MASSACHUSETTS

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Esketamine Nasal Spray (Spravato™) and Intravenous Ketamine for Treatment-Resistant Depression Prior Authorization Request Form

Medical Policy #087 Esketamine Nasal Spray (Spravato™) and Intravenous Ketamine for Treatment-Resistant Depression

Please use this form to assist in identifying members who meet Blue Cross Blue Shield of Massachusetts' (BCBSMA's) medical necessity criteria for Esketamine Nasal Spray (Spravato™) and Intravenous Ketamine for Treatment-Resistant Depression. For members who **do not meet all the criteria listed below**, submit a letter of medical necessity with a request for Clinical Exception (Individual Consideration) and include copied of clinical documentation supporting the clinical exception request .

Once completed, please fax to: 1-888-641-5199

Patient Information	
Patient Name:	Today's Date:
BCBSMA ID#:	Treatment Start Date:
Date of Birth:	**Place of Service: Outpatient ❒ Inpatient ❒**

Physician Information	**Facility Information**
Name:	Name:
Address:	Address:
Phone #:	Phone #:
Fax#:	Fax#:
❒ This is a secure fax line	❒ This is a secure fax line
NPI / TIN#:	NPI / TIN#:

Initial requests for initial therapy are authorized for up to 28 days	
Esketamine (Spravato) Nasal Spray: Initial Therapy ❒	**Intravenous Ketamine:** Initial Therapy ❒
Number of treatment sessions requested:	
❒ Individual is 18 or over	
❒ Individual meets the Diagnostic and Statistical Manual of Mental Disorders-5 (DSM-5) criteria for a major depressive episode (See Table 1 in medical policy #087) by a structured clinical interview for DSM-5 disorders	
❒ Current depressive episode is severe depression based on either of the following: a. Montgomery-Asberg Depression Rating Scale (MADRS) ≥ 28 **OR** b. Hamilton Rating Scale for Depression (HAM-D) score ≥ 17 **AND**	
Individual has had an inadequate response to: ❒ four antidepressant agents from at least: ❒ 2 or more different antidepressant classes (i.e. selective serotonin reuptake inhibitors, serotonin and norepinephrine reuptake inhibitors, tricyclic antidepressants, bupropion, or mirtazapine) **AND** ❒ at least one trial of augmenting agent (i.e. atypical antipsychotic, lithium, or thyroid hormone T3	

An adequate trial of an antidepressant is defined by **BOTH** of the following:

c. The trial length was at least 6 weeks at generally accepted doses or of sufficient duration as determined by the treating physician at the generally accepted doses; **AND**
d. Individual was ≥80% adherent to the agent during the trial; **AND**

❒ Individual is to receive **Esketamine Nasal Spray** in conjunction with an oral antidepressant, **OR**
❒ Individual is to receive **Intravenous Ketamine** in conjunction with an oral antidepressant, **AND,**

❒ Individual **must not have any** of the following:

a. Current substance use disorder unless in remission (for example, complete abstinence for one month)
b. Hypersensitivity to esketamine, ketamine, or any of the excipients
c. Previous treatment that was determined not to reduce symptoms or be efficacious
d. Current episode of delirium
e. Not currently pregnant or breastfeeding
f. Aneurysmal vascular disease (including thoracic and abdominal aorta, intracranial and peripheral arterial vessels) or arteriovenous malformation
g. Intracerebral hemorrhage, **AND**

For Esketamine requests only:

❒ Individual does **NOT** have any Food and Drug Administration (FDA) labeled contraindications to the requested agent and esketamine nasal spray is intended to be used consistently with the FDA approved label including meeting Spravato Risk Evaluation and Mitigation Strategy (REMS) program requirements **AND**

❒ Administration of **Esketamine (Spravato)** is to occur in a provider's office or hospital setting and must be monitored by a specialist in the area of a patient's diagnosis (e.g., psychiatrist), **OR**
❒ Administration of **Intravenous Ketamine** is to occur in a provider's office or hospital setting and must be monitored by a specialist in the area of a patient's diagnosis (e.g., psychiatrist)

Reauthorization requests for continued therapy are authorized for up to 1 year

Esketamine (Spravato) Nasal Spray: Continued ❒	**Intravenous Ketamine:** Continued ❒

Number of treatment sessions requested:

Esketamine Nasal Spray or Intravenous Ketamine may be reauthorized for up to 1 year if ALL of the following conditions are met:

❒ Individual has had improvement in depression symptoms as evaluated with an appropriate depression rating scale (e.g. Patient Health Questionnaire -9, Clinically Useful Depression Outcome Scale, Quick Inventory of Depressive Symptomatology-Self Report 16 Item, MADRS, HAM-D) **AND**
❒ Individual is to receive esketamine nasal spray in conjunction with an oral antidepressant **AND**
❒ Individuals with substance use disorder have remained in remission (complete abstinence) **AND**
❒ Individual does **NOT** develop any FDA labeled contraindications to the requested agent and esketamine nasal spray is intended to be used consistently with the FDA approved label including meeting Spravato REMS program requirement
❒ Administration of **Esketamine (Spravato)** is to occur in a provider's office or hospital setting and must be monitored by a specialist in the area of a patient's diagnosis (e.g., psychiatrist)
❒ Administration of **Intravenous Ketamine** is to occur in a provider's office or hospital setting and must be monitored by a specialist in the area of a patient's diagnosis (e.g., psychiatrist)

CPT Codes/ HCPCS Codes/ ICD Codes for Esketamine only (for IV Ketamine see BH and SUD Payment Policy)

	HCPCS codes	Code Description
❒	G2082	Office or other outpatient visit for the evaluation and management of an established patient that requires the supervision of a physician or other qualified health care professional and provision of up to 56 mg of esketamine nasal self-administration, includes 2 hours post-administration observation
❒	G2083	Office or other outpatient visit for the evaluation and management of an established patient that requires the supervision of a physician or other qualified health care professional and provision of greater than 56 mg esketamine nasal self-administration, includes 2 hours post-administration observation

Providers should enter the relevant diagnosis code(s) below:

	Code	Description
❒	F33.2	Major Depressive Disorder, Severe