MVP Health Care Medical Policy

Medicare Part B: Spravato® (Esketamine)

Type of Policy: **Medical Therapy**
Prior Approval Date: **11/01/2024**
Approval Date: **04/01/2025**
Effective Date: **06/01/2025**
Related Policies: **NA**

Codes Requiring Prior Authorization covered under the medical benefit
S0013 Spravato® (Esketamine) nasal spray 1 mg

Please refer to relevant CMS LCDs/NCDs/Policy Articles for most up to date Medicare Part B guidance if available

Overview/Summary of Evidence

Spravato (esketamine) is the S-enantiomer of ketamine. It is a non-selective, non-competitive antagonist of N-methyl-D-aspartate (NMDA) receptor, an ionotropic glutamate receptor, thus causing an increase in glutamate and activation of AMPA receptors. Activation of AMPA receptors have strengthened synapses in the frontal cortex, the part of the brain which is closely associated with mood and motivation.
Spravato is only available through a **REMS program.**
Spravato (esketamine) is an intranasal spray that is indicated for

- Treatment-resistant depression (TRD) in adults as monotherapy or in conjunction with an oral antidepressant
- Depressive symptoms in adults with major depressive disorder (MDD) with acute suicidal ideation or behavior in conjunction with an oral antidepressant

Indications/Criteria

A. <u>Treatment Resistant Depression (TRD)</u>

Spravato may be considered for coverage of Treatment Resistant Depression as either monotherapy or in conjunction with an oral antidepressant when the following criteria are met:

- Member has a diagnosis of Major Depressive Disorder (MDD) based on DSM-5-TR criteria
- Chart notes indicate the following:
    - Failure of at least 2 antidepressants from two different antidepressant medication classes at the maximally tolerated FDA-approved dose for a minimum of 8 weeks each.
        - If an 8 week trial with two oral antidepressants used at therapeutic dosages, is inappropriate, clinical rationale must be documented in the medical record and will be considered on a case by case basis **AND**
    - Inadequate response to antidepressant in the current depressive episode.
        - Claims history must demonstrate compliance with an antidepressant in the current depressive episode.
- Spravato must be prescribed **AND** administered by a certified provider who is able to properly monitor patient after administration at a **REMS certified clinic.**
    - Treatment center finder:
        - SPRAVATO® Treatment Center Locator | SPRAVATO® (esketamine) Nasal Spray
- Documentation indicates the member has been assessed using an appropriate diagnostic instrument such as the Patient Health Questionnaire-9 (PHQ-9) or Montgomery-Asberg Depression Rating Scale (MADRS) at baseline prior to dose administration and after each week prior to dose administration

- **Initial approval for TRD indication will be for 8 weeks**. MADRS or PHQ-9 Patient Health Questionnaire-9 score at week 4 (after induction phase) and most current MADRS or PHQ-9 score must be submitted with the initial extension request.

- **Extension requests will be approved for TRD up to 3 months if all the following are met:**
    - Member has a diagnosis of Major Depressive Disorder (MDD) based on DSM-5-TR criteria

- Spravato continues to be prescribed AND administered by a certified provider
- Chart notes include current PHQ-9 (Patient Health Questionnaire-9) or MADRS score and must demonstrate score and symptom improvement from baseline.

B. <u>Major Depressive Disorder with suicidal ideation</u>

Spravato may be considered for coverage for Major Depressive Disorder with suicidal ideation when the following criteria are met:

- Member has a diagnosis of Major Depressive Disorder (MDD) based on DSM-5-TR criteria
- Chart notes documenting the member has experienced acute suicidal ideation or behavior and the member is receiving standard of care (including hospitalization if clinically warranted).
- Spravato must be prescribed **AND** administered by a certified provider who is able to properly monitor patient after administration at a **REMS certified clinic.**
    - Treatment center finder:
        - SPRAVATO® Treatment Center Locator | SPRAVATO® (esketamine) Nasal Spray
- Documentation indicates the member has been assessed using an appropriate diagnostic instrument such as Patient Health Questionnaire-9 (PHQ-9) or Montgomery-Asberg Depression Rating Scale (MADRS) at baseline prior to dose administration and after each week prior to dose administration
- **Initial approval for MDD with acute suicidal ideation or behavior indication** will be for 4 weeks.
- **Extension requests will be approved up to 3 months** and must include documentation of continued benefit to therapy and provider evaluation to determine need for continued treatment.

Exclusions

Spravato (esketamine) is not considered medically necessary and therefore is not covered when any of the following are true:

- Age, dose, frequency of dosing, and/or duration of therapy outside of FDA approved package labeling
- Prescribed for anesthetic use
- Pregnant or planning to become pregnant
- Severe hepatic impairment (Child-Pugh class C)
- History of aneurysm (e.g., aneurysmal vascular disease including thoracic and abdominal aorta, intracranial, and peripheral arterial vessels), arteriovenous malformation
- A history of intracranial bleeding (intracerebral hemorrhage).
- Homicidal ideation, substance/alcohol use disorder in the past year, autism spectrum disorder, recent cannabis use, prior DSM-5 diagnosis of psychotic disorder, MDD with psychotic features, bipolar or related disorders, current OCD, intellectual disability, borderline personality disorder, antisocial personality disorder, histrionic personality disorder, or narcissistic personality disorder.

References

1. Spravato (esketamine) [prescribing information]. Jannesen Pharmaceuticals Lakewood, NJ 2019. Updated 10/2023
2. FDA New Release. FDA approves new nasal spray medication for treatment-resistant depression; available only at a certified doctor's office or clinic Available from: https://www.fda.gov/news-events/press-announcements/fda-approves-new-nasal-spray-medication-treatment-resistant-depression-available-only-certified
3. Johnson & Johnson Press Release. Esketamine Receives Breakthrough Therapy Designation from U.S. Food and Drug Administration for Major Depressive Disorder with Imminent Risk for Suicide. Available at: https://www.jnj.com/media-center/press-releases/esketamine-recieves-breakthrough-therapy-designation-from-us-food-and-drug-administration-for-major-depressive-disorder-with-imminent-risk-of-suicide. Accessed June 2019
4. E Wajs, L Aluisio, R Morrison, EJ Daly, R Lane, P Lim, R Holder, G Sanacora, AH Young, S Kasper, AH Sulaiman, C Li, J Paik, H Manji, D Hough, WC Drevets, JB Singh. Long-Term Safety of Esketamine Nasal Spray Plus an Oral Antidepressant in Patients with Treatment-Resistant Depression: Phase 3, Open Label Safety and Efficacy Study (SUSTAIN-2).

5. National Institute of Mental Health. Sequenced Treatment Alternatives to Relieve Depression (STAR*D) Study. Available at: https://www.nimh.nih.gov/funding/clinical-research/practical/stard
6. American Psychiatric Association. Practice Guidelines for the Treatment of Patients with Major Depressive Disorder: Third Edition. October 2010. Available at: https://psychiatryonline.org/pb/assets/raw/sitewide/practice_guidelines/guidelines/mdd.pdf
7. Contraindications/precautions. Clinical Pharmacology. September 2021.
8. Dosage and administration of SPRAVATO. (n.d.). Janssenscience.com. Updated May 14, 2024, from https://www.janssenscience.com/products/spravato/medical-content/dosage-and-administration-of-spravato