

Clinical Oversight Review Board (CORB) Criteria for Prescribing Esketamine (Spravato)

Non-Formulary **esketamine (Spravato)** requires a clinical review. Appropriateness of therapy will be based on the following criteria:

Initiation (new start) criteria: Non-formulary **esketamine (Spravato)** will be covered on the prescription drug benefit when the following criteria are met:

- Diagnosis of major depressive disorder (MDD), severe, without psychotic Features, with PHQ-9 score > 20
- Patient is at least 18 years of age
- Poor response to a trial of at least 3 antidepressant medications in at least 3 different classes including SSRIs, SNRIs, atypical antidepressants, MAOIs and/or TCAs at adequate dose and duration for treatment of MDD
- Poor response to at least 3 augmentation therapies (of adequate dose and duration), one of which must be a trial of an atypical antipsychotic (AAP). Two other augmentation agents may include a different AAP, lithium, bupropion, mirtazapine, liothyronine (T3), buspirone, or a TCA
- Electroconvulsive therapy (ECT) was considered, patient was informed of strong medical evidence supporting ECT for treatment-refractory MDD, and reason for not proceeding with ECT is documented in the chart
- Did not respond to, inappropriate for, or declined, a trial of repetitive transcranial magnetic stimulation (rTMS)