Medical Policy:

Spravato (esketamine hydrochloride) Nasal Spray

POLICY NUMBER	LAST REVIEW	ORIGIN DATE
MG.MM.PH.196	January 6, 2025	August 1, 2019

Length of Authorization

Coverage will be provided: Initial: 3 months, Continuation: 6 months

Max Units (per dose and over time) [Medical Benefit]:

Treatment Resistant Depression

- Induction (weeks 1 to 4): 84 mg twice weekly (56 mg Day 1)
- Maintenance (weeks 5 to 8): 84 mg weekly

Major Depressive Disorder (MDD)

- 2 kits (84 mg kit) weekly

Guideline

I. INITIAL APPROVAL CRITERIA

Coverage is provided in the following conditions:

- Patient is 18 years of age or older; **AND** meets criteria for one of the following diagnoses 1 or 2):

1. **Major depressive disorder (treatment-resistant)**
   A. Patient has a diagnosis of moderate to severe major depressive disorder; **AND**
   B. Patient's baseline depression symptoms must be measured and documented with an appropriate rating scale (such as PHQ-9, Clinically Useful Depression Outcome Scale, Quick Inventory of Depressive Symptomatology-Self Report 16 Item, MADRS, or HAM-D) as a tool for monitoring response to therapy; **AND**
   C. Patient has had an inadequate response to the maximum tolerated dose of at least **TWO** antidepressant therapies (e.g., selective serotonin reuptake inhibitors [SSRIs], serotonin-norepinephrine reuptake inhibitors [SNRIs], tricyclic antidepressants [TCAs], bupropion, mirtazapine, etc.) for at least 6 weeks during the current major depressive episode (MDE) (Document medication, dose, and duration); **AND**
   D. Patient will be using Spravato in conjunction with an oral antidepressant.

2. **Depressive symptoms in adults with major depressive disorder (MDD) with acute suicidal ideation or behavior**
   A. 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; **AND**
   B. Member has a depressive episode so acute and so severe that the member is not able to participate in self-care (e.g., washing, eating), is unable to participate at all in their usual daily activities (e.g., work), and has persistent thoughts of hopelessness and helplessness as well as anhedonia; **AND**
   C. Patient will be using Spravato in conjunction with an oral antidepressant.

II. RENEWAL CRITERIA

Coverage can be renewed based upon the following criteria:

1. Patient has had at least reduction in symptoms of depression compared to baseline using a standard rating scale that reliably measures depressive symptoms; **AND**
2. Patient will continue Spravato in conjunction with an oral antidepressant.

Dosing/Administration

Spravato is administered intranasally twice weekly for 4 weeks, then once weekly for four weeks, then weekly or every other week thereafter.

The recommended dosing schedule is as follows:

TRD-Induction Phase	Weeks 1-4: Twice weekly	Day 1: 56 mg (2 devices) Subsequent doses: 56 mg or 84 mg (3 devices)
TRD-Maintenance Phase	Weeks 5-8: Once weekly	56 mg (2 devices) or 84 mg (3 devices)
	Week 9 and after: every 2 weeks OR once weekly*	56 mg (2 devices) or 84 mg (3 devices)
MDD	Twice per week for 4 weeks	84mg (3 devices), dose may be reduced to 56mg (2 devices based on tolerability

MDD	After 4 weeks reevaluate to determine need for continued treatment	

**Dosing frequency should be individualized to the least frequent dosing to maintain remission/response*

Limitations/Exclusions

Spravato is not considered medically necessary for indications other than those listed above due to insufficient evidence of therapeutic value.

Other Exclusions:

1. Patient has aneurysmal vascular disease (including thoracic and abdominal aorta, intracranial and peripheral arterial vessels) or arteriovenous malformation.
2. Patient has intracerebral hemorrhage.

Applicable Procedure Codes

Code	Description
S0013	Esketamine, nasal spray, 1 mg
G2082	Office or other outpatient visit for the evaluation and management of an established patient that requires the supervision of a physician or other qualified health care professional and provision of up to 56 mg of esketamine nasal self-administration, includes 2 hours post-administration observation *****Medicare only***
G2083	Office or other outpatient visit for the evaluation and management of an established patient that requires the supervision of a physician or other qualified health care professional and provision of greater than 56 mg esketamine nasal self-administration, includes 2 hours post-administration observation *****Medicare only***

Applicable NDCs

Code	Description
50458-0028--00	Unit-dose carton containing 28 mg nasal spray device
50458-0028--02	Unit-dose carton containing 28 mg (56 mg dose) nasal spray device
50458-0028--03	Unit-dose carton containing 28 mg (84 mg dose) nasal spray device

ICD-10 Diagnoses

Code	Description
F33.0-F33.9	Major depressive disorder, recurrent
R45.851	Suicidal ideations

Revision History

Company(ies)	DATE	REVISION
EmblemHealth & ConnectiCare	1/6/2025	Revision: Initial Criteria: removed: "(≤ 50% improvement in depression symptoms or scores) " from the statement: " Patient has had an inadequate response (≤ 50% improvement in depression symptoms or scores) to the maximum tolerated dose of at least TWO antidepressant therapies…" Renewal Criteria: removed: "a 50%" from the statement: " Patient has had at least

		a 50% reduction in symptoms of depression compared to baseline using a standard rating scale that reliably measures depressive symptoms;"
EmblemHealth & ConnectiCare	12/11/2024	Addition of G2082 and G2083 Procedure Codes G2082 -Office or other outpatient visit for the evaluation and management of an established patient that requires the supervision of a physician or other qualified health care professional and provision of up to 56 mg of esketamine nasal self-administration, includes 2 hours post-administration observation - *****Medicare only*** G2083- Office or other outpatient visit for the evaluation and management of an established patient that requires the supervision of a physician or other qualified health care professional and provision of greater than 56 mg esketamine nasal self-administration, includes 2 hours post-administration observation - *****Medicare only***
EmblemHealth & ConnectiCare	1/3/2024	Annual Review: Added Max units, updated dosing chart
EmblemHealth & ConnectiCare	4/27/2023	Annual Review: no criteria changes
EmblemHealth & ConnectiCare	1/12/2023	Transfer to New Template
EmblemHealth & ConnectiCare	7/7/2021	Updated Procedure codes
EmblemHealth & ConnectiCare	8/13/2020	Added new indication: Depressive symptoms in adults with major depressive disorder (MDD) with acute suicidal ideation or behavior. Added criteria for new indication. Added diagnosis code R45.851 suicidal ideations.

References

1. Spravato [prescribing information]. Titusville, NJ: Janssen Pharmaceuticals, Inc.; March 2019.