

<b>POLICY NAME</b>	Spravato (esketamine)	<b>POLICY #</b>	2697P
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## Criteria

### Coverage Criteria for Treatment-Resistant Unipolar Depression

- ☐ Diagnosis of treatment-resistant unipolar depression

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- ☐ Prescribed by a psychiatrist (mental health specialist) that will administer Spravato in a Spravato Risk Evaluation and Mitigation Strategy (REMS) certified healthcare setting

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- ☐ Documented trial and failure of at least 3 months on one preferred SSRI (citalopram, escitalopram, fluvoxamine, fluoxetine, paroxetine, paroxetine controlled-release, sertraline)

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- ☐ Documented trial and failure of at least 3 months on one preferred SNRI (duloxetine, venlafaxine, venlafaxine extended-release)

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- ☐ 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)

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- ☐ 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

### Coverage Criteria for Major Depressive Disorder with Suicidality

- ☐ Diagnosis of major depressive disorder with suicidality

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- ☐ Documentation that the member has experienced suicidal ideation or behavior within the previous 30 days

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- ☐ Prescribed by a psychiatrist (mental health specialist) that will administer Spravato in a Spravato Risk Evaluation and Mitigation Strategy (REMS) certified healthcare setting

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- ☐ 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

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