curative

Spravato Medical Policy

Drug(s) Applied:	**Spravato** (esketamine)

Criteria:
Drug(s) Applied are considered medically necessary when the requested drug meets ALL the criteria below:

I. Initial Therapy Criteria
- **A. Treatment-resistant depression** as indicated by chart notes within past 120 days
  1. Member meets at least ONE of the following:
     a) If for TX Fully Insured group, has failed to achieve a therapeutic response following an adequate trial of one formulary alternative **or**
     b) If for all other groups (non-TX Fully Insured), has failed to achieve a therapeutic response following an adequate trial (6 weeks) of two (2) formulary alternatives at maximally tolerated therapeutic doses from two (2) different classes/mechanisms of action **and**
  2. Member meets at least ONE of the following:
     a) Montgomery-Åsberg Depression Rating Scale (MADRS) score is ≥ 28 (moderate depression) **or**
     b) Hamilton Rating Scale for Depression (HAMD) score is ≥ 17 (moderate depression) **or**
     c) PHQ-9 score is ≥ 15 (moderately severe depression) **and**
  3. Chart notes and/or prescriber do not provide documentation of active or historic psychiatric comorbidities, or if present, provide documentation that the benefits outweigh the risks of the following: psychosis, psychotic disorders (e.g., schizophrenia, schizoaffective disorder, etc.), bipolar disorder, or personality disorders (e.g., borderline personality disorder, histrionic personality disorder, etc.) **and**
  4. No aneurysmal vascular disease (e.g., thoracic aorta, abdominal aorta, intracranial arterial vessels, peripheral arterial vessels) or arteriovenous malformation **and**
  5. No history of intracerebral hemorrhage **and**
  6. Healthcare facility is enrolled in Spravato (esketamine) Risk Evaluation and Mitigation Strategy (REMS) program, as confirmed via Spravato Treatment Center Locator **and**
  7. Patient's age is within FDA labeling for the requested indication or there is support for using the requested agent for the patient's age for the requested

indication **and**

8. Prescriber is a specialist or has consulted with a specialist in the area of the patient's diagnosis (e.g., psychiatry)

Approval Duration: 6 weeks

B. Major depressive disorder (unipolar) with acute suicidality as indicated by chart notes within the past 120 days

1. Member meets at least ONE of the following:
    a) If for TX Fully Insured group, has failed to achieve a therapeutic response following an adequate trial of one formulary alternative **or**
    b) If for all other groups (non-TX Fully Insured), has failed to achieve a therapeutic response following an adequate trial (6 weeks) of two (2) formulary alternatives at maximally tolerated therapeutic doses from two (2) different classes/mechanisms of action **and**
2. Member meets at least ONE of the following:
    a) Montgomery-Åsberg Depression Rating Scale (MADRS) score is ≥ 28 (moderate depression) **or**
    b) Hamilton Rating Scale for Depression (HAMD) score is ≥ 17 (moderate depression) **or**
    c) PHQ-9 score is ≥ 15 (moderately severe depression) **and**
3. Spravato is prescribed in combination with oral antidepressant therapy **and**
4. Chart notes and/or prescriber do not provide documentation of active or historic psychiatric comorbidities, or if present, provide documentation that the benefits outweigh the risks of the following: psychosis, psychotic disorders (e.g., schizophrenia, schizoaffective disorder, etc.), bipolar disorder, or personality disorders (e.g., borderline personality disorder, histrionic personality disorder, etc.) **and**
5. No aneurysmal vascular disease (e.g., thoracic aorta, abdominal aorta, intracranial arterial vessels, peripheral arterial vessels) or arteriovenous malformation **and**
6. No history of intracerebral hemorrhage **and**
7. Healthcare facility is enrolled in Spravato (esketamine) Risk Evaluation and Mitigation Strategy (REMS) program, as confirmed via Spravato Treatment Center Locator **and**
8. Patient's age is within FDA labeling for the requested indication or there is support for using the requested agent for the patient's age for the requested indication **and**
9. Prescriber is a specialist or has consulted with a specialist in the area of the

patient's diagnosis (e.g., psychiatry)

Approval Duration: 6 weeks

II. Continued Therapy Criteria

A. Treatment-resistant depression as indicated by chart notes within past 180 days

1. Patient meets the initial therapy criteria above **and**
2. Documented clinical benefit since starting the requested agent (e.g., improved depression symptoms or remission achieved after initial course of treatment) **and**
3. Prescriber is a specialist or has consulted with a specialist in the area of the patient's diagnosis (e.g., psychiatry)

Approval Duration: 6 months

B. Major depressive disorder (unipolar) with acute suicidality

1. Review under Initial Therapy Criteria

Approval Duration: N/A

If submitting for medical billing:

J0013, esketamine nasal spray (Spravato), 1 unit = 1 mg