



PRIOR AUTHORIZATION POLICY

- POLICY:** Psychiatry – Spravato Prior Authorization Policy
- Spravato® (esketamine nasal spray – Janssen)

REVIEW DATE: 04/29/2026

INSTRUCTIONS FOR USE

THE FOLLOWING COVERAGE POLICY APPLIES TO HEALTH BENEFIT PLANS ADMINISTERED BY CIGNA COMPANIES. CERTAIN CIGNA COMPANIES AND/OR LINES OF BUSINESS ONLY PROVIDE UTILIZATION REVIEW SERVICES TO CLIENTS AND DO NOT MAKE COVERAGE DETERMINATIONS. REFERENCES TO STANDARD BENEFIT PLAN LANGUAGE AND COVERAGE DETERMINATIONS DO NOT APPLY TO THOSE CLIENTS. COVERAGE POLICIES ARE INTENDED TO PROVIDE GUIDANCE IN INTERPRETING CERTAIN STANDARD BENEFIT PLANS ADMINISTERED BY CIGNA COMPANIES. PLEASE NOTE, THE TERMS OF A CUSTOMER'S PARTICULAR BENEFIT PLAN DOCUMENT [GROUP SERVICE AGREEMENT, EVIDENCE OF COVERAGE, CERTIFICATE OF COVERAGE, SUMMARY PLAN DESCRIPTION (SPD) OR SIMILAR PLAN DOCUMENT] MAY DIFFER SIGNIFICANTLY FROM THE STANDARD BENEFIT PLANS UPON WHICH THESE COVERAGE POLICIES ARE BASED. FOR EXAMPLE, A CUSTOMER'S BENEFIT PLAN DOCUMENT MAY CONTAIN A SPECIFIC EXCLUSION RELATED TO A TOPIC ADDRESSED IN A COVERAGE POLICY. IN THE EVENT OF A CONFLICT, A CUSTOMER'S BENEFIT PLAN DOCUMENT ALWAYS SUPERSEDES THE INFORMATION IN THE COVERAGE POLICIES. IN THE ABSENCE OF A CONTROLLING FEDERAL OR STATE COVERAGE MANDATE, BENEFITS ARE ULTIMATELY DETERMINED BY THE TERMS OF THE APPLICABLE BENEFIT PLAN DOCUMENT. COVERAGE DETERMINATIONS IN EACH SPECIFIC INSTANCE REQUIRE CONSIDERATION OF 1) THE TERMS OF THE APPLICABLE BENEFIT PLAN DOCUMENT IN EFFECT ON THE DATE OF SERVICE; 2) ANY APPLICABLE LAWS/REGULATIONS; 3) ANY RELEVANT COLLATERAL SOURCE MATERIALS INCLUDING COVERAGE POLICIES AND; 4) THE SPECIFIC FACTS OF THE PARTICULAR SITUATION. EACH COVERAGE REQUEST SHOULD BE REVIEWED ON ITS OWN MERITS. MEDICAL DIRECTORS ARE EXPECTED TO EXERCISE CLINICAL JUDGMENT WHERE APPROPRIATE AND HAVE DISCRETION IN MAKING INDIVIDUAL COVERAGE DETERMINATIONS. WHERE COVERAGE FOR CARE OR SERVICES DOES NOT DEPEND ON SPECIFIC CIRCUMSTANCES, REIMBURSEMENT WILL ONLY BE PROVIDED IF A REQUESTED SERVICE(S) IS SUBMITTED IN ACCORDANCE WITH THE RELEVANT CRITERIA OUTLINED IN THE APPLICABLE COVERAGE POLICY, INCLUDING COVERED DIAGNOSIS AND/OR PROCEDURE CODE(S). REIMBURSEMENT IS NOT ALLOWED FOR SERVICES WHEN BILLED FOR CONDITIONS OR DIAGNOSES THAT ARE NOT COVERED UNDER THIS COVERAGE POLICY (SEE "CODING INFORMATION" BELOW). WHEN BILLING, PROVIDERS MUST USE THE MOST APPROPRIATE CODES AS OF THE EFFECTIVE DATE OF THE SUBMISSION. CLAIMS SUBMITTED FOR SERVICES THAT ARE NOT ACCOMPANIED BY COVERED CODE(S) UNDER THE APPLICABLE COVERAGE POLICY WILL BE DENIED AS NOT COVERED. COVERAGE POLICIES RELATE EXCLUSIVELY TO THE ADMINISTRATION OF HEALTH BENEFIT PLANS. COVERAGE POLICIES ARE NOT RECOMMENDATIONS FOR TREATMENT AND SHOULD NEVER BE USED AS TREATMENT GUIDELINES. IN CERTAIN MARKETS, DELEGATED VENDOR GUIDELINES MAY BE USED TO SUPPORT MEDICAL NECESSITY AND OTHER COVERAGE DETERMINATIONS.

CIGNA NATIONAL FORMULARY COVERAGE:

OVERVIEW

Spravato, a non-competitive N-methyl D-aspartate (NMDA) receptor antagonist, is indicated in conjunction with an oral antidepressant for the treatment of:¹

- Depressive symptoms in **major depressive disorder (MDD) with acute suicidal ideation or behavior** in adults in conjunction with an oral antidepressant.
- **Treatment-resistant depression** in adults as monotherapy or in conjunction with an oral antidepressant.

Limitation of Use: The effectiveness of Spravato in preventing suicide or in reducing suicidal ideation or behavior has not been demonstrated. Use of Spravato does not preclude the need for hospitalization if clinically warranted, even if patients experience improvement after an initial dose of Spravato. Spravato is not approved as an anesthetic agent. The safety and effectiveness of Spravato as an anesthetic agent have not been established.

For MDD with acute suicidal ideation or behavior, the recommended dosage is 84 mg intranasally twice weekly for 4 weeks.¹ The dosage may be reduced to 56 mg intranasally twice weekly based on tolerability. Spravato should be administered in conjunction with an oral antidepressant. After 4 weeks of treatment, evidence of therapeutic benefit should be evaluated to determine the need for continued treatment. The use of Spravato, in conjunction with an oral antidepressant, beyond 4 weeks has not been systematically evaluated in the treatment of depressive symptoms in patients with MDD with acute suicidal ideation or behavior.

For treatment-resistant depression, the recommended dose as monotherapy or in conjunction with an oral antidepressant is 56 mg or 84 mg intranasally twice weekly for Weeks 1 to 4. On Weeks 5 to 8, Spravato should be administered once weekly at a dose of 56 mg or 84 mg intranasally. On Week 9 and thereafter, the dosing frequency should be individualized to the least frequent dosing to maintain remission/response (either every 2 weeks or once weekly) at a dose of 56 mg or 84 mg. Spravato must be administered under the direct supervision of a healthcare provider.

Guidelines

In 2022, the U.S. Department of Veterans Affairs (VA) and U.S. Department of Defense (DoD) published a guideline for the management of MDD.² First-line pharmacotherapy includes bupropion, mirtazapine, selective serotonin reuptake inhibitors, serotonin and norepinephrine reuptake inhibitors, trazodone, vilazodone, or Trintellix[®] (vortioxetine tablets) as monotherapy, based on patient preference. Factors including treatment response, severity, and chronicity may lead to other treatment strategies, such as augmentation, combination treatment, switching of treatments, or use of non-first-line treatments. For patients with MDD who have not responded to several adequate pharmacologic trials, the guideline suggests ketamine or esketamine for augmentation. For patients with MDD who achieve remission with antidepressants, the guideline recommends continuation of antidepressants at the therapeutic dose for ≥ 6 months to decrease risk for relapse.

Abuse and Misuse

Spravato contains esketamine, a Schedule III controlled substance (CIII), which may be subject to abuse and diversion.¹ Assess each patient's risk for abuse or misuse prior to prescribing Spravato. All patients receiving Spravato should be monitored for the development of these behaviors or conditions, including drug-seeking behavior, while on therapy. Patients with a history of drug abuse or dependence are at greater risk. Careful consideration should be given prior to prescribing Spravato to individuals with a history of substance use disorder.

Safety

Spravato labeling includes a Boxed Warning regarding sedation, dissociation, respiratory depression, abuse and misuse, and suicidal thoughts and behaviors in pediatric and young adult patients.¹ The most common psychological effects of Spravato were dissociative or perceptual changes (including distortion of time, space, and illusions), derealization and depersonalization (61% to 84% of patients treated

with Spravato developed dissociative or perceptual changes based on the Clinician-Administered Dissociative States Scale). Given its potential to induce dissociative effects, carefully assess patients with psychosis before administering Spravato; treatment should be initiated only if the benefit outweighs the risk.

Because of the risks of serious adverse outcomes resulting from sedation, dissociation, respiratory depression, and abuse and misuse, Spravato is only available through a restricted program under a Risk Evaluation and Mitigation Strategy (REMS).¹ Healthcare settings must be certified in the program and ensure that Spravato is only dispensed in healthcare settings and administered to patients who are enrolled in the program, administered by patients under the direct observation of a healthcare provider, and that patients are monitored by a healthcare provider for at least 2 hours after administration of Spravato. Pharmacies must be certified in the REMS and must only dispense Spravato to healthcare settings that are certified in the program.

POLICY STATEMENT

Prior Authorization is recommended for prescription benefit coverage of Spravato. All approvals are provided for the duration noted below. In cases where the approval is authorized in months, 1 month is equal to 30 days. Because of the specialized skills required for evaluation and diagnosis of patients treated with Spravato as well as the monitoring required for adverse events and efficacy, approval requires Spravato to be prescribed by or in consultation with a physician who specializes in the condition being treated.

Note: A 2-month approval duration is applied for the indication of MDD with Acute Suicidal Ideation or Behavior to allow time for the scheduling and administration of a 4-week course of therapy at a certified healthcare setting. After completing a 4-week course of therapy for MDD with Acute Suicidal Ideation or Behavior, subsequent 4-week courses can be approved if patient continues to have MDD with acute suicidal ideation/behavior and continues to meet criteria.

• **Spravato® (esketamine nasal spray – Janssen)**
is(are) covered as medically necessary when the following criteria is(are) met for FDA-approved indication(s) or other uses with supportive evidence (if applicable):

FDA-Approved Indications

1. Major Depressive Disorder with Acute Suicidal Ideation or Behavior.

Approve for 2 months if the patient meets ALL of the following (A, B, C, D, and E):

A) Patient is \geq 18 years of age; AND

B) According to the prescriber, patient has major depressive disorder that is considered to be severe; AND

C) Patient is concomitantly receiving at least one oral antidepressant; AND

Note: Antidepressants may include, but are not limited to, selective serotonin reuptake inhibitors (SSRIs), serotonin-norepinephrine reuptake inhibitors (SNRIs), tricyclic antidepressants (TCAs), mirtazapine, and bupropion.

- D)** Patient has ONE of the following (i or ii):
- i.** No history of psychosis; OR
 - ii.** History of psychosis and the prescriber believes that the benefits of Spravato outweigh the risks; AND
- E)** The medication is prescribed by or in consultation with a psychiatrist or a mental health provider.

2. Treatment-Resistant Depression. Approve for the duration noted if the patient meets ONE of the following (A or B):

A) Initial therapy. Approve for 6 months if the patient meets ALL of the following (i, ii, iii, iv, and v):

- i.** Patient is ≥ 18 years of age; AND
- ii.** Patient meets BOTH of the following (a and b):
 - a)** According to the prescriber, patient has demonstrated nonresponse ($\leq 25\%$ improvement in depression symptoms or scores) to at least two different antidepressants, each from a different pharmacologic class; AND
Note: Different pharmacologic classes of antidepressants include selective serotonin reuptake inhibitors (SSRIs), serotonin-norepinephrine reuptake inhibitors (SNRIs), tricyclic antidepressants (TCAs), bupropion, mirtazapine.
 - b)** According to the prescriber, each antidepressant was used at therapeutic dosages for at least 6 weeks in the current episode of depression; AND
- iii.** Patient has ONE of the following (a or b):
 - a)** No history of psychosis; OR
 - b)** History of psychosis and the prescriber believes that the benefits of Spravato outweigh the risks; AND
- iv.** According to the prescriber, patient's history of controlled substance prescriptions has been checked using the state prescription drug monitoring program (PDMP); AND
- v.** The medication is prescribed by or in consultation with a psychiatrist or a mental health provider; OR

B) Patient is Currently Receiving Spravato. Approve for 1 year if the patient meets ALL of the following (i, ii, iii, and iv):

- i.** Patient has already received at least 6 months of therapy with Spravato; AND
Note: A patient who has received < 6 months of therapy or who is restarting therapy with Spravato should be considered under criterion 1A (Treatment-Resistant Depression, Initial Therapy).
- ii.** According to the prescriber, the patient is having a beneficial response to Spravato; AND
- iii.** According to the prescriber, patient's history of controlled substance prescriptions has been checked using the state prescription drug monitoring program (PDMP); AND
- iv.** The medication is prescribed by or in consultation with a psychiatrist or a mental health provider.

CONDITIONS NOT COVERED

- **Spravato® (esketamine nasal spray – Janssen)** is(are) considered not medically necessary for ANY other use(s); criteria will be updated as new published data are available.

REFERENCES

1. Spravato® nasal spray [prescribing information]. Titusville, NJ: Janssen; April 2025.
2. McQuaid JR, Buelt A, Capaldi V, et al. The management of major depressive disorder: synopsis of the 2022 U.S. Department of Veterans Affairs and U.S. Department of Defense clinical practice guideline. *Ann Intern Med.* 2022;175(10):1440-1451.

HISTORY

Type of Revision	Summary of Changes	Review Date
Early Annual Revision	Treatment-Resistant Depression: Removed criterion requiring "Patient is concomitantly receiving at least one oral antidepressant" due to the new indication for use as monotherapy in adults with treatment-resistant depression.	01/29/2025
Selected Revision	Policy Statement: Revision to the "Note" to replace the statement "If after completing the 4-week course of therapy for MDD with Acute Suicidal Ideation or Behavior, another request for Spravato is submitted and the patient meets the approval criteria, then another 4-week course of treatment (with a 2-month approval duration to complete the course of therapy) could be approved" with "After completing a 4-week course of therapy for MDD with Acute Suicidal Ideation or Behavior, subsequent 4-week courses can be approved if patient continues to have MDD with acute suicidal ideation/behavior and continues to meet criteria."	05/28/2025
Annual Revision	Major Depressive Disorder with Acute Suicidal Ideation or Behavior: Changed requirement that the medication was prescribed "by a psychiatrist" to "by or in consultation with a psychiatrist or a mental health provider". Treatment-Resistant Depression: Changed requirement that the medication was prescribed "by a psychiatrist" to "by or in consultation with a psychiatrist or a mental health provider".	10/22/2025
Early Annual Revision	Treatment-Resistant Depression: Continuation requirements were added to the policy for patients who have already received at least 6 months of therapy with Spravato. For these patients, a 1-year approval duration will be authorized if according to the prescriber, the patient is having a beneficial response and the patient's history of controlled substance prescriptions has been checked using the state prescription drug monitoring program. Additionally, the medication must be prescribed by or in consultation with a psychiatrist or a mental health provider.	04/29/2026

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