

Effective: July 1, 2023

<p><b>Prior Authorization Required</b>                  If <b>REQUIRED</b>, submit supporting clinical documentation pertinent to service request.</p>	<p>Yes <input checked="" type="checkbox"/> No <input type="checkbox"/></p>
<p><b>Applies to:</b></p> <p><b>Commercial Products</b></p> <p><input type="checkbox"/> Harvard Pilgrim Health Care Commercial products; Fax 617-673-0988</p> <p><input type="checkbox"/> Tufts Health Plan Commercial products; Fax 617-673-0988                  CareLink<sup>SM</sup> – Refer to CareLink Procedures, Services and Items Requiring Prior Authorization</p> <p><b>Public Plans Products</b></p> <p><input type="checkbox"/> Tufts Health Direct – A Massachusetts Qualified Health Plan (QHP) (a commercial product); Fax 617-673-0988</p> <p><input type="checkbox"/> Tufts Health Together – MassHealth MCO Plan and Accountable Care Partnership Plans; Fax 617-673-0939</p> <p><input type="checkbox"/> Tufts Health RItogether – A Rhode Island Medicaid Plan; Fax 617-673-0939</p> <p><input checked="" type="checkbox"/> Tufts Health One Care* – A Medicare-Medicaid Plan (a dual eligible product); Fax 617-673-0956                  *The MNG applies to Tufts Health One Care members unless a less restrictive LCD or NCD exists.</p> <p><b>Senior Products</b></p> <p><input checked="" type="checkbox"/> Harvard Pilgrim Health Care Stride Medicare Advantage; Fax 617-673-0956</p> <p><input checked="" type="checkbox"/> Tufts Health Plan Senior Care Options (SCO), (a dual-eligible product); Fax 617-673-0956</p> <p><input checked="" type="checkbox"/> Tufts Medicare Preferred HMO, (a Medicare Advantage product); Fax 617-673-0956</p> <p><input checked="" type="checkbox"/> Tufts Medicare Preferred PPO, (a Medicare Advantage product); Fax 617-673-0956</p>	

**Note:** While you may not be the provider responsible for obtaining prior authorization, as a condition of payment you will need to ensure that prior authorization has been obtained.

**Overview**

Over sixteen million patients in the United States are diagnosed with major depression, with 30–40% of these patients failing to respond to multiple first line antidepressant medications and/or psychotherapy.

Spravato nasal spray is indicated for treatment-resistant depression (TRD) in adults and, in conjunction with an oral antidepressant, for the treatment of depressive symptoms in adults with major depressive disorder (MDD) with acute suicidal ideation or behavior.

Spravato is a Non-competitive N-methyl-D-aspartate (NMDA) receptor antagonist. Spravato must be administered under the direct supervision of a healthcare

provider. A treatment session consists of nasal administration of Spravato and post-administration observation under supervision. Spravato is for nasal use only. The nasal spray device delivers a total of 28 mg of esketamine. To prevent loss of medication, do not prime the device before use. Use 2 devices (for a 56 mg dose) or 3 devices (for an 84 mg dose), with a 5-minute rest between use of each device.

Spravato approval was based on 2 identical phase 3 trials (ASPIRE I and II) that compared the efficacy and safety of esketamine, an N-methyl-D-aspartate (NMDA) receptor antagonist, to placebo in 449 adults with moderate to severe MDD who had active suicidal ideation and intent. Patients were randomized to receive esketamine nasal spray 84mg twice weekly for 4 weeks or placebo in addition to standard of care (initial hospitalization and a newly initiated and/or optimized antidepressant regimen). The primary end point was the change from baseline in Montgomery-Asberg Depression Rating Scale (MADRS) total score 24 hours after the first dose.

Results from both studies showed that esketamine nasal spray plus standard of care was found to be statistically superior on the primary end point compared with placebo plus standard of care (mean difference in MADRS total score: 3.8 points in ASPIRE I and 3.9 points in ASPIRE II). In both studies, the treatment difference between esketamine nasal spray and placebo was

observed as early as 4 hours with continued improvement for both groups through day 25; the difference between both groups generally remained but did not appear to increase over time.

Additionally, 41% and 43% of patients treated with esketamine nasal spray plus standard of care achieved clinical remission of depression (minimal or no symptoms) in ASPIRE I and II, respectively, compared with 34% and 27% for placebo plus standard of care by the end of the double-blind period, respectively.

Spravato is available exclusively through a Risk Evaluation and Mitigation Strategy (REMS) program, including administration under the direct supervision of a healthcare provider and post administration observation for 2 hours due to the risk of sedation and dissociation

#### **Food and Drug Administration (FDA) Approved Indications:**

SPRAVATO (esketamine) 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.

**REMS PROGRAM:** SPRAVATO nasal spray is available only through a restricted distribution program called the SPRAVATO REMS because of the risks of serious adverse outcomes resulting from sedation and dissociation caused by SPRAVATO administration, and abuse and misuse of SPRAVATO. A REMS is a strategy to manage known or potential risks associated with a drug and is required by the U.S. Food and Drug Administration (FDA) to ensure that the benefits of the drug outweigh its risks.

SPRAVATO is intended for use only in a certified Healthcare Setting.

SPRAVATO is intended for patient administration under the direct observation of a healthcare provider, and patients are required to be monitored by a healthcare provider for at least 2 hours. SPRAVATO must never be dispensed directly to a patient for home use.

For more information about the Spravato REMS Program, go to <https://www.spravatorems.com/> or call 1-855-382-6022, Monday - Friday 8AM - 8PM ET.

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## **Clinical Guideline Coverage Criteria**

### Initial Authorization Criteria for Treatment-Resistant Depression (TRD):

The Plan may authorize coverage of Spravato when all the following criteria are met:

1. The Member has a confirmed diagnosis of treatment-resistant depression (TRD)  
**AND**
2. Spravato will be used in conjunction with an oral antidepressant  
**AND**
3. The Member is 18 years of age or older  
**AND**
4. The Member will receive Spravato treatment with monitoring at a healthcare facility certified by the Spravato REMS program.

### Reauthorization Criteria for Treatment-Resistant Depression:

The Plan may authorize 12 months of coverage for Spravato when all of the following criteria are met:

1. Initial authorization criteria as noted above have been met  
**AND**
2. There is documented improvement or sustained improvement from baseline in depressive symptoms since initiating Spravato treatment.

### Coverage Criteria for Major Depressive Disorder (MDD) with acute suicidal ideation or behavior:

The Plan may authorize up to 4 weeks of coverage for Spravato when all the following criteria are met:

1. The Member has a confirmed diagnosis of severe major depressive disorder (MDD)  
**AND**
2. Member has current suicidal ideation  
**AND**
3. Spravato will be used in conjunction with an oral antidepressant  
**AND**
4. The member is 18 years of age or older  
**AND**
5. The Member will receive treatment with monitoring at a healthcare facility certified by the Spravato REMS program.

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## Limitations

- For Treatment Resistant Depression (TRD), the Plan may authorize initial coverage for Spravato for up to 12 weeks if criteria are met.
- Reauthorization of Spravato for Treatment Resistant Depression (TRD) may be approved for up to 12 months if reauthorization criteria are met.
- The Plan may authorize coverage of Spravato for the treatment of Major Depressive Disorder with acute suicidal ideation or behavior for a period of up to 4 weeks.
- Any indications other than FDA-approved indications are considered experimental or investigational and will not be approved by the Plan

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## Codes

The following code(s) require prior authorization:

**Table 1: HCPCS Codes**

HCPCS Codes	Description
S0013	Esketamine, nasal spray, 1 mg – Does not include service
G2082	Drug + service for up to 56mg: Office or other outpatient visit for the evaluation and management of an established patient that requires the supervision of a physician or other qualified healthcare provider and provision of up to 56 mg of esketamine nasal self-administration, includes 2 hours post-administration observation.
G2083	Drug + service for doses greater than 56mg (84mg): Office or other outpatient visit for the evaluation and management of an established patient that requires the supervision of a physician or other qualified healthcare provider and provision of greater than 56 mg of esketamine nasal self-administration, includes 2 hours post-administration observation.

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## References:

1. Spravato (esketamine) [prescribing information]. Titusville, NJ: Janssen Pharmaceuticals, Inc.; July 2020. [https://www.accessdata.fda.gov/drugsatfda\\_docs/label/2019/211243lbl.pdf](https://www.accessdata.fda.gov/drugsatfda_docs/label/2019/211243lbl.pdf).
2. Spravato Prescribing Information. Accessed November 9, 2023. <https://www.janssenlabels.com/package-insert/product-monograph/prescribing-information/SPRAVATO-pi.pdf>.
3. Practice Guideline for the Treatment of Patients with Major Depressive Disorder. American Psychiatric Association (2010). Accessed November 9, 2023. [https://psychiatryonline.org/pb/assets/raw/sitewide/practice\\_guidelines/guidelines/mdd.pdf](https://psychiatryonline.org/pb/assets/raw/sitewide/practice_guidelines/guidelines/mdd.pdf).

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## Approval And Revision History

May 17, 2023: Reviewed by the Medical Policy Approval Committee (MPAC).

June 13, 2023: Reviewed by Pharmacy and Therapeutics Committee (P&T).

Subsequent changes:

- Originally approved September 13, 2022, by P&T and September 21, 2022 by MPAC committees effective January 1, 2023.
- Administrative update: April 2023 added Medical Benefit Drugs to title, updated MATogether and RITogether fax numbers to 617-673-0939.
- May 2023 Annual Review No Change effective July 1, 2023.
- August 2023: Administrative update to rebrand Tufts Health Unify to Tufts Health One Care for 2024.
- November 2023: Administrative Update in support of calendar year 2024 Medicare Advantage and PDP Final Rule.

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## Background, Product and Disclaimer Information

Point32Health prior authorization criteria to be applied to Medicare Advantage plan members is based on guidance from Medicare laws, National Coverage Determinations (NCDs) or Local Coverage Determinations (LCDs). When no guidance is provided, Point32Health uses clinical practice guidance published by relevant medical societies, relevant medical literature, Food and Drug Administration (FDA)-approved package labeling, and drug compendia to develop prior authorization criteria to apply to Medicare Advantage plan members. Medications that require prior authorization generally meet one or more of the following criteria: Drug

product has the potential to be used for cosmetic purposes; drug product is not considered as first-line treatment by medically accepted practice guidelines, evidence to support the safety and efficacy of a drug product is poor, or drug product has the potential to be used for indications outside of the indications approved by the FDA. Prior authorization and use of the coverage criteria within this Medical Necessity Guideline will ensure drug therapy is medically necessary, clinically appropriate, and aligns with evidence-based guidelines. We revise and update Medical Necessity Guidelines annually, or more frequently if new evidence becomes available that suggests revisions.

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