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| POLICY NAME | Spravato (esketamine) | POLICY # | 2697P |
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Criteria

Coverage Criteria for Treatment-Resistant Unipolar Depression

- ☐ **1.1** Diagnosis of treatment-resistant unipolar depression
 - ☐ **1.2** Prescribed by a psychiatrist (mental health specialist) that will administer Spravato in a Spravato Risk Evaluation and Mitigation Strategy (REMS) certified healthcare setting
 - ☐ **1.3** Documented trial and failure of at least 3 months on one preferred SSRI (citalopram, escitalopram, fluvoxamine, fluoxetine, paroxetine, paroxetine controlled-release, sertraline)
 - ☐ **1.4** Documented trial and failure of at least 3 months on one preferred SNRI (duloxetine, venlafaxine, venlafaxine extended-release)
 - ☐ **1.5** Documented failure of at least 3 months on one additional antidepressant in any of the following drug classes
 - Selective Serotonin Reuptake Inhibitors (SSRIs)
 - Serotonin and Norepinephrine Reuptake Inhibitors (SNRIs)
 - Tricyclic Antidepressants
 - Monoamine Oxidase Inhibitors (MAOIs)
 - Dopamine/Norepinephrine Reuptake Inhibitor (bupropion)
 - Serotonin Reuptake Inhibitor/Antagonist (trazodone, nefazodone)
 - Alpha-2 Antagonist (mirtazapine)
 - ☐ **1.6** Review of chart notes documenting diagnosis and confirming that patient has met all of the above requirements for treatment with Spravato by both a pharmacist and medical director
- References

Coverage Criteria for Major Depressive Disorder with Suicidality

- ☐ **2.1** Diagnosis of major depressive disorder with suicidality
- ☐ **2.2** Documentation that the member has experienced suicidal ideation or behavior within the previous 30 days
- ☐ **2.3** Prescribed by a psychiatrist (mental health specialist) that will administer Spravato in a Spravato Risk Evaluation and Mitigation Strategy (REMS) certified healthcare setting
- ☐ **2.4** Review of chart notes documenting diagnosis and confirming that patient has met all of the above requirements for treatment with Spravato by both a pharmacist and medical director

Exclusion Criteria – Any of the following prevents coverage

- ☐ **3.1** Severe allergic reaction to esketamine, ketamine, or any component of the formulation
- ☐ **3.2** Aneurysmal vascular disease (including thoracic and abdominal aorta, intracranial, and peripheral arterial vessels) or arteriovenous malformation
- ☐ **3.3** History of intracerebral hemorrhage