

PHARMACY POLICY STATEMENT Ohio Medicaid	
DRUG NAME	Spravato (esketamine)
BILLING CODE	Must use valid NDC or HCPCS code
BENEFIT TYPE	Pharmacy or Medical
SITE OF SERVICE ALLOWED	Office
COVERAGE REQUIREMENTS	Prior Authorization Required (Non-Preferred Product) QUANTITY LIMIT – 8 kits per month
LIST OF DIAGNOSES CONSIDERED NOT MEDICALLY NECESSARY	Click Here

Spravato (esketamine) will only be considered for coverage under the medv3p 520.68 cover

Membrs must b clinically diagnosed with the following disease state and meet the individual criteria as stated.

MAJOR DEPRESSIVE DISORDER WITH SUICIDAL IDEATION

- **5**r initial authorization:
- 1. Membr is 18 years of age or olderAND
- 2. Membr has a diagnosis of major depressive disorder (MDD) with documentation of acute suicidal ideation or behavior regiring immediate intervention; AND
- 3. Medication is bing prescribed by a psychiatrist in a Spravato REMS certified center; AND
- 4 Medication must b used in conjunction with an oral antidepressant (egitalopram, dulo tine, venlafaine, bpropion, trazodone).
- **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:

Continuation of Spravato beyond 4 weeks has not been established for the same episode. If this is a new





- 4. Gelenberg A., Freeman M., Markowitz J., et. al. Practice guideline for the treatment of patients with major depressive disorder. *Am J Psychiatry*. May 2010. Available at: https://psychiatryonline.org/pb/assets/raw/sitewide/practice_guidelines/guidelines/mdd.pdf.
- 5. Weber AN, Michail M, Thompson A, Fiedorowicz JG. Psychiatric Emergencies: Assessing and Managing Suicidal Ideation. *Med Clin North Am.* 2017;101(3):553-