Mass General Brigham
Health Plan

Antidepressants
Spravato (esketamine)
Effective 09/01/2025

Plan	☒ MassHealth ☐Commercial/Exchange	**Program Type**	☒ Prior Authorization ☐ Quantity Limit ☐ Step Therapy
Benefit	☐ Pharmacy Benefit ☒ Medical Benefit		
Specialty Limitations	N/A		
Contact Information	**Medical Benefit** **Pharmacy Benefit**	Phone: 833-895-2611 Phone: 800-711-4555	Fax: 888-656-6671 Fax: 844-403-1029
Exceptions	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 ≥ four weeks of therapy) or adverse reaction to **ONE** SSRI and **ONE** other non-SSRI antidepressant
5. Medical records documenting an inadequate response (defined as concomitant use of an augmenting agent plus antidepressant therapy combined ≥ four weeks of therapy) 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. Lithium
c. A second antidepressant from a different class
d. Thyroid hormone

6. Requested agent will be used in combination with an oral antidepressant
7. Appropriate dosing

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

***** 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

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 the following:
    a. 3 months (treatment resistant depression)
    b. 1 month (depressive symptoms in adults with MDD with acute suicidal ideation or behavior)
2. Reauthorizations will be granted for the following:
    a. 1 year (treatment resistant depression)
    b. 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, 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
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