Esketamine (Spravato) – PA Criteria

HCPC: J0013

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 or certified psychiatric nurse practitioner
  - 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
  - Individual is ≥18 years of age
  - Approval duration: 3 months
- **Continuation of Therapy (must meet all):**
  - 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