BlueCross BlueShield
Federal Employee Program

SPRAVATO NASAL SPRAY
(esketamine)

Pre - PA Allowance

None

Prior-Approval Requirements

Age 18 years of age or older

Diagnoses

Patient must have **ONE** of the following:

1. Treatment-resistant depression
   a. Inadequate treatment response, intolerance, or contraindication to at least **TWO** different antidepressants
2. Major depressive disorder (MDD) with acute suicidal ideation or behavior
   a. Used in conjunction with an oral antidepressant

AND ALL of the following:

a. Depression was diagnosed using an approved scoring tool, such as the PHQ-9 (e.g. https://www.mdcalc.com/phq-9-patient-health-questionnaire-9*)*
b. Administered under the supervision of a healthcare provider
c. Blood pressure will be assessed prior to and after each administration
d. Prescriber agrees to monitor for sedation, dissociation, and respiratory depression for at least two hours after administration
e. Healthcare setting, pharmacy, and patient are registered with the REMS program
f. Prescriber agrees to monitor for clinical worsening and emergence of suicidal thoughts and behaviors
g. Prescriber agrees to advise pregnant females and females of reproductive potential about the risks for fetal harm

Prior - Approval Limits

Quantity

Diagnosis	Strength	Quantity
Treatment-resistant depression (TRD)	56 mg dose kit (two 28 mg nasal sprays) 84 mg dose kit (three 28 mg nasal sprays)	12 kits per 56 days
Major depressive disorder (MDD)	56 mg dose kit (two 28 mg nasal sprays) 84 mg dose kit (three 28 mg nasal sprays)	8 kits per 28 days

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Duration 56 days for TRD
28 days for MDD

Prior – Approval *Renewal* Requirements

Age 18 years of age or older

Diagnoses

Patient must have **ONE** of the following:

1. Treatment-resistant depression
2. Major depressive disorder (MDD) with acute suicidal ideation or behavior
   a. Used in conjunction with an oral antidepressant

AND ALL of the following:

a. Patient has been evaluated for a positive response to therapy
b. Administered under the supervision of a healthcare provider
c. Blood pressure will be assessed prior to and after each administration
d. Prescriber agrees to monitor for sedation, dissociation, and respiratory depression for at least two hours after administration
e. Prescriber agrees to monitor for clinical worsening and emergence of suicidal thoughts and behaviors
f. Prescriber agrees to advise pregnant females and females of reproductive potential about the risks for fetal harm

Prior - Approval *Renewal* Limits

Quantity

Diagnosis	Strength	Dosing Interval	Quantity
Treatment-resistant depression (TRD)	56 mg dose kit (two 28 mg nasal sprays) **OR** 84 mg dose kit (three 28 mg nasal sprays)	Every one to two weeks	12 kits per 84 days
Major depressive disorder (MDD)	56 mg dose kit (two 28 mg nasal sprays)	Twice per week	24 kits per 84 days

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	OR 84 mg dose kit (three 28 mg nasal sprays)		

Duration 12 months