

Antidepressants  
**Spravato (esketamine)**  
 Effective 07/01/2026

<b>Plan</b>	<input checked="" type="checkbox"/> MassHealth UPPL <input type="checkbox"/> Commercial/Exchange	<b>Program Type</b>	<input checked="" type="checkbox"/> Prior Authorization <input type="checkbox"/> Quantity Limit <input type="checkbox"/> Step Therapy
<b>Benefit</b>	<input type="checkbox"/> Pharmacy Benefit <input checked="" type="checkbox"/> Medical Benefit		
<b>Specialty Limitations</b>	N/A		
<b>Contact Information</b>	<b>Medical Benefit</b>	Phone: 833-895-2611	Fax: 888-656-6671
	<b>Pharmacy Benefit</b>	Phone: 800-711-4555	Fax: 844-403-1029
<b>Notes</b>	Spravato is also available on the pharmacy benefit. Please see the <a href="#">MassHealth Drug List</a> for coverage and criteria.  Additional agents from this class are available through the pharmacy benefit. Please see the <a href="#">MassHealth Drug List</a> 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:

#### *Major Depressive Disorder (MDD)/Treatment resistant depression (TRD)*

1. Diagnosis of major depressive disorder
2. Member is  $\geq 18$  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 to monotherapy (defined as  $\geq 4$  weeks of therapy with a single agent) or adverse reaction to **BOTH** of the following:
  - a. **ONE** SSRI
  - b. **ONE** other non-SSRI antidepressant
5. Medical records documenting an inadequate response, adverse reaction to **ONE** or contraindication to **ALL** of the following antidepressant augmentation strategies (augmentation is defined as overlap of an SSRI or SNRI in combination with one of the following for a duration of  $\geq 4$  weeks of therapy following two failed monotherapy trials with an SSRI and a non SSRI medication as outlined in criteria point 4):

- a. Second-generation antipsychotic (*Aripiprazole, olanzapine, quetiapine extended-release, and Rexulti [brexpiprazole]*)
  - b. **ONE** of the following:
    - i. carbamazepine
    - ii. divalproex/valproate/valproic acid
    - iii. lamotrigine
    - iv. lithium
  - c. A second antidepressant from a different class
  - d. Thyroid hormone
6. Medical records documenting a current depression assessment using any validated depression rating scale (e.g., Montgomery-Asberg Depression Rating Scale [MADRS], Hamilton Depression Rating Scale [HAM-D], Patient Health Questionnaire Depression Scale [PHQ-9], Beck Depression Inventory [BDI])
  7. 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  $\leq$  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  $\geq 18$  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 (dated within the last 4 weeks) documenting current acute suicidal ideation or behavior related to depressive symptoms of MDD
  - b. Member was stabilized on esketamine during a psychiatric hospitalization (dated within the last 4 weeks)
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

**Continuation of Therapy**

*Treatment resistant depression*

All of the following:

1. Positive response to therapy
2. Current depression score is  $\leq$  score provided on prior submission

*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 will be granted for the following:
  - a. Treatment Resistant Depression
    - i. Member in maintenance (weeks 5 to 8), dose is 56 mg or 84 mg once weekly: **1 month**
    - ii. Member in maintenance (weeks 5 to 8), 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): **1 month**
    - iii. Member in maintenance (weeks 9+), dose is 56 mg or 84 mg once weekly or every other week: **1 month**
    - iv. Member in maintenance phase (weeks 9+), dose is 56 mg or 84 mg twice weekly dosing that notes attempts to decrease dose to once weekly resulted in destabilization: **6 months**
    - v. Member in maintenance phase (>12 months), dose is 56 mg or 84 mg ≤ once weekly: **12 months**
    - vi. Member in maintenance phase (> 12 months), dose is 56 mg or 84 mg twice weekly dosing that notes attempts to decrease dose to once weekly resulted in destabilization: **6 months**
  - b. Requests for recertification of Spravato (esketamine) beyond 1 month and documentation of continued suicidal ideation or behavior: **additional 1 month** (total 2 months)
  - c. 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**

## References

1. Spravato [package insert]. Titusville (NJ): Janssen Pharmaceuticals.; 2025 Jan.

## 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, Viiibryd, 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

08/13/25 – Reviewed and updated for P&T. Part of annual UM review. Updated references and formatting. Clarified criteria point regarding concomitant use of an augmenting agent plus antidepressant therapy. Effective 9/1/25

6/10/26 – Reviewed and updated for P&T. Step-through trial of a mood stabilizer was further clarified to ONE of the following: carbamazepine, divalproex/valproate/valproic acid, lamotrigine, or lithium. Medical records will be required for a current assessment using any validated depression rating scale (e.g., Montgomery-



Asberg Depression Rating Scale [MADRS], Hamilton Depression Rating Scale [HAM-D], Patient Health Questionnaire Depression Scale [PHQ-9], Beck Depression Inventory [BDI]). Approval durations for renewals was clarified based on dosing. Spravato dosed twice weekly was updated to a maximum of 6 months. Dosing requirement was further specified within the criteria. Effective 7/1/26

