UnitedHealthcare Pharmacy
Clinical Pharmacy Programs

Program Number	2026 P 1279-9
Program	Prior Authorization/Notification
Medication	Spravato® (esketamine)
P&T Approval Date	4/2019, 4/2020, 12/2020, 12/2021, 12/2022, 12/2023, 6/2024, 3/2025, 4/2026
Effective Date	7/1/2026

1. Background:

Spravato (esketamine) is a non-competitive N-methyl D-aspartate (NMDA) receptor antagonist indicated for the treatment of:

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

Limitations 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.

Because of the risks of serious adverse outcomes resulting from sedation, dissociation, and abuse and misuse, Spravato is only available through a restricted program under a Risk Evaluation and Mitigation Strategy (REMS) called the Spravato REMS.

In the pivotal clinical trials for Spravato, treatment resistance was defined as a lack of clinically meaningful improvement in the current episode of depression after treatment with at least 2 different antidepressant agents prescribed in adequate dosages for an adequate duration (defined for phase 3 studies as at least 6 weeks).

2. Coverage Criteria[a]:

A. Major depressive disorder (treatment-resistant)

1. **Initial Authorization**

   a. **Spravato** will be approved based on **all** of the following criteria:

      (1) Diagnosis of major depressive disorder (treatment-resistant)

      -AND-

      (2) Patient has not experienced a clinically meaningful improvement after treatment with at least **two** different antidepressants

      -AND-

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(3) Provider and/or the provider's healthcare setting is certified in the Spravato REMS program

Authorization will be issued for 12 months.

2. **Reauthorization**

a. **Spravato** will be approved based on **both** of the following criteria:

(1) Documentation of positive clinical response to Spravato therapy

-AND-

(2) Provider and/or the provider's healthcare setting is certified in the Spravato REMS program

Authorization will be issued for 12 months.

B. Depressive symptoms in adults with major depressive disorder (MDD) with acute suicidal ideation or behavior

1. **Authorization**

a. **Spravato** will be approved based on **all** of the following criteria:

(1) Diagnosis of major depressive disorder

-AND-

(2) Patient is experiencing an acute suicidal ideation or behavior

-AND-

(3) Provider and/or the provider's healthcare setting is certified in the Spravato REMS program

Authorization will be issued for 12 months.

[a] State mandates may apply. Any federal regulatory requirements and the member specific benefit plan coverage may also impact coverage criteria. Other policies and utilization management programs may apply.

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3. Additional Clinical Rules:

- Notwithstanding Coverage Criteria, UnitedHealthcare may approve initial and re-authorization based solely on previous claim/medication history, diagnosis codes (ICD-10) and/or claim logic. Use of automated approval and re-approval processes varies by program and/or therapeutic class.
- Supply limits may be in place.

4. References:

1. Spravato [prescribing information]. Lakewood, NJ; Janssen Pharmaceuticals, Inc.; April 2025.
2. Psychopharmacologic Drugs Advisory Committee and Drug Safety and Risk Management Advisory Committee Meeting. FDA Briefing Document. February 12, 2019.https://www.fda.gov/downloads/AdvisoryCommittees/CommitteesMeetingMaterials/Drugs/PsychopharmacologicDrugsAdvisoryCommittee/UCM630970.pdf. (Accessed on March 11, 2019)
3. Thase M, Connolly KR. Unipolar depression in adults: Choosing treatment for resistant depression. Solomon D, ed. UpToDate. Waltham, MA: UpToDate Inc. https://www.uptodate.com (Accessed on March 3, 2025)
4. Huda Akil, Joshua Gordon, Rene Hen, et al. Treatment Resistant Depression: A Multi-Scale, Systems Biology Approach. Neurosci Biobehav Rev. 2018 Jan; 84: 272–288.

Program	Prior Authorization/Notification – Spravato (esketamine)
Change Control	
4/2019	New program.
4/2020	Annual review with no changes to clinical coverage criteria.
12/2020	Updated background and coverage criteria for new indication for MDD with acute suicidal ideation or behavior. Updated references.
12/2021	Annual review. Updated background to include limitations of use with no change to clinical criteria.
12/2022	Annual review. Updated coverage criteria for treatment-resistant depression with revised wording for combination with oral antidepressant from “another” to “an” without change to clinical intent. Added state mandate and updated references.
12/2023	Annual review. Updated background and references.
6/2024	Updated wording of coverage criteria without change to clinical intent. Updated approval duration, both initial and reauthorization, to 12 months.
3/2025	Revised coverage criteria for TRD to remove reference to current depressive episode and remove specific trial length from history of failure of a trial of at least two different antidepressant medications or treatment regimens. Removed requirement for combination with oral antidepressant for TRD per updated label. Updated references.
4/2026	Annual review. Updated references.

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