

PROVIDER NOTICE

Alert#: PN-2021-04
Issued: May 27, 2021
To: CT BHP Prescribing Providers
Subject: Updated Spravato® Prior Authorization Forms

Dear Provider,

Per DSS Provider Bulletin (PB 2020-83), effective January 1, 2021 the Department of Social Services (DSS) implemented a Prior Authorization (PA) requirement for the coverage of esketamine nasal spray, marketed as Spravato®, for HUSKY A, HUSKY B, HUSKY C, and HUSKY D members. The U.S. Food and Drug Administration (FDA) approved Spravato® (esketamine) nasal spray, in conjunction with an oral antidepressant, for the treatment of depression in adults who have tried other antidepressant medicines but have not benefited from them (treatment-resistant depression) and acute suicidal ideation.

To ensure that the authorization process for Pharmacies and Prescribers aligned with the FDA approval of Spravato for individuals 18 and older, the following edit (highlighted in italics) has been made to Pharmacy and Outpatient Hospital and Physician Forms:

Pharmacy Form:

If you answered 'YES' to questions 1 through 4 above, or answered 'YES' to questions **1 and 5**, please fax the completed form to the Gainwell Technologies Pharmacy PA Assistance Center at the number above for processing.

Outpatient Hospital and Physician Form

If you answered 'YES' to questions 1 through 4 above, or answered 'YES' to questions **1 and 5**, please fax the completed form to CT BHP to 866-434-7681.

Updated Forms

Outpatient Hospital and Physician Prior Authorization Submission Process

The Updated Spravato® PA Request Form for outpatient hospitals is available on CT BHP website at: www.ctbhp.com. Click For Providers, then Provider Resources, then Forms.
Link: <https://www.ctbhp.com/uploads/Spravato-Provider-Authorization-Form.pdf>

Pharmacy Prior Authorization Submission Process

The Updated Spravato® PA form is located on the www.ctdssmap.com website. From the Home page, go to Pharmacy Information → Pharmacy Program Publications → Spravato® PA Form (Pharmacy).

It can also be accessed on the CT BHP website: <https://www.ctbhp.com/uploads/Spravato-Pharmacy-Prior-Authorization-Form.pdf>

PLEASE NOTE: When submitting prior authorization for Spravato, please ensure that you are using this most recent version of the form. Requests submitted using the older form will not be processed and will be returned to the requesting provider.

For more information on Spravato® coverage guidelines, billing guidance and fee schedules, [Click here](#) to access the full Policy Transmittal (PB 2020-83) distributed in December of 2020.

If you have any questions, please feel free to contact the Provider Relations Department

Telephone: 1-877-552-8247, options 1, 2, 7.

Provider Relations Email: ctbhp@beaconhealthoptions.com

Thank you,
CT BHP Provider Relations
Beacon Health Options