

Ketamine (Ketalar®)

Place of Service
Hospital administration

HCPICS: 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 last revision: 3Q2023

Date of next review: 1Q2024

Changes from previous policy version:

- No clinical change to policy following revision.

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