

## ketamine

### Commercial Medical Benefit Drug Policy

#### Place of Service

Hospital administration

#### **Drug Details**

**USP Category:** ANESTHETICS

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

#### HCPCS:

J3490:Unclassified drugs

#### How Supplied:

30mg/3 mL, 50 mg/5 mL (single-use syringe)

200 mg/20 mL, 500 mg/10 mL (50 mg/mL), 500 mg/5 mL (100 mg/mL), 1000 mg/100 mL (solution, multiple-dose vials)

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

- General Anesthesia

Ketamine is considered investigational and not covered for the following indications:

- 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)

#### **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.

For billing purposes, drugs must be submitted with the drug's assigned HCPCS code (as listed in the drug policy) and the corresponding NDC (national drug code). An unlisted, unspecified, or miscellaneous code should not be used if there is a specific code assigned to the drug.

**The following condition(s) DO NOT require Prior Authorization/Preservice if ALL its parameters are met, otherwise Prior Authorization/Preservice is required.**

#### General Anesthesia

1. Hospital administration only

#### **Covered Doses:**

Varies

#### **Additional Information**

ketamine

Ketamine does not meet the safety and efficacy criteria established by Blue Shield of California's Pharmacy & Therapeutics committee for off-label use of the following conditions:

- 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)

## References

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

## Review History

Date of Last Annual Review: 1Q2025

Changes from previous policy version:

- No clinical change following revision.

*Blue Shield of California Medication Policy to Determine Medical Necessity*

*Reviewed by P&T Committee*