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| Clinical Policy Title: | esketamine |
| Policy Number: | RxA.852 |
| Drug(s) Applied: | Spravato |
| Original Policy Date: | 9/12/2024 |
| Last Review Date: | 12/11/2025 |
| Line of Business Policy Applies to: | All lines of business (except Medicare) |

Criteria

I. Initial Approval Criteria

A. Major depressive disorder (must meet all):

1. Diagnosis of major depressive disorder;
2. Prescribed in combination with an oral antidepressant;
3. Trial and failure of at least 30 days within the last 12 months of at least three (3) antidepressants from at least three (3) different mechanisms of action, unless contraindicated or adverse effects are experienced:
 - a. Selective serotonin reuptake inhibitors (e.g., sertraline, citalopram);
 - b. Serotonin and norepinephrine reuptake inhibitors (e.g., duloxetine, venlafaxine);
 - c. Tricyclic antidepressants (e.g., amitriptyline, doxepin);
 - d. Monoamine oxidase inhibitors (e.g., phenelzine, tranylcypromine);
 - e. Bupropion;
 - f. Mirtazapine;
 - g. Trazodone

Approval Duration

All lines of business (except Medicare): 12 months

B. Major depressive disorder (MDD) with acute suicidal ideation or behavior (must meet all):

1. Diagnosis of major depressive disorder with acute suicidal ideation or behavior;
2. Prescribed in combination with an oral antidepressant;

Approval Duration

All lines of business (except Medicare): 12 months

II. Continued Therapy Approval

A. All indications (must meet all):

1. Member is currently receiving medication that has been authorized by RxAdvance or the member has met initial approval criteria.

Approval Duration

All Lines of Business (except Medicare): 12 months

This clinical policy has been developed to authorize, modify, or determine coverage for individuals with similar conditions. Specific care and treatment may vary depending on individual need and benefits covered by the plan. This policy is not intended to dictate to providers how to practice medicine, nor does it constitute a contract or guarantee regarding payment or results. This document may contain prescription brand name drugs that are trademarks of pharmaceutical manufacturers that are not affiliated with RxAdvance.

References

VA/DoD Clinical Practice Guideline. (2022). The Management of Major Depressive Disorder. Washington, DC: U.S. Government Printing Office. Available at: <https://www.healthquality.va.gov/guidelines/MH/mdd/VADODMDDCPGFinal508.pdf>. Accessed December 5, 2024.

| Review/Revision History | Review/Revision Date | P&T Approval Date |
|---|----------------------|-------------------|
| Policy established. | 11/07/2024 | 12/05/2024 |
| Policy Reviewed: 1. Augmentation with antipsychotics not approved by P&T, removed from policy. 2. Updated review date 3. Added approval duration | 2/13/2025 | |
| Policy Reviewed: 1. Updated review date 2. Added approval duration for Major depressive disorder 3. Minor formatting changes | 2/21/2025 | |
| Policy reviewed. | 12/11/2025 | 12/11/2025 |