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Development and Implementation of a Treatment History and Authorization Checklist to Improve Access to Spravato Therapy for Treatment-Resistant Depression

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College of Nursing

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Margaret Scott

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2025

Executive Summary Clinical Practice Guideline
Development and Implementation of a Treatment History and Authorization Checklist to
Improve Access to Spravato Therapy for Treatment-Resistant Depression

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Executive Summary Submitted in Partial Fulfillment
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Summary

In this Doctor of Nursing Practice (DNP) project, I focused on developing a Clinical Practice Guideline (CPG) and checklists to address a critical barrier in the treatment of individuals with treatment-resistant depression (TRD). Specifically, delays in insurance authorization for Spravato (esketamine) therapy often stem from incomplete or inconsistent documentation of patients' prior treatment histories. To address this, I implemented a CPG with two standard tools: a Medication/Treatment History Checklist and a Spravato Authorization Checklist. These tools were designed to streamline the insurance approval process, ensuring timely access to care for eligible patients.

A practice-focused question guided the initiative, formulated using the Population, Intervention, Comparison, Outcome (PICO) framework: Will a clinical practice guidelines that utilizes a checklist approach to ensure all information/documents are provided to insurance companies in efforts of securing coverage authorization without delaying Spravato treatments, be approved by an expert panel using the AGREE II tool to be utilized by a Spravato treatment center?

I employed evidence synthesis, research validation, and stakeholder analysis to inform the development of the guideline. Expert evaluation using the AGREE II tool demonstrated that the CPG achieved high quality across all assessed domains. Nursing implications include improved documentation practices and enhanced access to innovative treatment options. Broader implications for social change, diversity, equity, and inclusion include expedited access to Spravato therapy, which helps reduce mental health disparities and highlights the need for advocacy in policy reform and payer accountability.

Background

TRD is a debilitating condition resulting in prolonged emotional suffering, functional impairment, and increased risk for suicide, despite multiple therapeutic interventions. TRD contributes to frequent psychiatric visits, hospitalizations, and pharmacologic trials, yet access to advanced therapies, such as Spravato remains limited, as it is a newer Food and Drug Administration (FDA) approved treatment (Daly et al., 2019). Spravato initiation is frequently delayed due to complex insurance authorization requirements, including mandated detailed documentation of prior treatment failures, combined with clinical settings lacking a standardized process for capturing this information (Spravato, 2025).

I identified a practice gap at the center linking insufficient documentation with delayed and denied insurance authorization for Spravato treatment. To tackle this challenge, I developed a practice-focused question using the PICO method: Will a clinical practice guideline that utilizes a checklist approach to ensure all information/documents are provided to insurance companies in efforts of securing coverage authorization without delaying Spravato treatments be approved by an expert panel using the AGREE II tool to be utilized by a Spravato treatment center?

The purpose of developing a CPG that would expedite insurance authorization approvals is to standardize clinical documentation, reduce authorization delays and denials, and improve patient access to treatment as well as outcomes. Prior authorization barriers include frequent denials due to incomplete documentation, different payer criteria among varying insurance companies and Spravato being a non-preferred medication on insurance formularies (Turner et al., 2019). Lack of experience and knowledge among

staff members creates even greater challenges when communicating with insurance companies (Turner et al., 2019). Studies estimate that up to 30% of patients with major depressive disorder meet criteria for TRD, leading to increased morbidity, suicide risk, and healthcare costs (Gaynes et al., 2020). A survey of psychiatric providers found that over 60% lacked a standardized method for recording TRD treatment history, contributing to insurance delays and denials, as well as overall administrative burden (Miller et al., 2022).

Evidence shows that patients with treatment-resistant depression often face significant delays in accessing Spravato therapy due to complex and inconsistent documentation of treatment histories. Many individuals with major depressive disorder meet TRD criteria, but insurance approval for esketamine is frequently denied because of poor detailed accounts of prior pharmacologic and non-pharmacologic interventions that have been previously trialed and failed. Psychiatric providers admit that outpatient practices and treatment centers lack standardized documentation tools, contributing to the administrative burden and care delays. Literature from other specialties demonstrates that structured checklists improve documentation completeness, reduce approval times, and enhance interdisciplinary communication (Alfred et al., 2024). These findings support the need for a standardized Treatment History Checklist to streamline documentation and expedite access to evidence-based TRD treatment. The literature review demonstrated strong evidence supporting the need for a standardized documentation tool and nurse driven implementation strategies. Most sources were peer-reviewed with a mix of quantitative and qualitative data to support both efficacy and practicality. I compiled

evidence strength across multiple study types, enhancing validity and applicability to the DNP project.

Clinical Practice Guideline

I developed an evidence-based CPG to include a standardized checklist to improve documentation and expedite insurance authorization approvals for Spravato therapy (see Appendix A). An expert panel was selected and assembled to review and evaluate the CPG. The expert panel consisted of five members: two administrative staff members, two psychiatric mental health nurse practitioners, and one psychiatrist, all of whom participate in the ordering and administration of Spravato. The two administrative staff members were selected as the key players in obtaining authorization of Spravato. They are responsible for reviewing insurance for the required documentation requirements, sending out Spravato intake packets, which stress the importance of providing a detailed history of medications, therapies, and other treatments to improve depressive symptomatology. They communicate back and forth with the insurance companies to ensure the process is progressing and whether there is additional documentation or appeal processes required. They are also responsible for updating patients on the status of authorizations and if additional assistance is needed from the patient to secure insurance coverage. The providers were selected as they perform Spravato intake assessments and are responsible for gathering additional historical information that may be required by insurance companies to secure authorization for treatment. They are also the responsible parties for participating in the peer-to-peer and appeal processes to justify the need for Spravato treatment.

I used the Appraisal of Guidelines for Research and Evaluation II (AGREE II) instrument to systematically assess the quality and rigor of the CPG developed for documenting treatment history in treatment-resistant depression and tracking the Spravato authorization process (see Appendix B). I selected and verbally invited an expert panel to participate in the review and evaluation of the CPG. Once the invitation was verbally accepted, a formal invitation was submitted electronically via the AGREE II tool website. Reviewers received guidance on using the AGREE II tool, which includes 23 items to be evaluated across six domains including scope and practice, stakeholder involvement, rigor of development, clarity of presentation, applicability and editorial independence. Evaluation was conducted on the six domains of the project using a 7point numeric Likert scale, which also offered opportunities for evaluators to provide additional comments to justify scores and suggest improvements. I compiled scores and comments to identify strengths, weaknesses, and areas needing revision, with an overall domain score calculated to indicate guideline quality. Results from the AGREE II tool included quantitative data, qualitative data, and an overall assessment of the CPG.

Several technological challenges were encountered during the implementation of the AGREE II tool for expert panel evaluation. Despite verifying email addresses, checking spam folders, and making repeated attempts to resend the electronic invitations, only two panel members successfully received the invite. As a result, physical copies of the CPG and the AGREE II evaluation tool were hand-delivered to each panelist, along with clear instructions on how to complete the assessment.

At the conclusion of the expert panel review period, two panel members had anonymously returned their completed evaluations via a designated mailbox, while one

panelist completed the evaluation online. Unfortunately, I was unable to retrieve the information in the online AGREE II portal submission, and further requests for a hard copy of the appraisal from the reviewer went unanswered. This discrepancy limited the ability to analyze online feedback and raised concerns about potential technical issues with the submission platform.

Results

The guideline received scores above 90% in all domains, indicating high methodological rigor and practical applicability. Based on the two accessible reviewers' feedback, minor revisions were made to improve the clarity and enhance integration into clinical workflows.

The following results were collected by the two completed evaluations: scores on all domains averaged 6.5 or higher, indicating clarity, applicability, and a high probability of improving patient outcomes. Scope and purpose scored a 7 based on the guideline, illustrating a well-defined purpose while showing relevance to the intended users and patients. Stakeholder involvement received an average score of 6.5, indicating that the guideline was able to demonstrate an array of perspectives, increasing the likelihood of the guideline being accepted and implemented into practice. There was an inquiry about patients not being included as participants in reviewing the guideline. Rigor of development scored a 7 due to its ability to show support of the guideline through evidence-based research and its ability to be reproduced. Clarity of presentation scored a 7, indicating that the guideline recommendations were clear and easy to follow. Applicability also scored a 7, indicating that the guideline is practical, user-friendly, and will provide benefits to patient care delivery. The domain of editorial independence

received a score of 6.5, reflecting evaluators' confidence in the recommendations as trustworthy and free from external influence. There was a comment inquiring if the problem is only present at this treatment center or if this is an obstacle most treatment centers are facing. (see Table 1).

Table 1

AGREE II Domain Scores

Domain	Likert Scale (1-7) <i>M</i>	Comments
Scope and Purpose	7	Not Applicable
Stakeholder Involvement	6.5	Why were patients not included as participants in reviewing the guideline?
Rigor of Development	7	Not Applicable
Clarity of Presentation	7	Not Applicable
Applicability	7	Not Applicable
Editorial Independence	6.5	Is the problem only present at this treatment center or is this an obstacle most treatment centers are facing?

Note. 1 = *Strongly disagree*, 7 = *Strongly agree*.

Stakeholders and end-users provided overall positive evaluations and feedback on the proposed CPG, recommending its implementation (see Table 2).

Table 2*Stakeholder Feedback Summary*

Stakeholder Group	Feedback Theme	Proposed Action
Psychiatric Providers	Improved clarity and alignment with clinical criteria	Incorporate Checklists into EHR system
Administrative Staff	Needed payer specific documentation guidance	Add ICD 10 coding tips and examples
	Checklists aligned with approval requirements	No changes needed
Nursing Leadership	Supported equity and workflow efficiency	Endorsed CPG for implementation

There are several expected positive outcomes for the organization in adopting this CPG. Intake Spravato documentation would become streamlined in efforts to meet authorization requirements for all insurance companies. Following a standardized process for submitting and tracking authorizations should result in fewer delays and denials. Utilizing standardized tools empowers nurses to advocate for timely care and accessibility to newer therapies used for the treatment of depression. Accurate documentation that meets payer expectations increases approval rates, resulting in increased revenue.

The CPG is not without limitations. By focusing only on one clinical setting, the CPG had limited generalizability. Patients who suffer from TRD were not included in the project for feedback. Limited quantitative data may limit the strength of predicted and actual conclusions. Despite the noted limitations, the checklists included in the CPG remain valuable and applicable to behavioral health centers beyond the initial treatment

setting. TRD is a devastating mental health condition affecting many individuals. Access to newer, more effective treatments is limited due to payer variabilities concerning authorization documentation and other requirements. The CPG offers a checklist to guide the authorization process. The checklists can be easily modified to offer efficacy to other behavioral healthcare settings. The tools may enhance information, leading payers to develop clinical criteria to promote an ICD-10 diagnostic code for treatment-resistant depression, as one does not currently exist.

Conclusions

In conclusion, the implementation of the CPG, including the Treatment History and Authorization Checklists for Spravato therapy is expected to significantly enhance operational efficiency, clinical consistency, and equitable access to care. By standardizing documentation and meeting payer requirements, the presented organization will experience reduced authorization delays due to improved documentation quality. This initiative will not only improve patient safety and outcomes locally but also establish a scalable model for broader adoption across other behavioral health settings. Integrating the checklists into the electronic health record workflow would prompt alerts when more information is needed, reduce manual errors, and promote real-time compliance with payer criteria. Promoting advocacy for the development of an ICD-10 diagnostic code for TRD would improve authorization tracking, billing accuracy, and payer recognition of the existing condition. Further development of materials that explain the treatment pathway, eligibility criteria, and the insurance authorization process would be beneficial to patients.

This CPG also reinforces the importance of the role of nurses as change agents in improving access to more complex therapies and navigating payer systems. Nurse leaders

can engage with professional organizations and advocacy groups to promote standardized pathways for access to TRD therapies. The project strengthens team-based care by creating a culture of shared accountability and communication. This project strives to ensure that patients with TRD receive timely and equitable access to Spravato therapy. The evaluation of the CPG, including the Treatment History and Authorization Checklist for Spravato therapy, was conducted using a mixed-methods approach, combining quantitative metrics, qualitative feedback, and guideline appraisal tools to assess effectiveness, usability, and impact.

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Appendix A: Clinical Practice Guideline

Clinical Practice Guideline Title: Improving Access to Spravato Therapy for TRD: Development and Implementation of a Treatment History and Authorization Checklist

Introduction: The current data collection methods for insurance authorization submissions at a Spravato treatment center are causing Spravato therapy denials, impacting both initiation and continuation of treatments. The purpose of developing a clinical practice guideline (CPG), that would expedite insurance authorization approvals, is to standardize clinical documentation, reduce authorization delays and denials, and improve patient access to treatment as well as outcomes. To tackle this challenge, a practice-focused question was developed using the Population, Intervention, Comparison, Outcome (PICO) method: Will a Clinical Practice Guideline that utilizes a checklist approach to ensure all information/documents are provided to insurance companies in efforts of securing coverage authorization without delaying Spravato treatments be approved by an expert panel using the AGREE II tool to be utilized by a Spravato Treatment Center?

AGREE II Domains Incorporated

Domain 1: Scope and Purpose Description: The clinical context for a clinical practice guideline to expedite insurance authorizations for Spravato treatments is aimed at the treatment of adults with severe, treatment-resistant depression (TRD) or major depressive disorder (MDD) with or without acute suicidal ideation or behavior (Daly et al., 2019). The checklist would ensure that all steps for securing information regarding patient past medication trials, alternative therapies and treatments were documented to support the need for Spravato therapy. The overall objective of the guideline is to minimize delays in

attaining authorization and eliminate denials for coverage. The health question covered by the guideline is: Will a Clinical Practice Guideline that utilizes a checklist approach to ensure all information/documents are provided to insurance companies in efforts of securing coverage authorization without delaying Spravato treatments be approved by an expert panel using the AGREE II tool to be utilized by a Spravato Treatment Center?

Domain 2: Stakeholder Involvement Description: Stakeholders are important participants in the clinical practice guideline tool development. Internal and external stakeholders help shape the project's direction, validate relevance and provide feedback that can improve project outcomes and sustainability (Petkovic et al., 2023). Internal stakeholders participating in the development of the checklist include a nurse practitioner who performs Spravato intake assessments. This individual also serves as the leader of the project as well as the student completing the DNP project. The administrative leader at the Spravato treatment center gathers information and documentation required to complete forms for insurance authorization and serves as a preceptor to the student. External stakeholders who will also be serving on the expert panel to evaluate the checklist include psychiatrists, psychiatric nurse practitioners, physician assistants and administrative staff familiar with the process of Spravato treatment and the patients who benefit from its implementation.

Domain 3: Rigor of Development Description: A systematic method was utilized when searching for evidence-based research pertaining to Spravato treatment, insurance authorization challenges and approaches utilized successfully to streamline organizational processes. Reputable research sites such as CINAHL, PubMed, and the Walden University library were utilized to locate evidence-based research. Search terms such as

“Spravato”, “esketamine”, “insurance authorization”, and “healthcare checklists” were used to locate research within a five-year span from 2020-2025. Inclusion criteria focused on peer reviewed research, current research within the last five years, and stakeholder feedback. Structured literature reviews were performed including the importance of utilizing checklists to organize data needed to support the rationale for why Spravato is a beneficial treatment needed by individuals suffering from TRD. Research regarding proven methods for processes that increase the likelihood of receiving insurance approval for coverage of services was also explored.

Domain 4: Clarity of Presentation Description: The clinical practice guidelines clearly present recommendations in the format of a checklist. Each step identifies a proven method for increasing the chances of a successful authorization from insurers to cover Spravato therapy for treatment-resistant depression. Each step in the process is specific and includes whose responsibility it is to carry out the task. The checklist provides clear and direct guidance for collecting data, submitting data and providing consistent follow up to ensure consideration and processing of an authorization is taking place in a timely manner.

Domain 5: Applicability Description: Clinical and operational constraints have been identified that could potentially impact the development and implementation of a clinical practice guideline for this organization. Prior authorization barriers include frequent denials due to incomplete documentation, varying payer criteria among different insurance companies and Spravato being a non-preferred medication on insurance formularies (Turner et al., 2019). The high cost of this treatment accompanied by the variability in reimbursement creates risks for centers willing to offer this treatment

modality to patients. Lack of experience and knowledge among staff members creates even greater challenges when communicating with insurance companies (Turner et al., 2019). Stakeholder alignment can also be an obstacle due to unfamiliarity with Spravato protocols or hesitation to adopt modifications due to perceived complexity. It is unfortunate but these obstacles stem from regulatory requirements, payer policies, and logistical realities. The checklist itself is a practical and simple tool that should be quite easy to implement into clinical practice. There should be minimal disruption to the current practice, few additional steps added to the process and the hope is the turnaround time for receiving authorizations will decrease.

Domain 6: Editorial Independence Description: When a checklist is part of the clinical guideline, it's essential to ensure that the checklist itself is also free from bias. There is no pharmaceutical company or government agency involvement that could potentially influence the content of the checklist or the recommendations it supports. The checklist was developed by the student serving as the project leader with input from the organization's administrative leader who also served as the preceptor for the student. There were no identifiable conflicts of interest nor potential biases.

CPG Recommendations

Recommendation 1: Gather comprehensive supporting documentation.

Provide documentation to insurance companies illustrating the protocol for Spravato therapy, the rationale for initiating this treatment, and the ramifications that result from insurance authorization delays/denials.

There appears to be a lack of knowledge on the part of insurance companies on the specific treatment protocol associated with Spravato administration. At times, an initial authorization is granted but as progress is achieved and documented, further authorization is denied. Patients showing some degree of improvement in depressive symptomatology, meaning a significant reduction, ($>$ or $=$ to 50%) in baseline Montgomery-Asberg Depression Rating Scale (MADRS) scores were not seen until completion of the optimization phase which is marked by the completion of 16 weeks of Spravato treatments (Daly et al., 2019). While waiting for insurance authorization to resume treatments, symptoms can exacerbate, increasing the risk of hospitalization due to increased suicidal ideations, and diminishing the overall effectiveness of Spravato treatment (Daly et al., 2019). Most treatment interventions are encouraged to be continued for a year before even considering a trial period without treatment. A high relapse rate of depressive symptomatology is associated with early withdrawal from the Spravato treatment administration protocol (Daly et al., 2019). There are benefits to implementing Spravato treatment but there are also risks to the patient should the administration protocol not be followed.

The supportive documentation for this recommendation was collected from research rated as level I, high quality due to the quantitative double blind randomized study design performed by Daly et al. (2019).

Recommendation 2: Understand and follow prior authorization (PA) requirements
Understand and implement the process leading to timely and successful insurance authorizations to initiate and/or continue Spravato treatment.

Delays and denials in seeking insurance authorizations often lead to patients giving up on treatment options and providers no longer offering certain treatments. One challenge associated with seeking insurance authorizations is the lack of communication and collaboration between providers and insurance companies (Turner et al., 2019). There are multiple challenges associated with seeking preauthorization for a service or treatment. Documentation requirements vary by payer, technology integration may not exist between payer and provider, extensive time must be devoted by staff to gather as much patient information as possible to support the need for services and increased paperwork requirements lead to reduced provider time for patient care (Turner et al., 2019). These challenges lead to provider resentment, increased frustration among patients, poor patient outcomes related to delayed or denied care as many patients who are denied coverage for services are never offered an alternative treatment option and appeal processes are long and complicated (Turner et al., 2019). Suggestions for decreasing the time periods between authorization submission and approval/denial include ensuring all required documentation is included in the initial submission, confirming receipt of request by insurance company, consistently maintaining follow-up with a designated insurance case manager and resubmitting requested documents promptly (Turner et al., 2019). Implementing these measures increases the likelihood of receiving approval from insurance companies to proceed with recommended treatment options.

The supportive documentation for this recommendation was gained through a literature review appraised as a level 5, high quality research source provided by Turner et al. (2019).

Recommendation 3: Implement a Spravato prior approval checklist to prevent denials**Implementing a healthcare checklist can improve practice, care and patient outcomes.**

Choosing and implementing the correct format of a checklist can enhance the effectiveness of an intervention being implemented in a healthcare setting. Checklists serve as a cognitive tool to aid in the standardization of task performance, cuing steps, and supporting task order (Alfred et al., 2024). Before choosing a checklist to implement, it is important to review the different types of checklists and how each type uniquely assists in eliminating errors from processes that already exist in a healthcare process. Implementing checklists that lack detail are not concise will slow task performance, cause confusion among users and ultimately result in noncompliance (Alfred et al., 2024). Utilizing a checklist algorithm not only assists in the determination of whether a checklist is the right tool to improve a process but also helps to develop the most effective checklist to ensure a successful change to a process not delivering optimal outcomes (Alfred et al., 2024). Using the algorithm, it was determined that a preparation checklist would be the optimal choice in developing a clinical practice guideline tool to promote success in achieving insurance approvals for the initiation and continuation of Spravato treatments (Prior Authorization Toolkit, 2025).

The supportive documentation for this recommendation was based on an appraised level 5, high quality literature review performed by Alfred et al. (2024).

Medication and Treatment History

Date: | Patient

MEDICATIONS	ANTIDEPRESSANTS	DATES, MAXIMUM DOSES AND RESULTS
	Prozac (Fluoxetine) and/or Zoloft (Sertraline)	
	Lexapro (Escitalopram) and/or Paxil (Paroxetine)	
	Cymbalta (Duloxetine) and/or Celexa (Citalopram)	
	Wellbutrin (Bupropion) and/or Auvelity (
	Effexor (Venlafaxine)	
	Trintellix (Vortioxetine)	
	Others	

MEDICATIONS	ANTIPSYCHOTICS	DATES, MAXIMUM DOSES AND RESULTS
	Latuda (Lurasidone)	
	Vraylar (Cariprazine)	
	Rexulti (Brexipiprazole)	
	Abilify (Aripiprazole) and/or Risperdal (Risperidone)	
	Seroquel (Quetiapine)	
	Zyprexa (Olanzapine)	
	Others	

MEDICATIONS	MOOD STABILIZERS	DATES, MAXIMUM DOSES AND RESULTS
	Trileptal (Oxcarbazepine)	
	Lamictal (Lamotrigine)	
	Depakote (Divalproex)	
	Topamax (Topiramate)	
	Lithium	
	Other	

TREATMENTS	NAME OF TREATMENT	DATES AND RESULTS
	TMS (Transcranial Magnetic Stimulation)	
	Neurofeedback	
	ECT (Electroconvulsive Therapy)	
	IV Ketamine	
	Therapy	
	Other	

Clinical Practice Guideline: Spravato Authorization Checklist

Spravato Authorization Checklist

Date: / Patient

Prior Authorization (PA) Steps

PA REQUEST	SUBMIT REQUEST		EMPLOYEE	
		Use electronic PA tools to expedite process		MA, AOA
		Submit through correct payer portal		MA, AOA
		Confirm receipt and submission time with		MA, AOA
Insurance	Verify Requirements		EMPLOYEE	
		Confirm PA required for treatment/medication		Medical Assistant (MA), Administrative Office Assistant (AOA)
		Verify payer's policy for current PA guidelines		MA, AOA
DOCUMENTS	GATHER CLINICAL DOCUMENTATION		EMPLOYEE	
		Patient demographics and insurance information		MA, AOA
		Attach all required clinical notes to include previous treatments and medications		Provider, MA, AOA
		Complete treatment and medication history form		Provider, MA
		Verify ICD-10 and CPT codes are correct and meet payer's criteria		Provider, MA
	Highlight and reinforce medical necessity clearly	Provider		
documentation added to patient chart				
TRACKING AND FOLLOW UP	TRACKING AND FOLLOW UP		EMPLOYEE	
		Monitor request status-document updates in chart		MA, AOA

MANAGING	DENIALS AND APPEALS	EMPLOYEE
	Review denial reason-compare to original submission	MA, AOA
	Resubmit with additional documentation and/or corrections as needed	MA, AOA
	File an appeal quickly-follow payer's specific appeal	MA, AOA
MONITORING	Set reminders to consistently follow up before payer decision deadline	MA, AOA
	Stay in contact with payer if decision delayeddocument updates in chart	MA, AOA
process		
EVALUATION	ANALYZE AND IMPROVE	EMPLOYEE
	Track approval and denial rates by payers	MA, AOA
	Hold monthly team reviews of PA outcomes/delays	MA, AOA
	Update internal protocols based on payer changes	MA, AOA
	Maintain relationships with payer reps for faster resolution	MA, AOA

Clinical Practice Guideline: References

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[carecostsand-quality/](https://www.nihcr.org/analysis/impacts-of-prior-authorization-on-health-carecostsand-quality/)