University of Michigan Health Plan

DRUG DETERMINATION POLICY

Title: DDP-54 Spravato

Effective Date: 6/26/24

Important Information - Please Read Before Using This Policy

The following policy applies to health benefit plans administered by UM Health Plan and may not be covered by all UM Health Plan. Please refer to the member's benefit document for specific coverage information. If there is a difference between this general information and the member's benefit document, the member's benefit document will be used to determine coverage. For example, a member's benefit document may contain a specific exclusion related to a topic addressed in a coverage policy.

Benefit determinations for individual requests require consideration of:

1. The terms of the applicable benefit document in effect on the date of service.
2. Any applicable laws and regulations.
3. Any relevant collateral source materials including coverage policies.
4. The specific facts of the particular situation.

Contact UM Health Plan Customer Service to discuss plan benefits more specifically.

1.0 Policy:

This policy describes the determination process for coverage of specific drugs.

This policy does not guarantee or approve benefits. Coverage depends on the specific benefit plan. Drug Determination Policies are not recommendations for treatment and should not be used as treatment guidelines.

2.0 Background or Purpose:

Spravato, an NDMA antagonist and antidepressant, is indicated for treatment-resistant depression in adults, in conjunction with an oral antidepressant. It is also indicated for the treatment of depressive symptoms in adults with major depressive disorder with suicidal ideation or behavior. This criterion was developed and implemented to ensure appropriate use for the intended diagnosis, if possible.

3.0 Clinical Determination Guidelines:

Document the following with chart notes:

I. Depression [must meet all listed below]:

A. Age: at least 18.

B. Prescriber: psychiatrist.

C. Diagnosis and severity [must meet one listed below]:

1. Major depressive disorder (unipolar) with suicidality

2. Treatment-resistant depression

D. Other therapies: Trial of each medication or combination of medications listed below unless all are contraindicated. Trials must result in an inadequate response after four consecutive months of medication use or combination of medications or severe adverse effects.

1. Selective Serotonin Reuptake Inhibitor (SSRI): generic formulary agent

2. Serotonin-Norepinephrine Reuptake Inhibitor (SNRI): generic formulary agent

3. Atypical Antipsychotic Agent Augmentation therapy with an antidepressant: generic formulary agent

E. Dose Regimen and Administration: Spravato intranasal (esketamine)

Diagnosis	Induction		Maintenance
	Initial	Adjustment	
Major depressive disorder, with suicidality	Week 1 - 4: 84mg twice weekly	Week 1-4: May reduce to 56mg twice weekly based on tolerability	Week 5 : Use beyond 4 weeks has not been evaluated
Treatment resistant depression	Week 1 - 4 : 56mg twice weekly	Week 1-4: May increase to 84mg after first dose	Week 5 - 8: Continue previously established dose (56 or 84mg) once weekly Week 9: May decrease to every 2 weeks*

* Dosing frequency should be individualized to the least frequent dosing to maintain remission/response.

1. Concomitant Therapy: Current antidepressant therapy

2. Administration: Must be administered under the direct supervision of a healthcare provider, and the patient must be monitored for adverse effects for at least two hours after administration.

F. Approval

1. Initial approval: four weeks

2. Re-approval

a. Major Depressive Disorder: Use beyond four weeks has not been evaluated

b. Treatment-resistant Depression, Maintenance

i. First re-approval: four weeks

ii. Subesquent re-approvals: six months

II. Exclusions:

A. History of aneurysmal vascular disease (including thoracic and abdominal aorta, intracranial, and peripheral arterial vessels), arteriovenous malformation.

B. Intracerebral hemorrhage

C. Hypersensitivity to esketamine or ketamine.

4.0 Coding:

CODES AFFECTED					
Code	**Location of care**	**Brand**	**Generic**	**Billing (1 Unit)**	**Prior Approval Required**
S0013	Non-facility setting	Spravato	esketamine	1 mg	Y
G2082*	Outpatient facility setting	Spravato	esketamine	56mg	Y
G2083*	Outpatient facility setting	Spravato	esketamine	84mg	Y

*Includes 2 hours post-administration observation

5.0 Appendices:

None

6.0 References, Citations & Resources:

1. Spravato® (esketamine) [Prescribing Information]. Titusville, NJ: Janssen Pharmaceuticals Inc; July 2020.
2. McIntyre, R., M. D., et al (2021). Synthesizing the Evidence for Ketamine and Esketamine in Treatment-Resistant Depression: An International Expert Opinion on the Available Evidence and Implementation. American Journal of Psychiatry. https://doi.org/10.1176/appi.ajp.2020.20081251

7. Revision History

Original Effective Date: 6/22/22

Next Review Date: 6/22/23

Revision Date	Reason for Revision
4/23	Annual review; clarified dosing and reapproval
4/24	Annual review, Other therapies language update, removal of Appendix I: Monitoring & Patient Safety