UnitedHealthcare Pharmacy
Clinical Pharmacy Programs

<table>
<thead>
<tr>
<th>Program Number</th>
<th>2023 P 2168-8</th>
</tr>
</thead>
<tbody>
<tr>
<td>Program</td>
<td>Prior Authorization/Medical Necessity</td>
</tr>
<tr>
<td>Medication</td>
<td>Spravato® (esketamine)</td>
</tr>
<tr>
<td>Effective Date</td>
<td>3/1/2024</td>
</tr>
</tbody>
</table>

1. **Background:**
   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 and depressive symptoms in adults with major depressive disorder (MDD) with acute suicidal ideation or behavior.

   Limitations of Use: The effectiveness of Spravato in preventing suicide or in reducing suicidal ideation or behavior 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. Spravato is not approved as an anesthetic agent. The safety and effectiveness of Spravato as an anesthetic agent have not been established.

   Because of the risks of serious adverse outcomes resulting from sedation, dissociation, and abuse and misuse, Spravato is only available through a restricted program under a Risk Evaluation and Mitigation Strategy (REMS) called the Spravato REMS.

   For the purposes of this program, a trial and failure of a given antidepressant is defined as the patient unable to achieve a clinical meaningful improvement of the maximally tolerated dose(s) for at least 8 weeks in the current depressive episode.²,³

2. **Coverage Criteria #:**

   A. **Major depressive disorder (treatment-resistant)**

      1. **Initial Authorization**

         a. Spravato will be approved based on all of the following criteria

            (1) Diagnosis of major depressive disorder (treatment-resistant), according to the current DSM (i.e., DSM-5-TR) criteria, by a mental health professional.

            -AND-

            (2) Prescribed by or in consultation with a psychiatrist

            -AND-

            (3) Submission of medical records (e.g., chart notes, laboratory values) documenting baseline scoring (prior to starting Spravato) on at least one of the following clinical assessments has been completed:

                (a) Baseline score on the 17-item Hamilton Rating Scale for Depression
(HAM17)
(b) Baseline score on the 16-item Quick Inventory of Depressive Symptomatology (QIDS-C16)
(c) Baseline score on the 10-item Montgomery-Asberg Depression Rating Scale (MADRS)
(d) Baseline score on the 9-item Patient Health Questionnaire (PHQ-9)

-AND-

(4) History of a trial, failure, and/or contraindication of three different antidepressant medications or treatment regimens at the maximally tolerated dose(s) for at least 8 weeks in the current depressive episode.

An antidepressant or treatment regimen would include any of the following classes or combinations (document medication, dose, and duration):

(a) Selective serotonin reuptake inhibitors (e.g., citalopram, fluoxetine, paroxetine, sertraline)
(b) Serotonin norepinephrine reuptake inhibitors (e.g., duloxetine, venlafaxine, etc.)
(c) Bupropion
(d) Tricyclic antidepressants (e.g., amitriptyline, clomipramine, nortriptyline, etc.)
(d) Mirtazapine
(e) Monoamine oxidase inhibitors (e.g., selegiline, tranylcypromine, etc.)
(f) Serotonin modulators (e.g., nefazodone, trazodone, etc.)
(e) Augmentation with lithium, Cytomel (liothyronine), antipsychotics, or anticonvulsants

-AND-

(5) Spravato will be used in combination with an oral antidepressant (one that the patient has not previously failed).

-AND-

(6) Provider and/or the provider’s healthcare setting is certified in the Spravato REMS program

Authorization will be issued for 3 months

2. Reauthorization

a. Spravato will be approved based on all of the following criteria:

(1) Documentation of remission or a positive clinical response to Spravato therapy

-AND-

(2) Submission of medical records (e.g., chart notes, laboratory values)
documenting baseline and recent (within the last month) scoring on at least one of the following assessments demonstrating remission or clinical response (e.g., score reduction from baseline) as defined by the:

(a) Hamilton Rating Scale for Depression (HAMD17; remission defined as a score of ≤ 7)
(b) Quick Inventory of Depressive Symptomatology (QIDS-C16; remission defined as a score of ≤ 5)
(c) Montgomery-Asberg Depression Rating Scale (MADRS; remission defined as a score of ≤ 12)
(d) Patient Health Questionnaire (PHQ-9; remission defined as a score of <5)

-AND-

(3) Spravato will be used in combination with an oral antidepressant

-AND-

(4) Provider and/or the provider’s healthcare setting is certified in the Spravato REMS program

-AND-

(5) Prescribed by or in consultation with a psychiatrist

Authorization will be issued for 6 months

B. Depressive symptoms in adults with major depressive disorder (MDD) with acute suicidal ideation or behavior

1. Authorization

a. Spravato will be approved based on all of the following criteria:

(1) Diagnosis of major depressive disorder according to the current DSM (i.e., DSM-5-TR) criteria, by a mental health professional.

-AND-

(2) Patient is experiencing an acute suicidal ideation or behavior

-AND-

(3) Patient receiving newly initiated or optimized oral antidepressant

-AND-

(4) Provider and/or the provider’s healthcare setting is certified in the Spravato REMS program
Authorization will be issued for 1 month

* State mandates may apply. Any federal regulatory requirements and the member specific benefit plan coverage may also impact coverage criteria. Other policies and utilization management programs may apply.

3. **Additional Clinical Rules:**

- Notwithstanding Coverage Criteria, UnitedHealthcare may approve initial and re-authorization based solely on previous claim/medication history, diagnosis codes (ICD-10) and/or claim logic. Use of automated approval and re-approval processes varies by program and/or therapeutic class.
- Supply limits may be in place.

4. **References:**


<table>
<thead>
<tr>
<th>Program</th>
<th>Prior Authorization/Medical Necessity – Spravato (esketamine)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Change Control</td>
<td></td>
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<tr>
<td>6/2019</td>
<td>New program.</td>
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<tr>
<td>9/2019</td>
<td>Updated coverage criteria.</td>
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<tr>
<td>2/2020</td>
<td>Updated coverage criteria to require submission of baseline validated provider administered assessments.</td>
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<tr>
<td>12/2020</td>
<td>Updated background and coverage criteria for new indication for MDD with acute suicidal ideation or behavior. Updated references.</td>
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<tr>
<td>4/2021</td>
<td>Clarified submission of clinical assessments to include medical record submission.</td>
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<tr>
<td>4/2022</td>
<td>Annual review with no change to clinical criteria.</td>
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<tr>
<td>12/2022</td>
<td>Updated coverage criteria for treatment-resistant depression with clarification of requirement for combination with “new” oral antidepressant to be an agent that has not been previously failed.</td>
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<tr>
<td>12/2023</td>
<td>Annual review. Added PHQ-9 scale to list of options for clinical assessments. Updated background and references.</td>
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