Oscar Clinical Guideline: Spravato (esketamine) (PG257, Ver. 1)

Spravato (esketamine)

Disclaimer

Clinical guidelines are developed and adopted to establish evidence-based clinical criteria for utilization management decisions. Clinical guidelines are applicable according to policy and plan type. The Plan may delegate utilization management decisions of certain services to third parties who may develop and adopt their own clinical criteria.

Coverage of services is subject to the terms, conditions, and limitations of a member's policy, as well as applicable state and federal law. Clinical guidelines are also subject to in-force criteria such as the Centers for Medicare & Medicaid Services (CMS) national coverage determination (NCD) or local coverage determination (LCD) for Medicare Advantage plans. Please refer to the member's policy documents (e.g., Certificate/Evidence of Coverage, Schedule of Benefits, Plan Formulary) or contact the Plan to confirm coverage.

Summary

Major depressive disorder is a mental health disorder that causes symptoms of sadness, hopelessness, and loss of interest in things. It can disrupt relationships and everyday activities, such as work, school, and activities that are usually pleasant. There are many medications from several classes that are available to treat major depressive disorder including selective serotonin-reuptake inhibitors (SSRIs), serotonin- and norepinephrine-reuptake inhibitors (SNRIs), tricyclic antidepressants, monoamine oxidase (MAO) inhibitors, and other antidepressants (e.g., bupropion, mirtazapine, trazodone).

Treatment resistant depression (TRD) refers to individuals who may improve partially but do not remit symptomatically nor regain full functional status. Partial response is the presence of residual symptoms.

In studies, TRD generally refers to major depressive episodes that do not respond satisfactorily after two (2) trials of antidepressant monotherapy. Response is generally classified by the amount of improvement from baseline on a depression rating scale:

- No response: improvement <25%
- Partial response: improvement 25% to 49%
- Response: improvement ≥50% but less than the threshold for remission
- Remission: depression rating scale score less than or equal to a specific cutoff that defines the normal range.

It is estimated that at least 30% of individuals with depression have TRD. However, a notable percentage of individuals with TRD are pseudo-resistant (e.g., due to inadequacy of treatment trials or non-adherence to treatment).

Spravato (esketamine) is a non-competitive N-methyl D-aspartate (NMDA) receptor antagonist indicated for the treatment of:

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

Due to the risk for sedation, dissociation, respiratory depression, abuse and misuse, Spravato (esketamine) is only available through a Risk Evaluation and Mitigation Strategy (REMS) Program. Spravato (esketamine) can only be administered at healthcare settings certified in the Spravato REMS Program. Patients treated in outpatient healthcare settings (e.g., medical offices and clinics) must be enrolled in the program.

Definitions

"Major depressive disorder", also known as **(MDD)**, is a psychiatric condition characterized by persistent low mood, low energy, or loss of interest in enjoyable activities causing substantial impairment in daily life. MDD is thought to be caused by a combination of genetic, environmental and psychological 2 factors. Risk factors include family history, major life changes, certain medications, chronic health problems, and substance use disorders.

"Depression assessment instruments" are used to screen and track treatment outcomes. These instruments may include interview and/or self-reported measures. Examples of validated and reliable

instruments include Beck Depression Inventory-II [BDI-II], Hamilton Rating Scale for Depression [HAM-D], Inventory of Depressive Symptomatology–Clinician Rating [IDS-C], Montgomery-Asberg Depression Rating Scale [MADRS], Patient Health Questionnaire-9 [PHQ-9], and Quick Inventory of Depressive Symptomatology [QIDS-C16].

"Risk Evaluation and Mitigation Strategy", also known as **(REMS),** is a drug safety program that the Food and Drug Administration (FDA) requires for certain medications to ensure the benefits of the medication outweigh its risks.

Clinical Indications

General Medical Necessity Criteria for Authorization

The Plan considers **Spravato (esketamine)** medically necessary when **ALL** of the following criteria are met:

1. The medication is prescribed by or in consultation with a psychiatrist; ***AND***
2. The member is 18 years of age or older; ***AND***
3. The member does **NOT** have documentation of **ANY** of the following:
    a. Aneurysmal vascular disease (including thoracic and abdominal aorta, intracranial, and peripheral arterial vessels) or arteriovenous malformation; ***and***
    b. History of intracerebral hemorrhage; ***and***
    c. Hypersensitivity to esketamine, ketamine, or any of the excipients; ***AND***
4. **Spravato (esketamine)** is being prescribed at a dose and frequency that is within FDA approved labeling.

Treatment Resistant Depression (TRD)

Medical Necessity Criteria for Initial Authorization

The Plan considers **Spravato (esketamine)** medically necessary when **ALL** of the following criteria are met:

5. The member meets the above General Medical Necessity Criteria for Authorization; ***AND***
6. The member has a diagnosis of TRD; ***AND***
7. The member has a diagnosis of major depressive disorder (MDD) that is treatment resistant defined as nonresponse to an adequate trial (dosage, duration, and adherence) of at least two (2) antidepressants in an episode; ***AND***
8. There is documentation of baseline scoring by a validated rating scale prior to starting therapy (e.g., BDI-II, HAM-D, IDS-C, MADRS, PHQ-9, QIDS-C16); ***AND***

9. The member is unable to use all, or has tried and failed **TWO (2)** antidepressants from at least **TWO (2)** different classes for at least six (6) weeks each at an adequate dose:
    a. Aminoketones (e.g., bupropion); ***and/or***
    b. Monoamine oxidase inhibitors (e.g., selegiline, tranylcypromine); ***and/or***
    c. Noradrenaline and serotonergic antidepressants (e.g., mirtazapine); ***and/or***
    d. Selective serotonin reuptake inhibitors (e.g., citalopram, fluoxetine, paroxetine, sertraline); ***and/or***
    e. Serotonin norepinephrine reuptake inhibitors (e.g., duloxetine, venlafaxine, desvenlafaxine); ***and/or***
    f. Tricyclic antidepressants (e.g., amitriptyline, nortriptyline); ***and/or***
    g. Serotonin modulators (e.g., nefazodone, trazodone, vilazodone); ***and/or***
    h. Augmentation with lithium, thyroid hormone (e.g., liothyronine), atypical antipsychotics, or anticonvulsants.

If the above prior authorization criteria are met, the requested product will be authorized for up to 6 months.

Major Depressive Disorder (MDD) with Acute Suicidal Ideation or Behavior

Medical Necessity Criteria for Authorization

The Plan considers **Spravato (esketamine)** medically necessary when **ALL** of the following criteria are met:

5. The member meets the above General Medical Necessity Criteria for Authorization; ***AND***
6. The member has a diagnosis of major depressive disorder (MDD); ***AND***
7. The member has current suicidal ideation or behavior with intent; ***AND***
8. Spravato (esketamine) will be used in conjunction with an oral antidepressant (e.g. venlafaxine, escitalopram, duloxetine, sertraline, quetiapine).

If the above prior authorization criteria are met, the requested product will be authorized for up to 1 month.

Medical Necessity Criteria for Reauthorization

Treatment Resistant Depression (TRD)

Reauthorization for up to 12 months for **Spravato (esketamine)** will be granted if the member has recent (within the last 3 months) clinical chart documentation demonstrating ALL of the following criteria:

5. The member meets the above applicable General Medical Necessity Criteria for Authorization; ***AND***
6. The member has experienced a documented improvement compared to baseline by a validated rating scale (e.g., BDI-II, HAM-D, IDS-C, MADRS, PHQ-9, QIDS-C16); ***AND***
7. There is no recorded evidence of unacceptable toxicity or adverse reactions to Spravato (esketamine).

Experimental or Investigational / Not Medically Necessary

Spravato (esketamine) for any other indication or use is considered not medically necessary by the Plan, as it is deemed to be experimental, investigational, or unproven. Non-covered indications include, but are not limited to, the following:

- Anesthetic agent
- Acute pain
- Chronic pain
- Migraine headaches

Applicable Billing Codes (HCPCS/CPT Codes)

Service(s) name	
CPT/HCPCS Codes considered medically necessary if criteria are met:	
Code	*Description*
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
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
S0013	Esketamine, nasal spray, 1 mg
ICD-10 codes considered medically necessary if criteria are met:	

Code	*Description*
F06.31	Mood disorder due to known physiological condition with depressive features
F06.32	Mood disorder due to known physiological condition with major depressive-like episode
F32.1	Major depressive disorder, single episode, moderate
F32.2	Major depressive disorder, single episode, severe without psychotic features
F32.4	Major depressive disorder, single episode, in partial remission
F32.5	Major depressive disorder, single episode, in full remission
F32.89	Other specified depressive episodes
F32.9	Major depressive disorder, single episode, unspecified
F32.A	Depression, unspecified
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
F33.8	Other recurrent depressive disorders
F33.9	Major depressive disorder, recurrent, unspecified

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Clinical Guideline Revision / History Information

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