitalopram, sertraline, venlafaxine) **AND**
   5. Member will be monitored by a health care provider for at least 2 hours

after administration **AND**

6. Member meets **EITHER** of the following criteria:
    a. Both of the following:
        i. Member has current suicidal ideation with intent defined as both of the following:
            1. Member has thoughts, even momentarily, of self-harm with at last some intent or awareness that they may die as a result, or member thinks about suicide **AND**
            2. Member intends to act on thoughts of killing themselves **AND**
        ii. The prescriber represents that, in the absence of the requested drug, within the next 24 to 48 hours the member will require confinement in an acute care psychiatric institution.

    OR

    b. Member has experienced inadequate response during the current depressive episode with two antidepressants (e.g., selective serotonin reuptake inhibitor [SSRI], serotonin-norepinephrine reuptake inhibitor [SNRI], tricyclic antidepressant [TCA], bupropion, mirtazapine) from at least two different classes (different mechanisms of action) at the maximally tolerated labeled dose, each used for at least 8 weeks;
        i. Aminoketone (Wellbutrin/SR/XL [bupropion])
        ii. Monoamine oxidase inhibitors (MAOIs) (e.g., Marplan, Nardil, Parnate, phenelzine, tranylcypromine)
        iii. Noradrenaline and specific serotoninergic antidepressants (NASSAs) (e.g., amoxapine, maprotiline, mirtazapine/ODT, Oleptro ER, Remeron/Solutab, trazodone)
        iv. Selective serotonin reuptake inhibitors (SSRIs) (e.g., Celexa, citalopram, escitalopram, fluoxetine, fluvoxamine, Lexapro, Luvox/CR, paroxetine, Paxil/CR, Pexeva, Prozac/Weekly, sertraline, Zoloft)
        v. Serotonin-norepinephrine reuptake inhibitors (SNRIs) (e.g., Cymbalta, desvenlafaxine/ER, duloxetine, Effexor/XR, Fetzima, Irenka, Khedezla, Pristiq, venlafaxine/ER)
        vi. Tricyclic antidepressants (TCAs) (e.g., amitriptyline, desipramine, doxepin, Elavil, imipramine, Norpramin, nortriptyline, Pamelor, Surmontil, Tofranil, trimipramine)

    OR

        vii. Member has experienced an inadequate response with an adequate trial of augmentation therapy for 8 weeks OR cognitive

behavioral therapy during the current depressive episode

1. Augmentation therapy is defined as:

a. Two antidepressants with different mechanisms of action used concomitantly
b. An antidepressant and a second-generation antipsychotic used concomitantly
c. An antidepressant and lithium used concomitantly
d. An antidepressant and thyroid hormone used concomitantly
e. An antidepressant and buspirone used concomitantly

Approved for 4 weeks

Renewal Request:

1. Conditions of initial approval are met **AND**
2. Medication is used for treatment-resistant depression (TRD) only **AND**
3. Improvement or sustained improvement from baseline in depressive symptoms documented by one of the above scoring methods or other generalized scoring methods for depression.

Approved for 12 weeks

5. LIMITATIONS/ EXCLUSIONS:

1. Aneurysmal vascular disease or arteriovenous malformation
2. History of intracerebral hemorrhage
3. Member with current or recent history (i.e., within the last 6 months) of moderate or severe substance or alcohol use disorder.
4. Hypersensitivity to esketamine, ketamine, or any of the excipients.

6. APPLICABLE PROCEDURE CODES:

CPT	Description
S0013	Esketamine, nasal spray, 1mg

7. APPLICABLE DIAGNOSIS CODES:

CODE	Description
F32.0	Major depressive disorder, single episode, mild
F32.1	Major depressive disorder, single episode, moderate
F32.2	Major depressive disorder, single episode, severe without psychotic features
F32.3	Major depressive disorder, single episode, severe with psychotic features
F33.3	Major depressive disorder, recurrent, severe with psychotic symptoms
F32.4	Major depressive disorder, single episode, in partial remission
F32.5	Major depressive disorder, single episode, in full remission
F32.9	Major depressive disorder, single episode, unspecified
F33.0	Major depressive disorder, recurrent, mild
F33.1	Major depressive disorder, recurrent, moderate
F33.2	Major depressive disorder, recurrent, severe without psychotic features
F33.40	Major depressive disorder, recurrent, in remission, unspecified
F33.41	Major depressive disorder, recurrent, in partial remission
F33.42	Major depressive disorder, recurrent, in full remission
F33.9	Major depressive disorder, recurrent, unspecified
R45.851	Suicidal ideations

8. REFERENCES:

1. Spravato [package insert]. Titusville, NJ: Janssen Pharmaceuticals, Inc.; July 2020.
2. A study to evaluate the efficacy, safety, and tolerability of flexible doses of intranasal esketamine plus an oral antidepressant in adult participants with treatment-resistant depression - full text view. A Study to Evaluate the Efficacy, Safety, and Tolerability of Flexible Doses of Intranasal Esketamine Plus an Oral Antidepressant in Adult Participants With Treatment-resistant Depression - Full Text View - ClinicalTrials.gov. https://www.clinicaltrials.gov/ct2/show/NCT02418585. Published June 2, 2020. Accessed December 8, 2021.
3. A study of intranasal esketamine plus an oral antidepressant for relapse prevention in adult participants with treatment-resistant depression - full text view. A Study of Intranasal Esketamine Plus an Oral Antidepressant for Relapse Prevention in Adult Participants With Treatment-resistant Depression - Full Text View - ClinicalTrials.gov. https://clinicaltrials.gov/ct2/show/NCT02493868. Published June 2, 2020. Accessed December 8, 2021.
4. Bagby et al. Hamilton Rating Scale For Depression. Hamilton Rating Scale for Depression - an overview | ScienceDirect Topics. https://www.sciencedirect.com/topics/neuroscience/hamilton-rating-scale-for-depression. Published 2004. Accessed December 8, 2021.
5. Montgomery-Asberg Depression Rating Scale (MADRS). PSYCHOLOGICAL SCALES. https://scales.arabpsychology.com/s/montgomery-asberg-depression-rating- scale-madrs/. Published April 5, 2021. Accessed December 8, 2021.
6. Wang Y-P, Gorenstein C. Beck Depression Inventory. Beck Depression Inventory - an overview | ScienceDirect Topics. https://www.sciencedirect.com/topics/neuroscience/beck-depression-inventory
7. Yeung A, Feldman G, Pedrelli P, et al. The Quick Inventory of Depressive Symptomatology, clinician rated and self-report: A psychometric assessment in Chinese Americans with major depressive disorder. The Journal of nervous and mental disease. https://www.ncbi.nlm.nih.gov/pmc/articles/PMC3762496/. Published August 2012. Accessed December 8, 2021.

REVISION LOG:

REVISIONS	DATE
Creation date	12/8/2021
Annual review	10/31/2022
Update review	1/31/2023

Approved: Glendon Henry Digitally signed by Glendon Henry Date: 2023.02.09 07:46:48 -05'00'	**Date:**	Approved: Sanjiv Shah MD Digitally signed by Sanjiv Shah MD Date: 2023.03.14 17:11:10 -04'00'	**Date:**
Glendon Henry, MD Senior Medical Director		**Sanjiv Shah, MD Chief Medical Officer**	

Medical Guideline Disclaimer:

 The treating physician or primary care provider must submit MetroPlus Health Plan clinical evidence that the patient meets the criteria for the treatment or surgical procedure. Without this documentation and information, MetroPlus Health Plan will not be able to properly review the request for prior authorization. The clinical review criteria expressed in this policy reflects how MetroPlus Health Plan determines whether certain services or supplies are medically necessary. MetroPlus Health Plan established the clinical review criteria based upon a review of currently available clinical information(including clinical outcome studies in the peer-reviewed published medical literature, regulatory status of the technology, evidence-based guidelines of public health and health research agencies, evidence-based guidelines and positions of leading national health professional organizations, views of physicians practicing in relevant clinical areas, and other relevant factors). MetroPlus Health Plan expressly reserves the right to revise these conclusions as clinical information changes and welcomes further relevant information. Each benefit program defines which services are covered. The conclusion that a particular service or supply is medically necessary does not constitute a representation or warranty that this service or supply is covered and or paid for by MetroPlus Health Plan, as some programs exclude coverage for services or supplies that MetroPlus Health Plan considers medically necessary. If there is a discrepancy between this guidelines and a member's benefits program, the benefits program will govern. In addition, coverage may be mandated by applicable legal requirements of a state, the Federal Government, or the Centers for Medicare & Medicaid Services (CMS) for Medicare and Medicaid members.

All coding and website links are accurate at time of publication.

MetroPlus Health Plan has adopted the herein policy in providing management, administrative and other services to our members, related to health benefit plans offered by our organization.