Mass General Brigham
Health Plan

Antidepressants
Spravato (esketamine)
Effective 05/12/2025

Plan	☒ MassHealth UPPL ☐Commercial/Exchange	**Program Type**	☒ Prior Authorization ☐ Quantity Limit ☐ Step Therapy
Benefit	☐ Pharmacy Benefit ☒ Medical Benefit		
Specialty Limitations	N/A		
Contact Information	**Medical and Specialty Medications** All Plans | Phone: 877-519-1908 | Fax: 855-540-3693		
	Non-Specialty Medications All Plans | Phone: 800-711-4555 | Fax: 844-403-1029		
Notes	Spravato is also available on the pharmacy benefit. Please see the MassHealth Drug List for coverage and criteria. Additional agents from this class are available through the pharmacy benefit. Please see the MassHealth Drug List for coverage and criteria.		

Overview
Spravato is indicated, in conjunction with an oral antidepressant, for the treatment of:

- Treatment-resistant depression (TRD) in adults
- Depressive symptoms in adults with major depressive disorder (MDD) with acute suicidal ideation or behavior

Coverage Guidelines
Authorization may be reviewed on a case by case basis for members who are new to the plan currently receiving treatment with requested medication excluding when the product is obtained as samples or via manufacturer's patient assistance programs.
OR
Authorization will be granted when all the following criteria has been met, and documentation has been submitted:

Treatment resistant depression (TRD)
1. Diagnosis of treatment resistant depression
2. Member is ≥18 years of age
3. Prescriber is a specialist (i.e., psychiatrist [including psychiatric nurse practitioners or physician assistants]) or consult notes from a specialist (dated within 1 year) are provided
4. Medical records documenting an inadequate response (defined as at least four weeks of therapy) or adverse reaction or contraindication to **ONE** SSRI and **ONE** other non-SSRI antidepressant
5. Medical records documenting an inadequate response (defined as at least four weeks of therapy for antidepressants) or adverse reaction with **ONE** or contraindication to **ALL** of the following antidepressant augmentation strategies:

    a. Second-generation antipsychotic *(Aripiprazole, olanzapine, quetiapine extended-release, and Rexulti® [brexpiprazole])*
    b. A mood stabilizer such as Lithium or lamotrigine
    c. A second antidepressant from a different class
    d. Thyroid hormone
6. Appropriate dosing based on ONE of the following:
    a. For induction phase (weeks 1 to 4): 56 mg or 84 mg twice weekly
    b. For maintenance phase (weeks 5 to 8): 56 mg or 84 mg once weekly OR twice weekly dosing noting attempts to decrease to once weekly resulted in destabilization
    c. For maintenance phase (weeks 9+) 56 mg or 84 mg once weekly or every other week for up to 12 months OR twice weekly dosing noting attempts to decrease to once weekly resulted in destabilization
    d. For maintenance phase (>12 months): 56 mg or 84 mg ≤once weekly OR twice weekly dosing noting attempts to decrease to once weekly resulted in destabilization

Treatment of depressive symptoms in adults with MDD with acute suicidal ideation or behavior

1. Diagnosis of MDD with acute suicidal ideation or behavior
2. Member is ≥18 years of age
3. Prescriber is a specialist (i.e., psychiatrist) (i.e., psychiatrist [including psychiatric nurse practitioners or physician assistants]) or consult notes from a specialist (dated within 1 year) are provided
4. **ONE** of the following:
    a. Medical records documenting current acute suicidal ideation or behavior related to depressive symptoms of MDD
    b. Member was stabilized on esketamine during a psychiatric hospitalization
5. Requested agent will be used in combination with an oral antidepressant*
6. Appropriate dosing based on ONE of the following:
    a. Requested dose is 84 mg twice weekly for 4 weeks
    b. Requested dose is 84 mg once weekly, 56 mg twice weekly, or 56 mg once weekly for completion of 4 weeks noting patient unable to tolerate 84 mg twice weekly dosing

***** Requests that indicate that Spravato will be used in combination with quetiapine can be approved if all other criteria are met

<u>Continuation of Therapy</u>

Treatment resistant depression

Reauthorization by physician will infer a positive response to therapy.

Treatment of depressive symptoms in adults with MDD with acute suicidal ideation or behavior: **see initial criteria for TRD above**

Limitations

1. Initial approvals will be granted for 1 month
2. Reauthorizations for treatment resistant depression:
    a. Member in maintenance (weeks 5 to 8) and dose is 56 mg or 84 mg once weekly may be approved for **1 month**
    b. Member in maintenance (weeks 5 to 8) and dose is 56 mg or 84 mg twice weekly that notes attempts to decrease to once weekly resulted in destabilization (i.e., suicidal ideation returned, increase in HAM-D or other depression rating scale score) may be approved for **1 month**

c. Member in maintenance (weeks 9+) 56 mg or 84 mg once weekly or every other week may be approved for **12 months**
d. Member in maintenance phase (weeks 9+) at 56 mg or 84 mg twice weekly dosing that notes attempts to decrease dose to once weekly resulted in destabilization may be approved x **12 months**
e. Member in maintenance phase >12 months and dose is 56 mg or 84 mg ≤ once weekly may be approved x **12 months**
f. Member in maintenance phase > 12 months at 56 mg or 84 mg twice weekly dosing that notes attempts to decrease dose to once weekly resulted in destabilization may be approved x **12 months**

3. Requests for recertification of Spravato® (esketamine) beyond 1 month of treatment for the indication of depressive symptoms in adults with MDD with acute suicidal ideation or behavior should meet **initial criteria for TRD**
4. Requested for recertification that do not meet criteria for TRD and document continued suicidal ideation or behavior, may be approved for 1 additional month.

References

1. Spravato [package insert]. Titusville (NJ): Janssen Pharmaceuticals.; 2019 Mar.

Review History

02/08/2023 - Reviewed and created for Feb P&T; matched MH UPPL. Effective 4/1/23.
4/12/23 – Reviewed and updated for Apr P&T. Added appendix criteria into criteria per NCQA standards. Added antidepressant polypharmacy to criteria. Added Auvelity® (dextromethorphan/ bupropion) and Fetzima® (levomilnacipran) to policy. Added quantity limits for: Fetzima, Trintellix, Viibryd, Auvelity, Aplenzin, Pristiq, Wellbutrin XL. Removed maprotiline from policy due to obsolete status. Effective 6/5/23
05/10/23 – Reviewed and updated for P&T. Admin update to allow Spravato be available through both the pharmacy and medical benefits with PA. Effective 7/1/23.
07/12/23 – Reviewed and updated for P&T. Formatting updates to drug table. Simplified approvable diagnoses. Brand preferred and mandatory generic language was added under Limitations. Clarified polypharmacy description. Effective 7/31/23.
08/14/24 – Reviewed and updated for P&T. Internal update to separate Spravato criteria from the Antidepressants policy to its own medical policy. Examples of specialists was expanded and included in criteria. Spravato continues to be available on medical and pharmacy benefits. Effective 9/1/24
04/09/25 – Reviewed and updated for P&T. The following clinical updates were made to Spravato: treatment resistant depression was updated to allow for use as monotherapy per most recent label expansion, specific dosing schedules for Spravato was added to criteria, and duration of initial approval was decreased to 1 month and reauthorization durations were clarified dependent on the treatment phase. Effective 05/12/25