

answers must be attached with this request**

Is Spravato being prescribed by, or in consultation with, a psychiatrist? Yes No

Will/Is Spravato be(ing) used with at least ONE oral antidepressant?

Notes: Note: may include, but are not limited to, selective serotonin reuptake inhibitors (SSRIs), serotonin-norepinephrine reuptake inhibitors (SNRIs), tricyclic antidepressants (TCAs), mirtazapine, and bupropion. Selective Serotonin Reuptake Inhibitors [SSRIs] include: Citalopram; Escitalopram; Fluoxetine; Fluvoxamine; Paroxetine; Sertraline. Serotonin-Norepinephrine Reuptake Inhibitors [SNRIs] include: Desvenlafaxine; Duloxetine; Levomilnacipran; Venlafaxine; Tricyclic Antidepressants include: Amitriptyline; Amoxapine; Clomipramine; Desipramine; Doxepin; Imipramine; Nortriptyline; Protriptyline; Trimipramine. Yes No

Does your patient have a history of psychosis? Yes No

(if yes) Does the prescriber believe that the benefits of Spravato outweigh the risks? Yes No

(if Major Depressive Disorder with Acute Suicidal Ideation or Behavior) Does the patient have major depressive disorder that is considered to be severe, according to the prescriber? Yes No

(if Treatment-Resistant) Has the patient's risk for abuse of controlled substances been assessed (for example, using the state prescription drug monitoring program [PDMP])? Yes No

(if Treatment-Resistant) Has your patient previously been treated with any other antidepressants for this condition? (check all that apply.)

- Bupropion (Aplenzin, Forfivo XL, Wellbutrin, Wellbutrin SR, Wellbutrin XL)
- Mirtazapine (Remeron, Remeron SolTab)
- serotonin-norepinephrine reuptake inhibitors (SNRIs) (Desvenlafaxine [Khedeza], Desvenlafaxine succinate [Pristiq], Duloxetine [Cymbalta], Levomilnacipran [Fetzima], Venlafaxine [Effexor XR])
- selective serotonin reuptake inhibitors (SSRIs) (Citalopram [Celexa], Escitalopram [Lexapro], Fluoxetine [Prozac], Fluvoxamine, Paroxetine hydrochloride [Paxil, Paxil CR], Paroxetine mesylate [Brisdelle, Pexeva], Sertraline [Zoloft])
- tricyclic antidepressants (TCAs) (Amitriptyline [Elavil], Amoxapine, Clomipramine [Anafranil], Desipramine [Norpramin], Doxepin [Silenor], Imipramine [Tofranil, Tofranil-PM], Nortriptyline [Pamelor], Protriptyline, Trimipramine [Sumontil])
- No none of the above

(if treated previously with classes above) Please include specific drug name(s) and strength(s), date(s) taken and for how long, and what the documented results were of taking each.

Did the patient demonstrate nonresponse (defined as 25% or less improvement in depression symptoms or scores) to at least TWO different antidepressants, each from a different pharmacologic class? Notes: Antidepressants may include, but are not limited to, selective serotonin reuptake inhibitors (SSRIs), serotonin-norepinephrine reuptake inhibitors (SNRIs), tricyclic antidepressants (TCAs), mirtazapine, and bupropion. Yes No

Was each antidepressant used at therapeutic dosages for at least 6 weeks in the current episode of depression? Yes No

Please provide any additional pertinent clinical information, including: if the patient is currently on the requested drug (with dates of use) and how they have been receiving it (samples, out of pocket, etc).

Additional pertinent information (include alternatives tried, date(s) taken and for how long, and what the documented results were of taking this drug, including any intolerances or adverse reactions your patient experienced):

Attestation: I attest the information provided is true and accurate to the best of my knowledge. I understand that the Health Plan or insurer its designees may perform a routine audit and request the medical information necessary to verify the accuracy of the information reported on this form.

Prescriber Signature: _____ **Date:** _____

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