blue california
Promise Health Plan

esketamine (Spravato)

Medical Benefit Drug Policy

Place of Service

Infusion Center Administration
Office Administration
Outpatient Facility Infusion Administration

Drug Details

USP Category: ANTIDEPRESSANTS
Mechanism of Action: Non-competitive N-methyl-D-aspartate (NMDA) receptor antagonist
HCPCS:
J0013:Esketamine, nasal spray, 1 mg
How Supplied:
Nasal Spray: 28 mg of esketamine per device. Each nasal spray device delivers two sprays containing a total of 28 mg of esketamine.

Condition(s) listed in policy *(see coverage criteria for details)*

- Major depressive disorder (MDD), acute suicidal ideation or behavior
- Major depressive disorder (MDD), treatment-resistant depression (TRD)

Any condition not listed in this policy requires a review to confirm it is medically necessary. For conditions that have not been approved for intended use by the Food and Drug Administration (i.e., off-label use), the criteria outlined in the California Code of Regulations (CCR), Title 22, Section 51303 and 51313 must be met.

Special Instructions and Pertinent Information

Provider must submit documentation (such as office chart notes, lab results or other clinical information) to ensure the member has met all medical necessity requirements.

The member's specific benefit may impact drug coverage. Other utilization management processes, and/or legal restrictions may take precedence over the application of this clinical criteria.

Coverage Criteria
The following condition(s) require Prior Authorization/Preservice.

Major depressive disorder (MDD), acute suicidal ideation or behavior
Meets medical necessity if all the following are met:

Covered Doses:
84 mg intranasally twice per week
After 4 weeks of treatment, evaluate the therapeutic benefit to determine the need for continued therapy. The use of esketamine, in conjunction with an oral antidepressant, beyond 4 weeks has not been formally evaluated in these patients.

Coverage Period:
4 weeks

ICD-10: Must contain both
1. F32.0, F32.1, F32.2, F32.3, F32.4, F32.5, F32.81, F32.89, F32.9, F32.A, F33.0, F33.1, F33.2, F33.3, F33.40, F33.41, F33.42, F33.8, or F33.9
2. R45.851

Major depressive disorder (MDD), treatment-resistant depression (TRD)
Meets medical necessity if all the following are met:
1. Age is consistent with the FDA-approved indication (18 years of age and older)
2. Prescribed by or in consultation with a psychiatrist
3. Inadequate response to two antidepressants
4. Meets baseline score from one of the following clinical assessment tools for depression:
   a. Montgomery-Ashberg Depression Rating Scale (MADRS)
   b. Hamilton Rating Scale for Depression (HAMD17)
   c. Quick Inventory of Depressive Symptomatology (QIDS-C16)
   d. Patient Health Questionnaire (PHQ-9)

Covered Doses:

Induction (Weeks 1 to 4) & Maintenance (Week 5 and after)	
Weeks 1 - 4 *Induction*	56 mg or 84 mg administered twice per week
Week 5 – 8 *Maintenance*	56 mg or 84 mg administered once weekly
Week 9 and after *Maintenance*	56 mg or 84 mg intranasally every two weeks or once weekly

Coverage Period:
Initial: 2 months
Reauthorization: 6 months if all criteria are met
1. Prescribed by or in consultation with a psychiatrist
2. Either of the following:
   1. Documentation of positive clinical response
   2. Documentation of remission defined by ONE of the following:
      a. MADRS score of ≤ 12
      b. HAMD17 score of ≤ 7
      c. QIDS-C16 ≤ 5
      d. PHQ-9 < 5

ICD-10:
F32.0, F32.1, F32.2, F32.3, F32.4, F32.5, F32.81, F32.89, F32.9, F32.A, F33.0, F33.1, F33.2, F33.3, F33.40, F33.41, F33.42, F33.8, F33.9

References

1. AHFS. Available by subscription at http://www.lexi.com
2. DrugDex. Available by subscription at http://www.micromedexsolutions.com/home/dispatch
3. Spravato (esketamine) [Prescribing Information]. Titusville, NJ: Janssen Pharmaceuticals, Inc.; 4/2025.

Review History

Date of Last Annual Review: 4Q2025
Changes from previous policy version:

- HCPCS: Added J0013, effective 1/1/2026

Blue Shield of California Medication Policy to Determine Medical Necessity
Reviewed by P&T Committee