TRUECARE

PHARMACY POLICY STATEMENT
Mississippi Medicaid

DRUG NAME	Spravato (esketamine)
BENEFIT TYPE	Medical
BILLING CODE	S0013
STATUS	Prior Authorization Required

Spravato is a non-competitive N-methyl D-aspartate (NMDA) receptor antagonist indicated in adults for the treatment of treatment-resistant depression (TRD) as monotherapy or in conjunction with an oral antidepressant, and for depressive symptoms with major depressive disorder (MDD) with acute suicidal ideation or behavior in conjunction with an oral antidepressant.

Spravato (esketamine) will be considered for coverage when the following criteria are met:

Major Depressive Disorder (MDD) With Suicidal Ideation

For **initial** authorization:
1. Member is at least 18 years of age; AND
2. Medication is being prescribed by a psychiatrist in a Spravato REMS certified center; AND
3. Member has a diagnosis of MDD with documentation of acute suicidal ideation or behavior requiring immediate intervention; AND
4. Medication must be used in conjunction with an oral antidepressant (e.g., citalopram, duloxetine, venlafaxine, bupropion, trazodone, etc.).
5. **Dosage allowed:** 84 mg (1 kit) twice per week for 4 weeks (8 kits total).

Note: If member also has concomitant treatment resistant depression (TRD), must meet criteria for TRD in order to qualify for longer approval duration.

If member meets all the requirements listed above, the medication will be approved for 1 month.

For **reauthorization**:
1. Continuation of Spravato beyond 4 weeks has not been established for the same episode. If this is a new suicidal ideation episode, must follow initial criteria.

Treatment Resistant Depression (TRD)

For **initial** authorization:
1. Member is at least 18 years of age; AND
2. Medication is being prescribed by a psychiatrist in a Spravato REMS certified center; AND
3. Member has a diagnosis of treatment resistant major depressive disorder; AND
4. Member has tried and failed at least **TWO** of the following oral antidepressants from different drug classes at optimized doses for at least 8 weeks, at least one of which must be an SSRI or SNRI:
   a) Selective Serotonin Reuptake Inhibitor (e.g., citalopram, fluoxetine)
   b) Selective Norepinephrine Reuptake Inhibitor (e.g., duloxetine, venlafaxine)
   c) Tricyclic Antidepressant (e.g., nortriptyline)
   d) Monoamine Oxidase Inhibitor (e.g., tranylcypromine)

e) Bupropion
f) Mirtazapine; AND

5. Documentation of the member's baseline depression status using an appropriate rating scale [e.g., Patient Health Questionnaire (PHQ-9), Beck Depression Inventory (BDI), Quick Inventory of Depressive Symptomatology (QIDS), Montgomery-Åsberg Depression Rating Scale (MADRS), Hamilton Rating Scale for Depression (HAM-D)].
6. **Dosage allowed:**

Induction Phase	**Weeks 1 to 4:**	
	Administer twice per week	56 mg or 84 mg
Maintenance Phase	**Weeks 5 to 8:**	
	Administer once weekly	56 mg or 84 mg
	Week 9 and after:	
	Administer every 2 weeks or once weekly*	56 mg or 84 mg

* Dosing frequency should be individualized to the least frequent dosing to maintain remission/response.

If member meets all the requirements listed above, the medication will be approved for 2 months.

For **reauthorization**:

1. Documented improvement of depressive symptoms as measured by an appropriate rating scale (e.g., PHQ-9, BDI, etc.).

If member meets all the reauthorization requirements above, the medication will be approved for an additional 6 months.

TrueCare considers Spravato (esketamine) not medically necessary for the treatment of conditions that are not listed in this document. For any other indication, please refer to the Off-Label policy.

DATE	ACTION/DESCRIPTION
05/23/2019	New policy for Spravato created.
11/06/2020	New diagnosis of MDD with suicidal ideation added. For TRD: added that medication must be prescribed by psychiatrist in a REMS certified center in accordance with package insert.
01/11/2021	TRD: Changed "depression" to "major depressive disorder." Clarified the dosing. Added dose requirement to step drugs and that one must be an SSRI or SNRI (first line). Removed trazodone. Revised list of severity scales. Reworded renewal criteria.
08/14/2023	Updated billing code.
06/07/2024	Annual review; no changes needed.
02/11/2025	Updated references. TRD: Changed induction dosing in table to match label update. Removed requirement to be used with an oral antidepressant per label update (now approved as monotherapy).

References:

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Double-Blind, Randomized Study (ASPIRE II). *Int J Neuropsychopharmacol*. 2021;24(1):22-31. doi:10.1093/ijnp/pyaa068
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11. McIntyre RS, Rosenblat JD, Nemeroff CB, et al. Synthesizing the Evidence for Ketamine and Esketamine in Treatment-Resistant Depression: An International Expert Opinion on the Available Evidence and Implementation. *Am J Psychiatry*. 2021;178(5):383-399. doi:10.1176/appi.ajp.2020.20081251
12. Lam RW, Kennedy SH, Adams C, et al. Canadian Network for Mood and Anxiety Treatments (CANMAT) 2023 Update on Clinical Guidelines for Management of Major Depressive Disorder in Adults. *Can J Psychiatry*. 2024;69(9):641-687. doi:10.1177/07067437241245384
13. 2021 Georgia Code Title 33 – Insurance Chapter 20A - Managed Health Care Plans Article 2 - Patient's Right to Independent Review § 33-20A-31 Definitions. Justia US Law. Accessed April 25, 2023. https://law.justia.com/codes/georgia/2021/title-33/chapter-20a/article-2/section-33-20a-31/.

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