Physician Administered Drugs, Vaccines, and Immunizations

Esketamine (Spravato) – PA Criteria

HCPC: S0013

Esketamine (Spravato) is a nasal spray indicated for treatment resistant depression (TRD) and major depressive disorder (MDD) with suicidality. It is given intranasally under supervision of a health care provider and is covered by South Dakota Medicaid following prior authorization when the patient meets the following criteria:

• Initial Therapy (must meet all):

- Therapy is prescribed by or in consultation with a psychiatrist
- Individual has a diagnosis of major depressive disorder with suicidality or treatment resistant depression as indicated by DSM-5 criteria and/or an appropriate depression rating scale (ex. HAM-D, MADRS, PHQ-9, etc.)
- Individual has previously failed therapy up to maximally indicated doses with at least two antidepressants
 (≥4 week trial of each) from at least two of the classes listed below:
 - Selective Serotonin Reuptake Inhibitor (SSRI)
 - Selective Norepinephrine Reuptake Inhibitor (SNRI)
 - Tricyclic Antidepressant (TCA)
 - Bupropion
- Individual has failed antidepressant augmentation therapy (≥ 4 week trial) with **one** of the following:
 - Atypical antipsychotic FDA approved for MDD
 - Lithium
 - Thyroid hormones
- Therapy will not be used in combination with electroconvulsive therapy (ECT), vagus nerve stimulation (VNS), transcranial magnetic stimulation (TMS) or deep brain stimulation (DBS)
- Individual has not previously failed ketamine therapy and esketamine therapy will not be used in conjunction with ketamine
- Therapy will be used in conjunction with an oral antidepressant
- Individual is ≥18 years of age
- Approval duration: 3 months

• Continuation of Therapy (must meet all):

- o Individual continues to meet initial criteria
- Individual has shown benefit to therapy as indicated by a 50% reduction in disease severity compared to baseline scoring test
- Approval duration: 6 months

