STATE OF WEST VIRGINIA
DEPARTMENT OF HEALTH AND HUMAN RESOURCES
BUREAU FOR MEDICAL SERVICES

Office of Pharmacy Services
Prior Authorization Criteria

SPRAVATO™ (esketamine – nasal spray)

Effective 11/18/2020

Prior Authorization Request Form

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

Prior authorization requests for Spravato may be approved if the following criteria are met:

1) Diagnosis of treatment resistant depression (TRD) or depressive symptoms in adults with major depressive disorder (MDD) with acute suicidal ideation or behavior by an identified psychiatrist by an identified psychiatrist; **AND**
2) Prescribed by a REMS-certified provider; **AND**
3) Age must be appropriate to the FDA-approved label; **AND**
4) Progress notes are required as documentation of the patient's diagnosis of treatment-resistant Major Depressive Disorder and must include screening to rule out Bipolar Disorder as well as all previous therapies failed; **AND**
5) The patient's baseline depression symptoms must be measured and documented using an objective clinical rating scale such as (but not limited to) the PHQ-9, Clinically Useful Depression Outcome Scale, Quick Inventory of Depressive Symptomatology-Self Report 16 Item, MADRS, or HAM-D; **AND**
6) Patient has failed to achieve a satisfactory response after attempting a minimum of THREE separate therapeutic trials for MDD. These trials must include antidepressants from at least two (2) different drug classes as well as at least one trial using augmentation therapy; **AND**
7) All medications must be taken compliantly for at least **8 weeks** based on pharmacy fill history;

   AND
8) Spravato must be used in combination with an oral antidepressant.

Approvals will be for 90 days at a time.

CONTINUATION OF THERAPY CRITERIA

1) Patient's claims history must indicate concurrent use of an oral antidepressant; **AND**
2) Patient must show demonstrable improvement over baseline as measured by the same scale used for the initial approval.

REFERENCES

1) Spravato package insert 03/2019
2) Lexi-Comp Clinical Application 05/17/2019
3) UpToDate Articles accessed 05/17/19: Treatment resistant Depression
4) Lexi-Comp Clinical Application 11/02/2020