

esketamine (Spravato)HCPCS: See [Other Information](#)

LOB:	MCAL
Duration of Approval:	One year
Quantity Limit:	Per FDA-Approved/Compendia-Supported Dosing
MCG Available:	Yes
DHCS Drug Policy:	No

Requires Prior Authorization (PA)

Spravato (esketamine) nasal spray dose kit

PA CRITERIA FOR APPROVAL:**New Therapy**

1. The member has a diagnosis for an FDA-approved indication (refer to package insert under References) OR a compendia-supported (Drugdex or AHFS) indication
AND
2. Diagnosis of moderate to severe treatment-resistant depression without psychotic features is confirmed by an objective rating scale (e.g., PHQ-9 score of ≥ 15 , Clinically Useful Depression Outcome Scale [CUDOS] score of ≥ 46 , Quick Inventory of Depressive Symptomatology-Self Report 16 Item [QIDS-SR 16] score of ≥ 16 , Montgomery Asberg Depression Rating Scale [MADRS] score of ≥ 28 or Hamilton Rating Scale for Depression 17 [HRSD 17] item score of ≥ 24) (**Note:** Copy of rating scale required)
AND
3. Medication is prescribed by a psychiatrist or behavior/mental health specialist **AND**
4. Member does **NOT** have any of the following:
 - a. Aneurysmal vascular disease (including thoracic and abdominal aorta or intracranial and peripheral arterial vessels) or arteriovenous malformation
 - b. History of intracerebral hemorrhage**AND**
5. **For treatment-resistant depression (TRD):** Member has a history of failure to TWO of the following from different classes of antidepressants for at least six weeks (**Note:** A trial and failure of less than six weeks due to medication intolerance does not qualify as a trial at therapeutic dosage. If the member has intolerance/side effects, suggest other formulary alternative antidepressants)
 - a. Selective serotonin reuptake inhibitors (SSRIs) (such as citalopram, escitalopram, fluvoxamine, fluoxetine, paroxetine or sertraline)
 - b. Serotonin and norepinephrine reuptake inhibitors (SNRIs) (such as duloxetine, venlafaxine or desvenlafaxine succinate)
 - c. Tricyclic antidepressants (TCAs) (such as amitriptyline, imipramine HCL, nortriptyline or doxepin),
 - d. Bupropion or mirtazapine**OR**
6. **For major depressive disorder (MDD) with acute suicidal ideation or behavior:** ALL of the following are met:
 - a. The member has a severe depressive episode (cannot care for self or participate in life, has persistent thoughts of hopelessness, is persistently sad or anxious, or has an "empty" mood or thoughts of suicide, etc.)
 - b. Documentation of acute suicidal ideations or behavior
 - c. Spravato will be used in conjunction with an oral antidepressant

Continuation of Therapy

1. The member has a diagnosis for an FDA-approved indication (refer to package insert under References) OR a compendia-supported (Drugdex or AHFS) indication **AND**

esketamine (Spravato)

HCPCS: See [Other Information](#)

- Medication is prescribed by a psychiatrist or behavior/mental health specialist **AND**
- Documentation is provided showing continued depression symptoms

OTHER INFORMATION

- **Additional Billing Information for Spravato:** www.spravatohcp.com/files/cp-133468v3_spravato_coding_overview_brochure_digital_version.pdf

HCPCS	Description	Brand name
J0013	esketamine, nasal spray, 1 mg	Spravato
G2082	Office or other outpatient visit for the evaluation and management of an established patient that requires the supervision of a physician or other qualified health care professional and provision of up to 56 mg of esketamine nasal self-administration, includes two hours postadministration observation **(Medicare codes only)**	Spravato
G2083	Office or other outpatient visit for the evaluation and management of an established patient that requires the supervision of a physician or other qualified health care professional and provision of greater than 56 mg esketamine nasal self-administration, includes two hours postadministration observation **(Medicare codes only)**	Spravato

REFERENCES:

- Spravato Prescribing Information. www.janssenlabels.com/package-insert/product-monograph/prescribing-information/SPRAVATO-pi.pdf. 03/2026.
- Vaoinoskos D, Daskalakis Z, Blumberger DM. Management of Treatment-Resistant Depression: Challenges and Strategies. Neuropsych Dis. Treat. 2020. Jan 21; 16: 221-234. [Management of Treatment-Resistant Depression: Challenges and Strategies - PMC](#)
- McIntyre RS, Alsuwaidan M, Baune BT, et al. Treatment-resistant depression: definition, prevalence, detection, management, and investigational interventions. World Psychiatry. 2023. Sept 15; 22(3): 394-412. [Treatment-resistant depression: definition, prevalence, detection, management, and investigational interventions - PMC](#)
- Berlim M, Turecki G. Definition, Assessment, and staging of Treatment-Resistant Refractory Major Depression: A Review of Current Concepts and Methods. La Revue canadienne de psychiatrie. 2007. Jan; Vol 52, No 1. pubmed.ncbi.nlm.nih.gov/17444078/

P&T APPROVAL HISTORY:

May 2019 P&T Drug Review

UMC REVIEW:

4/2026