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Effective Date: 02/08/2024

Spravato® (esketamine)

HCPCS: J3490, S0013

Policy:

Requests must be supported by submission of chart notes and patient specific documentation.

- A. Coverage of the requested drug is provided when all the following are met:
 - a. Diagnosis of depressive symptoms in adults with Major Depressive Disorder with acute suicidal ideation
 - i. Must receive standard of care treatment for acute suicidal ideation, including a comprehensive treatment plan that involves cognitive behavioral therapy or interpersonal psychotherapy and optimization or initiation of oral antidepressant therapy.
 - OR
 - b. Diagnosis of treatment resistant depression (TRD)
 - i. Trial and failure of at least two different oral antidepressants AND two augmentation therapies for at least 6 weeks. Each oral antidepressant and augmentation therapy must be used in combination with each other (augmentation therapies include but are not limited to lithium, buspirone, and olanzapine).
 - ii. Pharmacotherapy must be in combination with cognitive behavioral therapy or interpersonal psychotherapy weekly for at least 8 weeks of treatment to yield at least moderate improvement (20% diminution in symptoms). If no improvement, the clinician should review and reappraise the treatment plan.
 - iii. Must be used in combination with an oral antidepressant with which patient has not previously experienced non-response
 - c. Prescribed by or in consultation with a psychiatrist
 - d. Must not be used in combination with intravenous ketamine
 - e. FDA approved age
 - f. Trial and failure, contraindication, or intolerance to the preferred drugs as listed in BCBSM/BCN's utilization management medical drug list.
- B. Quantity Limitations, Authorization Period and Renewal Criteria
 - a. Quantity Limits: Align with FDA recommended dosing.
 - b. Authorization Period:
 - i. Acute suicidal ideation: 60 days
 - ii. TRD: 60 days initially then 6 months at a time thereafter

This policy and any information contained herein is the property of Blue Cross Blue Shield of Michigan and its subsidiaries, is strictly confidential, and its use is intended for the P&T committee, its members and BCBSM employees for the purpose of coverage determinations.

c. Renewal Criteria:

- i. Acute suicidal ideation: Not applicable as no further authorization will be provided
- ii. TRD: Documented improvement in symptoms of depression

***Note: Coverage and approval duration may differ for Medicare Part B members based on any applicable criteria outlined in Local Coverage Determinations (LCD) or National Coverage Determinations (NCD) as determined by Center for Medicare and Medicaid Services (CMS). See the CMS website at <http://www.cms.hhs.gov/>. Determination of coverage of Part B drugs is based on medically accepted indications which have supported citations included or approved for inclusion determined by CMS approved compendia.

Background Information:

- Spravato is a N-methyl-D-aspartate (NMDA) receptor antagonist indicated, in conjunction with an oral antidepressant, for the treatment of (1) TRD in adults and (2) depressive symptoms in patients with Major Depressive Disorder (MDD) with acute suicidal ideation or behavior.
- TRD is a subset of MDD that is unresponsive to traditional and/or first-line therapeutic options. Though there is not a universal definition or staging model for TRD, a commonality among the many that have been proposed is an inadequate response to at least two trials of antidepressant pharmacotherapy.
- Antidepressants and psychotherapy are recommended first-line options to treat depression by The American Psychiatry Association guidelines for the treatment of depression (2010) and The American Psychological Association clinical practice guideline for the treatment of depression (2019). If at least a moderate improvement in symptoms is not observed within 4–8 weeks of treatment initiation, the diagnosis should be reappraised, side effects assessed, complicating comorbid conditions and psychosocial factors reviewed, and the treatment plan adjusted.
- For most patients, a selective serotonin reuptake inhibitor (SSRI) or serotonin norepinephrine reuptake inhibitor (SNRI) is an optimal treatment option, though other antidepressants like mirtazapine or bupropion can also be considered. Initial selection of an antidepressant medication is largely based on the anticipated side effects, safety or tolerability of side effects for the individual patient, pharmacological properties of the medication, and additional factors such as medication response in prior episodes, cost, and patient preference.
- Treatment plan adjustments can include optimizing current medication dose if the side effect burden is tolerable and the upper limit of a medication dose has not been reached. Additional opportunities include switching to another antidepressant from the same class or a different class or augmenting the antidepressant with psychotherapy or other pharmacologic agents.
- Pharmacologic augmentation of antidepressants can utilize other non-monoamine oxidase inhibitor (MAOI) antidepressants, generally from a different pharmacologic class, lithium, thyroid hormone, or a second-generation antipsychotic.
- Psychotherapy options with clinical evidence supporting their use include cognitive behavioral therapy (CBT), interpersonal psychotherapy, psychodynamic therapy, and problem-solving therapy. Effectiveness studies have demonstrated similar effects across psychotherapy. When combining treatment with psychotherapy and pharmacologic agents, the American Psychological Association recommends CBT or interpersonal psychotherapy with an SSRI or SNRI. Guidelines confirm a 20% higher response rate when combining pharmacotherapy and various forms of time-limited psychotherapies with the larger impact seen among patients with more severe symptoms and among those with more chronic depressive disorders.

- Spravato's approval for TRD was based on the Phase III SUSTAIN-1 and TRANSFORM-2 clinical trials that showed statistically significant superiority of Spravato over placebo in patients with TRD. TRANSFORM-2 measured the short-term (four week) efficacy of Spravato while SUSTAIN-1 evaluated long-term efficacy.
 - In TRANSFORM-2, patients were randomized to Spravato (flexible dose; 56 mg or 84 mg) or placebo nasal spray in combination with an oral antidepressant (either duloxetine, escitalopram, sertraline, or extended-release venlafaxine) in 3 phases: a screening/prospective observational phase (4-7 weeks), a double-blind induction phase (4 weeks), and a follow-up phase (24 weeks). The Spravato active group showed a greater improvement from baseline to day 28 in mean Montgomery-Asberg Depression Rating Scale (MADRS) compared to the placebo group (primary endpoint $p=0.020$).
 - In the longer-term SUSTAIN-1 trial, patients were randomized to a 5 phase study consisting of a screening/prospective observational phase (4-7 weeks) and open-label induction phase (4 weeks) for direct-entry patients only, an optimization phase (12 weeks; open-label for direct-entry patients and double-blind for transfer-entry patients), a maintenance phase (variable duration; double-blind for all patients), and a follow-up phase (2 weeks) with a primary efficacy endpoint of time to relapse among stable remitters during the maintenance phase. Spravato active group significantly delayed relapse compared to placebo ($p=0.003$) along with the risk of relapse decreased by 51%.
 - The oral antidepressants used in these trials were provided by the sponsor and represented the most commonly used standard of care antidepressants. The choice of which to administer was determined by the investigator based on patient-centric factors and availability in the participating study country.
- For the treatment of suicidal behaviors in patients with MDD, American Psychiatric Association guidelines (2010) recommend selecting an antidepressant agent with a low risk of toxicity in overdose, such as an SSRI or SNRI. In highly anxious or agitated patients, trazadone, low dose second-generation antipsychotics, gabapentin, and divalproex may be used. Benzodiazepines should be used only in the short term if the benefits outweigh the risks. Patients with acute suicidal ideation should be treated in the setting that is least restrictive, yet most likely to be safe and effective. Guidelines have not been updated to include the place in therapy of any ketamine products.
- Two Phase III clinical trials, ASPIRE I and ASPIRE II, evaluated Spravato's use in patients with moderate to severe MDD and acute suicidal ideation. Patients were given Spravato 84 mg twice weekly for 4 weeks or placebo. All patients received comprehensive standard of care treatment, including an inpatient psychiatric hospitalization and a newly initiated or optimized oral antidepressant therapy. Antidepressant therapy consisted of either antidepressant monotherapy or an antidepressant plus augmentation therapy. Augmentation medications considered to be standard of care included typical and atypical antipsychotics, lithium, anticonvulsants, and any additional antidepressants used in conjunction with another antidepressant. Spravato plus the standard-of-care treatment reduced MADRS by 15.9 and 16.0 points, in ASPIRE I and II respectively, compared to placebo. The secondary endpoint of reduction in suicidal ideation severity was not met.
- The use of Spravato, in conjunction with an oral antidepressant, beyond 4 weeks has not been systematically evaluated in the treatment of depressive symptoms in patients with MDD with acute suicidal ideation or behavior. Additionally, the effectiveness of Spravato in preventing suicide has not been demonstrated. Use of Spravato does not preclude the need for hospitalization if clinically warranted, even if patients experience improvement after an initial dose of Spravato.
- Guidelines have not been updated to include the place in therapy of any ketamine products. There is no literature supporting the safety and efficacy of Spravato in combination with intravenous (IV) ketamine, which is often used off-label for psychiatric indications like TRD and MDD with suicidal ideation despite the lack of FDA approval.

References:

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2. American Psychiatric Association. Arlington (VA): Practice Guidelines for the Treatment of Patients with Major Depressive Disorder. November 2010. Available from: http://www.psychiatryonline.com/pracGuide/PracticePDFs/PG_Depression3rdEd.pdf. Accessed on October 15, 2022.
3. Wisniewski SR, Fava M, Trivedi MH, et al. Acceptability of second-step treatments to depressed outpatients: a STAR*D report. *Am J Psychiatry* 2007; 164:753–760.
4. Johnson and Johnson Press Release. Janssen announces U.S. FDA approval of spravato (esketamine) CIII nasal spray for adults with treatment-resistant depression (TRD) who have cycled through multiple treatments without relief. March 5, 2019. Available at: <https://www.janssen.com/janssen-announces-us-fda-approval-spravato-esketamine-ciii-nasal-spray-adults-treatment-resistant>. Accessed on March 7, 2019.
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7. IPD Analytics RxBrief: Spravato Nasal Spray Approved for Adults with Major Depressive Disorder with Acute Suicidal Ideation. September 2020.
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13. Data on File. Janssen Medical Information and Services. October 2022.
14. American Psychological Association. (2019). Clinical practice guideline for the treatment of depression across three age cohorts. Retrieved from <https://www.apa.org/depression-guideline> on November 20, 2022.

Policy History												
#	Date	Change Description										
1.8	Effective Date: 02/08/2024	Annual review of criteria was performed, no changes were made										
1.7	Effective Date: 02/02/2023	Updated step criteria b.iii. to allow use of any oral antidepressant in conjunction with Spravato and changed the authorization period to 60 days										
1.6	Effective Date: 10/06/2022	Annual review of criteria was performed, no changes were made.										
1.5	Effective Date: 10/07/2021	Annual review of criteria was performed, no changes were made.										
1.4	Effective Date: 10/08/2020	Policy created for Spravato. Moved previously approved criteria from the full drug review document, which will be retired, to this policy. Various criteria were updated including criteria for a new indication										
1.3	Effective Date: 04/16/2020	Annual Review										
1.2	Effective Date: 02/03/2020	UM medical management system update for MAPPO and BCNA <table border="1" data-bbox="483 814 1365 1024"> <thead> <tr> <th>Line of Business</th> <th>PA Required in Medical Management System (Yes/No)</th> </tr> </thead> <tbody> <tr> <td>BCBS</td> <td>Yes</td> </tr> <tr> <td>BCN</td> <td>Yes</td> </tr> <tr> <td>MAPPO</td> <td>Yes</td> </tr> <tr> <td>BCNA</td> <td>Yes</td> </tr> </tbody> </table>	Line of Business	PA Required in Medical Management System (Yes/No)	BCBS	Yes	BCN	Yes	MAPPO	Yes	BCNA	Yes
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1.1	Effective Date: 06/01/2019	UM medical management system update for BCBS and BCN <table border="1" data-bbox="483 1108 1365 1318"> <thead> <tr> <th>Line of Business</th> <th>PA Required in Medical Management System (Yes/No)</th> </tr> </thead> <tbody> <tr> <td>BCBS</td> <td>Yes</td> </tr> <tr> <td>BCN</td> <td>Yes</td> </tr> <tr> <td>MAPPO</td> <td>No</td> </tr> <tr> <td>BCNA</td> <td>No</td> </tr> </tbody> </table>	Line of Business	PA Required in Medical Management System (Yes/No)	BCBS	Yes	BCN	Yes	MAPPO	No	BCNA	No
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1.0	Effective Date: 05/09/2019	New Policy										

* The prescribing information for a drug is subject to change. To ensure you are reading the most current information it is advised that you reference the most updated prescribing information by visiting the drug or manufacturer website or <http://dailymed.nlm.nih.gov/dailymed/index.cfm>.

Blue Cross Blue Shield/Blue Care Network of Michigan
Medication Authorization Request Form
Spravato™ (esketamine) HCPCS CODE: S0013



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of the Blue Cross and Blue Shield Association

This form is to be used by participating physicians to obtain coverage for Spravato. For commercial members only, please complete this form and submit via fax to 1-877-325-5979. If you have any questions regarding this process, please contact BCBSM Provider Relations and Servicing or the Medical Drug Helpdesk at 1-800-437-3803 for assistance.

PATIENT INFORMATION	PHYSICIAN INFORMATION
Name	Name
ID Number	Specialty
D.O.B. <input type="checkbox"/> Male <input type="checkbox"/> Female	Address
Pt weight (in kg) Date recorded: _____	City /State/Zip
Diagnosis	Phone/Fax: P: () - F: () -
Drug Name <input type="checkbox"/> Spravato	NPI
Dose and Quantity	Contact Person
Directions	Contact Person Phone / Ext.
Date of Service(s)	

STEP 1: DISEASE STATE INFORMATION

1. Is this an initial request or continuation of therapy? Initiation Continuation *Date patient started therapy:* _____
2. Please provide the NPI number for the place of administration: _____
3. **Initiation AND Continuation of therapy:**
 - a. Please check the patient's diagnosis: Resistant depression
 Depressive symptoms with major depressive disorder with acute suicidal ideation Other: _____
 - b. Has the patient had tried and failed at least two different combinations of an oral antidepressant AND an augmentation therapy for at least 6 weeks? We require each combination to include a different antidepressant and a different augmentation therapy than previous combinations. (Augmentation therapies include but not limited to lithium, buspirone, and olanzapine)?
 Yes No *Comment:* _____
 - i. Antidepressant therapy: _____ + Augmenting therapy: _____ *Dates:* _____ - _____
 - ii. Antidepressant therapy: _____ + Augmenting therapy: _____ *Dates:* _____ - _____
 - iii. Other: _____
 - c. Will the patient use Spravato with cognitive behavioral therapy or interpersonal psychotherapy weekly for at least 8 weeks of treatment?
 Yes No *Comment:* _____
 - d. Will the patient use Spravato in combination with an oral antidepressant?
 Yes No *Comment:* _____
 - i. Has the patient previously experienced non-response with the oral antidepressant to be used in combination with Spravato?
 Yes No *Comment:* _____
 - e. If Spravato is self-administered at home, will a healthcare provider be present? _____
 Yes No, Please provide rationale: _____
 - f. Will the patient be on Spravato with Ketamine IV?
 Yes, Please provide rationale: _____ No
4. **Continuation request: Spravato start date:** _____
 - a. Has the patient's signs and symptoms improved with Spravato? Yes No *Comment:* _____
 - b. For acute suicidal ideation: no further authorization will be provided after 1 month of therapy.
5. Please add any other supporting medical information necessary for our review

Coverage will not be provided if the prescribing physician's signature and date are not reflected on this document.

Request for expedited review: I certify that applying the standard review time frame may seriously jeopardize the life or health of the member or the member's ability to regain maximum function

Physician's Name	Physician Signature	Date
Step 2: Checklist	<input type="checkbox"/> Form Completely Filled Out <input type="checkbox"/> Attached Chart Notes	<input type="checkbox"/> Prior Treatments with other medications
Step 3: Submit	By Fax: BCBSM Specialty Pharmacy Mailbox 1-877-325-5979	By Mail: BCBSM Specialty Pharmacy Program P.O. Box 312320, Detroit, MI 48231-2320

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