

## Pharmacy Medical Necessity Guidelines: Spravato® (esketamine) Nasal Spray

Effective: November 16, 2020

Prior Authorization Required	√	Type of Review – Care Management	
Not Covered		Type of Review – Clinical Review	√
Pharmacy (RX) or Medical (MED) Benefit	MED	Department to Review	PRECERT /MM
<p>These pharmacy medical necessity guidelines apply to the following:</p> <p><b>Commercial Products</b></p> <input type="checkbox"/> Tufts Health Plan Commercial products – large group plans <input type="checkbox"/> Tufts Health Plan Commercial products – small group and individual plans <input type="checkbox"/> Tufts Health Freedom Plan products – large group plans <input type="checkbox"/> Tufts Health Freedom Plan products – small group plans <ul style="list-style-type: none"> <li>CareLink<sup>SM</sup> – Refer to CareLink Procedures, Services and Items Requiring Prior Authorization</li> </ul> <p><b>Tufts Health Public Plans Products</b></p> <input type="checkbox"/> Tufts Health Direct – A Massachusetts Qualified Health Plan (QHP) (a commercial product) <input checked="" type="checkbox"/> Tufts Health Together – MassHealth MCO Plan and Accountable Care Partnership Plans <input type="checkbox"/> Tufts Health RITogether – A Rhode Island Medicaid Plan		<p><b>Fax Numbers:</b></p> <p>MM: 888.415.9055            PRECERT: 617.972.9409</p>	

**Note:** This guideline does not apply to Medicare Members (includes dual eligible Members).

### OVERVIEW

Spravato® (esketamine) nasal spray is a non-competitive N-methyl D-aspartate (NMDA) receptor antagonist indicated, in conjunction with an oral antidepressant, for the treatment of:

- Treatment-resistant depression (TRD) in adults
- Depressive symptoms in adults with major depressive disorder (MDD) with acute suicidal ideation or behavior.

Spravato® (esketamine) is only available through a restricted program called the SPRAVATO REMS. This drug must be administered under direct supervision of a healthcare provider. Spravato® (esketamine) is a Schedule III controlled substance.

The goal of the MassHealth Pediatric Behavioral Health Medication Initiative (PBHMI) is to encourage safe prescribing of behavioral health medication regimens to members less than 18 years of age. As part of PBHMI, a prior authorization is required for pediatric members less than six years of age who are being prescribed an antidepressant, regardless as to whether or not the antidepressant is preferred on the Plan's formulary.

### COVERAGE GUIDELINES

#### **Age-Specific Criteria for Members Less Than 6 Years of Age**

In addition to the medication-specific prior authorization criteria listed below, the Plan may authorize coverage of Spravato® for Members less than six years of age when the following criteria are met:

- Member has one of the following:
  - Recent psychiatric hospitalization (within the last three months)

**OR**

  - History of severe risk of harm to self or others

**OR**
- All of the following:
  - Appropriate diagnosis

**AND**

  - Treatment plan including names of current behavioral health medications and corresponding diagnoses

**AND**

  - Prescriber is a specialist (e.g., psychiatrist, neurologist) or a consult is provided

#### **Medication-Specific Criteria for All Members:**

The plan may authorize coverage of Spravato® (esketamine) when **ALL** of the following criteria are met:

1. The member is 18 years of age and older  
**AND**
2. Documented diagnosis of severe Major Depressive Disorder  
**AND**
3. Documentation that in the current depressive episode member had not responded adequately to least two antidepressants (each from a different pharmacologic class) at an adequate therapeutic dose used for at least 6 weeks  
**AND**
4. Documentation that member had inadequate response to at least **ONE** or contraindication to **ALL** of these antidepressant augmentation strategies
  - a) Second-generation antipsychotic
  - b) Lithium
  - c) A second antidepressant from a different class
  - d) Thyroid hormone**AND**
5. Documentation that Spravato® (esketamine) will be used concomitantly with an oral antidepressant (e.g., duloxetine, escitalopram, sertraline, venlafaxine)  
**AND**
6. The prescriber is a mental health specialist (e.g. psychiatrist, nurse prescriber with a specialty in behavioral health)  
**AND**
7. Attestation from the provider that the Member does not have a current or recent history of moderate or severe substance or alcohol use disorder

#### **LIMITATIONS**

1. Approvals are limited to 12 weeks (3 months). Reauthorization for continuation of treatment is limited to 12 months and may be granted if there is documentation of improvement or sustained improvement from baseline in depressive symptoms documented by standardized rating scales.
2. Tufts Health Plan does not cover Spravato™ (esketamine) for any indications other than those listed on this Medical Necessity Guidelines. Spravato™ (esketamine) is not considered medically necessary for anesthesia, pain, or migraine headaches.
3. Requests for Spravato in which the Pediatric Behavioral Health Medication Initiative (PBHMI) polypharmacy limits are exceeded will also be reviewed against the PBHMI polypharmacy criteria.
4. Samples, free goods, or similar offerings of the requested medication do not qualify for an established clinical response or exception, but will be considered on an individual basis for prior authorization.

#### **CODES**

None

#### **REFERENCES**

1. Food and Drug Administration (FDA). Drugs@FDA. URL: <http://www.accessdata.fda.gov/scripts/cder/drugsatfda>. Available from Internet. Accessed 2019a March 1.
2. Food and Drug Administration. FDA approves new nasal spray medication for treatment-resistant depression; available only at a certified doctor's office or clinic. 2019c March. URL: <https://www.fda.gov/NewsEvents/Newsroom/PressAnnouncements/ucm632761.htm>. Available from Internet. Accessed 2019 April 1.
3. Food and Drug Administration. FDA drug safety communication: suicidality in children and adolescents being treated with antidepressant medications. 2019e. URL: <https://www.fda.gov/Drugs/DrugSafety/PostmarketDrugSafetyInformationforPatientsandProviders/ucm161679.htm>. Available from Internet. Accessed 2019 March 10.
4. Gadad BS, Jha MK, Czysz A et al. Peripheral biomarkers of major depression and antidepressant treatment response: Current knowledge and future outlooks. *J Affect Disord*. 2018; 233:3-14.
5. Gartlehner G, Gaynes BN, Amick HR et al. Comparative benefits and harms of antidepressant, psychological, complementary, and exercise treatments for major depression: an evidence report for a clinical practice guideline from the American College of Physicians. *Ann Intern Med*. 2016; 164(5):331-41.

6. Gautam S, Jain A, Gautam M et al. Clinical practice guidelines for the management of depression. *Indian J Psychiatry*. 2017; 59(Suppl 1):S34-S50.
7. Gelenberg AJ, Freeman MP, Markowitz JC et al. Practice guideline for the treatment of patients with major depressive disorder, 3rd edition. 2010 October. URL: [https://psychiatryonline.org/pb/assets/raw/sitewide/practice\\_guidelines/guidelines/mdd.pdf](https://psychiatryonline.org/pb/assets/raw/sitewide/practice_guidelines/guidelines/mdd.pdf). Available from Internet. Accessed 2019 January 25.
8. Gonda X, Petschner P, Eszlari N et al. Genetic variants in major depressive disorder: From pathophysiology to therapy. *Pharmacol Ther*. 2019; 194:22-43.
9. Haigh EAP, Bogucki OE, Sigmon ST et al. Depression among older adults: A 20-year update on five common myths and misconceptions. *Am J Geriatr Psychiatry*. 2018; 26(1):107-22.
10. Henssler J, Bschor T, Baethge C. Combining antidepressants in acute treatment of depression: a meta-analysis of 38 studies including 4511 patients. *Can J Psychiatry*. 2016; 61(1):29-43.
11. Henssler J, Kurschus M, Franklin J et al. Long-term acute-phase treatment with antidepressants, 8 weeks and beyond: a systematic review and meta-analysis of randomized, placebo-controlled trials. *J Clin Psychiatry*. 2018; 79(1).
12. Ijaz S, Davies P, Williams CJ et al. Psychological therapies for treatment-resistant depression in adults. *Cochrane Database Syst Rev*. 2018; 5:CD010558.
13. Institute for Clinical and Economic Review (ICER). Overview of the ICER value assessment framework and update for 2017-2019. 2017. URL: <http://icer-review.org/wp-content/uploads/2017/06/ICER-value-assessment-framework-Updated-050818.pdf>. Available from Internet. Accessed 2019 April 1.
14. Singh JB, Fedgchin M, Daly E et al. Intravenous esketamine in adult treatment-resistant depression: a double-blind, double-randomization, placebo-controlled study. *Biol Psychiatry*. 2016; 80(6):424-31.
15. Spravato (esketamine) [prescribing information]. Titusville, NJ: Janssen Pharmaceuticals, Inc.; July 2020.

#### **APPROVAL HISTORY**

August 13, 2019: Reviewed by Pharmacy & Therapeutics Committee.

Subsequent endorsement date(s) and changes made:

1. January 14, 2020: Separated Tufts Health Together from the Medical Necessity Guideline. Added age-specific Pediatric Behavioral Health Medication Initiative (PBHMI) criteria. Added to the limitations section of the MNG that requests for members who exceed the PBHMI polypharmacy limits will be reviewed against the PBHMI polypharmacy criteria.
2. July 14, 2020: Administrative update, added language regarding samples to the limitations section of the MNG.
3. November 10, 2020: Administrative update, added the FDA indication for depressive symptoms in adults with major depressive disorder (MDD) with acute suicidal ideation or behavior to the background section of the MNG.

#### **BACKGROUND, PRODUCT AND DISCLAIMER INFORMATION**

Pharmacy Medical Necessity Guidelines have been developed for determining coverage for plan benefits and are published to provide a better understanding of the basis upon which coverage decisions are made. The plan makes coverage decisions on a case-by-case basis considering the individual member's health care needs. Pharmacy Medical Necessity Guidelines are developed for selected therapeutic classes or drugs found to be safe, but proven to be effective in a limited, defined population of patients or clinical circumstances. They include concise clinical coverage criteria based on current literature review, consultation with practicing physicians in the service area who are medical experts in the particular field, FDA and other government agency policies, and standards adopted by national accreditation organizations. The plan revises and updates Pharmacy Medical Necessity Guidelines annually, or more frequently if new evidence becomes available that suggests needed revisions.

For self-insured plans, coverage may vary depending on the terms of the benefit document. If a discrepancy exists between a Pharmacy Medical Necessity Guideline and a self-insured Member's benefit document, the provisions of the benefit document will govern.

Treating providers are solely responsible for the medical advice and treatment of members. The use of this policy is not a guarantee of payment or a final prediction of how specific claim(s) will be adjudicated. Claims payment is subject to member eligibility and benefits on the date of service, coordination of benefits, referral/authorization and utilization management guidelines when applicable, and adherence to plan policies and procedures and claims editing logic. [Provider Services](#)