

Ketamine (Ketalar®)

Place of Service  
Hospital administration

HCPCS: J3490

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

- [General anesthesia](#)

AHFS therapeutic class: General anesthetics

Mechanism of action: N-methyl-d-aspartate (NMDA) receptor antagonist

**(1) Special Instructions and pertinent Information**

Covered under the Medical Benefit, please submit clinical information for prior authorization review via fax.

**(2) Prior Authorization/Medical Review is required for the following condition(s)**

All requests for Ketalar® (ketamine) not listed in Section 3 must be sent for clinical review and receive authorization prior to drug administration or claim payment.

**Ketamine is considered investigational for the following indications and NOT COVERED:**

- **Treatment of psychiatric disorders** (including, but not limited to suicidal ideation, depression, bipolar disorder, post-traumatic disorder, obsessive compulsive disorder, generalized anxiety disorder and social anxiety disorders)
- **Treatment of chronic pain** (including, but limited to fibromyalgia, neuropathic pain, complex regional pain syndrome, reflex sympathetic dystrophy, migraine headaches)

**(3) The following condition(s) DO NOT require Prior Authorization/Preservice**

All requests for Ketalar® (ketamine) NOT LISTED in Section 2 must be sent for clinical review and receive authorization prior to drug administration or claim payment.

**General anesthesia**

1. Hospital administration only

**(4) This Medication is NOT COVERED for the following condition(s)**

Blue Shield's research indicates there is inadequate clinical evidence to support off-label use of this drug for the following conditions (Health and Safety Code 1367.21):

- **Treatment of psychiatric disorders** (including, but not limited to suicidal ideation, depression, bipolar disorder, post-traumatic disorder, obsessive compulsive disorder, generalized anxiety disorder and social anxiety disorders)
- **Treatment of chronic pain** (including, but limited to fibromyalgia, neuropathic pain, complex regional pain syndrome, reflex sympathetic dystrophy, migraine headaches)

Coverage for a Non-FDA approved indication, requires that criteria outlined in Health and Safety Code § 1367.21, including objective evidence of efficacy and safety are met for the proposed indication.

Please refer to the Provider Manual and User Guide for more information.

**(5) Additional Information**

How supplied:

200 mg/20 mL (10 mg/mL), 500 mg/10 mL (50 mg/mL), and 500 mg/5 mL (100 mg/mL) multiple-dose vials

#### **(6) References**

- AHFS®. Available by subscription at <http://www.lexi.com>
- DrugDex®. Available by subscription at <http://www.micromedexsolutions.com/home/dispatch>
- Ketalar® (ketamine) [Prescribing Information]. Chestnut Ridge, NY: Par Pharmaceutical; 3/2022.

#### **(7) Policy Update**

Date of initial review: 1Q2023

Date of next review: 1Q2024

Changes from previous policy version:

- New policy

*BSC Drug Coverage Criteria to Determine Medical Necessity  
Reviewed by P&T Committee*