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FEBRUARY 21, 2022

ESKETAMINE (SPRAVATO) UPDATES TO COVERAGE UNDER THE MEDICAL BENEFIT

Dear Provider,

Effective May 1, 2022, the criteria for esketamine (Spravato) will be updated to include quantity limits. Esketamine (Spravato) is on the **non-Medicare** list of office-administered drugs requiring prior authorization. This letter is a notification of the upcoming change in prior authorization criteria required before administering this medication under the medical benefit.

BRAND NAME	GENERIC NAME	HCPCS
Spravato	Esketamine	J3490, S0013, G2082, G2083

Kaiser Foundation Health Plan of Washington and Kaiser Foundation Health Plan of Washington, Options, Inc. (Kaiser Permanente) require prior authorization for a select group of injectable drugs that may be administered under the medical benefit in a physician's office or by home infusion. These reviews are intended to ensure consistent benefit adjudication as well as appropriate utilization in accordance with the Kaiser Permanente Pharmacy & Therapeutics Committee's evidence-based criteria for coverage.

Prior Authorization Criteria for Esketamine (Spravato) [changes are in bold]:

DRUG NAME	COVERAGE CRITERIA
ESKETAMINE	Covered for adult patients with treatment-resistant depression, in conjunction with an oral antidepressant, who meet all of the following: • Prescribed by or in consultation with a psychiatrist. • Age ≥18 years old • Diagnosis of major depressive disorder (MDD), severe, without psychotic features • Inadequate response to at least 3 antidepressant medications in at least 3 different classes including: SSRIs, SNRIs, atypical antidepressants, MAOIs and/or TCAs at adequate dose and duration for treatment of MDD • Inadequate response to at least 3 augmentation therapies (of adequate dose and duration), two of which must be a trial of lithium and a trial of an atypical antipsychotic (AAP), and the third augmentation therapy may include a different AAP, bupropion, mirtazapine, liothyronine (T3), or buspirone • Documented consideration and reason for not proceeding with, or inadequate response to ECT • Did not respond to, inappropriate for, or declined a trial of repetitive transcranial magnetic stimulation (rTMS)

DRUG NAME	COVERAGE CRITERIA
	Required documentation: • Patient Health Questionnaire-9 (PHQ-9) score of 20 or greater • Negative urine drug screen prior to treatment initiation Not covered for patients with: • History of psychosis • History of dissociation • Unstable angina or history of myocardial infarction • Uncontrolled hypertension • Increased intracranial pressure • Increased intraocular pressure • Active substance or alcohol abuse • Use of cannabinoids, cannabis, or cannabis derivatives • Positive test result(s) for drugs of abuse • Severe hepatic impairment (Child-Pugh Class C) or on renal dialysis • Women who are pregnant or breast-feeding • Contraindication to esketamine use (aneurysmal vascular disease, arteriovenous malformation, history of intracerebral hemorrhage, or hypersensitivity to esketamine, ketamine, or any of the excipients) **Quantity Limits:** • **Induction: Up to 12 dose kits (56 mg or 84 mg per dose kit) for first 8 weeks** • **Maintenance: Up to 4 dose kits (56 mg or 84 mg per dose kit) every 28 days.**

Additional Information

A complete list of office-administered injectable drugs requiring prior authorization can be found on the Kaiser Permanente provider website at https://wa-provider.kaiserpermanente.org/provider-manual/clinical-review/officeinject .

To request prior authorization review, please use the Referral Request online form located on the Kaiser Permanente provider website https://wa-provider.kaiserpermanente.org/provider-manual/clinical-review/preservice. You can also fax your request to the Review Services department toll-free at 1-888-282-2685.

Thank you for the care you provide to our members, your patients. If you have any questions about this process, please call Review Services at 1-800-289-1363, Monday through Friday from 8 a.m. to 5 p.m.

Sincerely,

Peter Barkett, MD, Chair
Pharmacy & Therapeutics Committee