

PA Criteria	Criteria Details									
Covered Uses (FDA approved indication)	Spravato is a non-competitive N-methyl D-aspartate (NMDA) receptor antagonist approved for its role in certain depression indications, including treatment-resistant depression and major depressive disorder with acute suicidal ideation.									
Exclusion Criteria	None.									
Required Medical Information	Medical records supporting the request must be provided; Spravato must be used in combination with an oral antidepressant.									
Age Restriction	Must be at least 18 years of age.									
Prescriber Restrictions	Must be prescribed by or in consultation with a psychiatrist.									
Coverage Duration	Six months. Dose will be approved according to the FDA- approved labeling or within accepted standards of medical practice.									
Other Criteria/Information	Refer to the Gold Coast Health Plan Medicare Part B Reference and Summary of Evidence document. <table border="1" data-bbox="495 955 1513 1165"> <thead> <tr> <th>HCPCS</th> <th>Description</th> <th>Billing Units/How Supplied</th> </tr> </thead> <tbody> <tr> <td>G2082 - up to 56mg</td> <td>Spravato (esketamine)</td> <td>Billing unit: 1 mg</td> </tr> <tr> <td>G2083 - greater than 56mg</td> <td></td> <td>56 mg, 84 mg nasal spray kit (each kit contains 28 mg unit dose)</td> </tr> </tbody> </table>	HCPCS	Description	Billing Units/How Supplied	G2082 - up to 56mg	Spravato (esketamine)	Billing unit: 1 mg	G2083 - greater than 56mg		56 mg, 84 mg nasal spray kit (each kit contains 28 mg unit dose)
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STATUS	DATE REVISED	REVIEW DATE	APPROVED/REVIEWED BY	EFFECTIVE DATE
Created	3/26/2025	3/26/2025	Dawn Shojai, PharmD, Senior Pharmacy Benefit Consultant (PSG)	N/A
Approved	N/A	5/15/2025	Pharmacy & Therapeutics (P&T) Committee	5/15/2025