# Medical Drug Clinical Criteria

Subject: Ketamine injection (Ketalar)

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#### Overview

This document addresses the use of Ketalar (ketamine HCI) injection. Ketamine is a nonbarbiturate general anesthetic agent. The mechanism of action is due to the antagonism of the N-methyl-D-aspartate (NMDA) receptors in the central nervous system.

Ketamine injection is FDA approved for the following indications:

- As the sole anesthetic agent for diagnostic and surgical procedures that do not require skeletal muscle relaxation; it is best suited for short procedures but can be used, with additional doses, for longer procedures.
- For the induction of anesthesia prior to the administration of other general anesthetic agents.
- · To supplement low-potency agents, such as nitrous oxide.

Because of the risk of blood pressure elevation, ketamine injection is contraindicated in those in whom a significant blood pressure elevation would be hazardous. In addition, psychological manifestations can occur that vary between pleasant dream-like states to vivid imagery, hallucinations, and emergence delirium. No residual psychological effects are known to have resulted from use of ketamine injection.

Ketamine injection has been used off-label in a variety of indications including treatment resistant depression, chronic pain, and complex regional pain syndrome (CRPS). Ketamine was given designated orphan drug status for CRPS on 2/1/19 (<a href="https://www.accessdata.fda.gov/scripts/opdlisting/opd/listResult.cfm">https://www.accessdata.fda.gov/scripts/opdlisting/opd/listResult.cfm</a>) but has not received FDA approval for the treatment of CRPS. The studies for use of ketamine injection for these indications are often small and uncontrolled. American Hospital Formulary System (AHFS) Drug Information (DI) compendia provides an off-label use of Ketamine for chronic pain; however, due to limited controlled studies for such, AHFS DI suggests that additional studies are needed to determine long-term benefits and risks, optimum dosages, and durability of response.

Expert opinion released in 2021 indicates that ketamine (along with esketamine) presents a novel treatment for treatment-resistant depression (TRD). With regard to ketamine, the opinion does indicate that "a legitimate criticism, as it relates to interpreting the effect sizes reported with single or repeat-dose ketamine in TRD, is the possibility that non-specific effects such as functional unblinding (e.g., by patients experiencing dissociation or euphoric responses) and expectancy may inadvertently inflate the efficacy of ketamine" and that there "remains a lack of sufficient evidence to guide dose optimization with intravenous ketamine" (McIntyre 2021). Multiple Cochrane reviews have included ketamine as a treatment for pain, depression and CRPS with the conclusions that while there is some evidence of efficacy for the treatment of these conditions, larger and more rigorous controlled trials are needed (Alviar 2016, Bell 2017, Brinck 2018, Chaparro 2013, O'Connell 2013, Caddy 2015, McCloud 2015, Costi 2014). AHFS DI compendia provides an off-label use of Ketamine for treatment-resistant depression with an accompanying statement that use has been limited to controlled settings, and that clinical trial enrollment should be considered instead in order to fully evaluate the efficacy and safety of such use. AHFS' recommendation was taken from a special communication published in the Journal of the American Medical Association (JAMA) Psychiatry on the use of ketamine in the treatment of mood disorders (Sanacora 2017).

# **Clinical Criteria**

When a drug is being reviewed for coverage under a member's medical benefit plan or is otherwise subject to clinical review (including prior authorization), the following criteria will be used to determine whether the drug meets any applicable medical necessity requirements for the intended/prescribed purpose.

#### Ketalar (ketamine injection)

Requests for Ketalar (ketamine injection) may be approved if the following criteria are met:

- 1. Individual is using as the sole anesthetic agent for diagnostic and surgical procedures that do not require skeletal muscle relaxation: OR
- II. Individual is using for induction of anesthesia prior to the administration of other general anesthetic agents; OR
- Individual is using to supplement low-potency agents, such as nitrous oxide; **OR** Use in pediatric acute pain when administered intranasally (DrugDex B, IIa). III.

Ketalar (ketamine injection) may not be approved when the above criteria are not met and for all other indication, including, but not

- Major depressive disorder
- Depressive episodes
- Ш Phobic disorders
- Anxiety disorders
- Post-traumatic stress disorder
- Chronic pain
- Homicidal and suicidal ideations.

## Coding

The following codes for treatments and procedures applicable to this document are included below for informational purposes. Inclusion or exclusion of a procedure, diagnosis or device code(s) does not constitute or imply member coverage or provider reimbursement policy. Please refer to the member's contract benefits in effect at the time of service to determine coverage or non-coverage of these services as it applies to an individual member.

CPT 96365 Intravenous infusion, for therapy, prophylaxis, or diagnosis (specify substance or drug); initial, up to 1 hour

96366 Intravenous infusion, for therapy, prophylaxis, or diagnosis (specify substance or drug); each additional hour (List

separately in addition to code for primary procedure)] 96367 Intravenous infusion, for therapy, prophylaxis, or diagnosis (specify substance or drug); additional sequential

infusion of a new drug/substance, up to 1 hour (List separately in addition to code for primary procedure)

96368 Intravenous infusion, for therapy, prophylaxis, or diagnosis (specify substance or drug); concurrent infusion (List separately in addition to code for primary procedure)

96374 Therapeutic, prophylactic, or diagnostic injection (specify substance or drug); intravenous push, single or initial substance/drug

Therapeutic, prophylactic, or diagnostic injection (specify substance or drug); each additional sequential 96375 intravenous push of a new substance/drug (List separately in addition to code for primary procedure)

96376 Therapeutic, prophylactic, or diagnostic injection (specify substance or drug); each additional sequential

intravenous push of the same substance/drug provided in a facility (List separately in addition to code for primary

procedure)

**HCPCS** 

J3490 Unclassified Drugs [when specified as ketamine HCl injection (Ketalar)]when specified as [Ketalar]

#### ICD-10 Diagnosis

**ALL Diagnoses** 

When services may not be approved when the drug is specified as (ketamine HCI injection) Ketalar:

For the procedure codes listed above when criteria are not met or for situations designated in the Clinical Indications section as may not be approved including but not limited to the following ICD-10-DM codes

### **ICD-10 Diagnosis**

F32.0-F32.A Depressive episode

F33.0-F33.9 Major depressive disorder, recurrent F40.00-F40.10 Phobic and anxiety disorders F41.0-F41.9 Other anxiety disorders

F43.10-F43.12 Post-traumatic stress disorder (PTSD) G89.21-G89.29 Chronic pain, not elsewhere classified

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G89.4

R45.850-R45.851

Homicidal and suicidal ideations

# **Document History**

Revised: 03/10/2025 Document History:

- 03/10/2025 Select Review: Add examples of non-approvable indications to criteria. Coding Reviewed: Added CPT codes 96365-96368, 96374-96376. Added services that may not be approved when drug is specified as ketamine HCI (Ketalar) - ICD-10-CM codes F32.0-F32.A, F33.0-F33.9, F40.00-F40.10, F41.0-F41.9, F43.10-F43.12, G89.21-G89.29, G89.4, R45.850-R45.851.08/16/2024 - Annual Review: No changes. Coding Reviewed: No changes.
- 08/18/2023 Annual Review: No changes.
- 09/12/2022 Annual Review: No changes. Coding Reviewed: No changes.
- 09/13/2021 Select Review: Add new clinical criteria document for Ketalar (ketamine injection). Coding Reviewed: Added HCPCS J3490, ICD-10 All Diagnosis

#### References

- DailyMed. Package inserts. U.S. National Library of Medicine, National Institutes of Health website.
- http://dailymed.nlm.nih.gov/dailymed/about.cfm. Accessed: July 10, 2024.

  DrugPoints® System [electronic version]. Truven Health Analytics, Greenwood Village, CO. Updated periodically.
- Lexi-Comp ONLINE™ with AHFS™, Hudson, Ohio: Lexi-Comp, Inc.; Updated periodically
- Alviar MJM, Hale T, Lim-Dungca M. Pharmacologic interventions for treating phantom limb pain. Cochrane Database of Systematic Reviews 2016, Issue 10. Art. No.: CD006380. DOI: 10.1002/14651858.CD006380.pub3.
- Barr J, Fraser GL, Puntillo K, et al. Clinical Practice Guidelines for the Management of Pain, Agitation, and Delirium in Adult Patients in the Intensive Care Unit. Crit Care Med. 2013;41(1):263-306.
- Bell RF, Eccleston C, Kalso EA. Ketamine as an adjuvant to opioids for cancer pain. Cochrane Database Syst Rev. 2017 Jun 28;6:CD003351. doi: 10.1002/14651858.CD003351.pub3.
- Brinck EC, Tiippana E, Heesen M, Bell RF, Straube S, Moore RA, Kontinen V. Perioperative intravenous ketamine for acute postoperative pain in adults. Cochrane Database Syst Rev. 2018 Dec 20;12:CD012033. doi: 10.1002/14651858.CD012033.pub4.
- Brophy GM, Bell R, Claassen J, et al; Neurocritical Care Society Status Epilepticus Guideline Writing Committee. Guidelines for the evaluation and management of status epilepticus. Neurocrit Care. 2012;17(1):3-23.
- Caddy C. Amit BH, McCloud TL, et al. Ketamine and other glutamate receptor modulators for depression in adults. Cochrane Database Syst Rev. 2015 Sep 23;(9):CD011612. doi: 10.1002/14651858.CD011612.pub2.
- 10. Chaparro LE, Smith SA, Moore RA, Wiffen PJ, Gilron I. Pharmacotherapy for the prevention of chronic pain after surgery in adults. Cochrane Database of Systematic Reviews 2013, Issue 7. Art. No.: CD008307. DOI: 10.1002/14651858.CD008307.pub2.
- 11. Cohen SP, Bhatia A, Buvanendran A, et al. Consensus Guidelines on the Use of Intravenous Ketamine Infusions for Chronic Pain From the American Society of Regional Anesthesia and Pain Medicine, the American Academy of Pain Medicine, and the American Society of Anesthesiologists. Reg Anesth Pain Med. 2018 Jul;43(5):521-546. Available at https://www.ncbi.nlm.nih.gov/pmc/articles/PMC6023575/pdf/aap-43-521.pdf\_Accessed July 10, 2024.
- 12. Costi D, Cyna AM, Ahmed S, et al. Effects of sevoflurane versus other general anaesthesia on emergence agitation in children. Cochrane Database of Systematic Reviews 2014, Issue 9. Art. No.: CD007084. DOI: 10.1002/14651858.CD007084.pub2.
- Devlin JW, Skrobik Y, Gélinas C, et al. Clinical practice guidelines for the prevention and management of pain, agitation/sedation,
- delirium, immobility, and sleep disruption in adult patients in the ICU. Crit Care Med. 2018;46(9):e825-e873.

  14. Frey TM, Florin TA, Caruso M, Zhang N, Zhang Y, Mittiga MR. Effect of Intranasal Ketamine vs Fentanyl on Pain Reduction for Extremity Injuries in Children: The PRIME Randomized Clinical Trial. *JAMA Pediatr*. 2018 Dec 28. doi: 10.1001/jamapediatrics.2018.4582. [Epub ahead of print]
- Graudins A, Meek R, Egerton-Warburton D, et al: The PICHFORK (Pain in Children Fentanyl or Ketamine) Trial: A Randomized Controlled Trial Comparing Intranasal Ketamine and Fentanyl for the Relief of Moderate to Severe Pain in Children With Limb Injuries. Ann Emerg Med. 2015; 65(3):248-254.
- Green SM, Roback MG, Kennedy RM, Krauss B. Clinical practice guideline for emergency department ketamine dissociative sedation: 2011 update. Ann Emerg Med. 2011;57(5):449-461.
- Jat KR. Chawla D. Ketamine for management of acute exacerbations of asthma in children. Cochrane Database Syst Rev. 2012 Nov 14;11:CD009293. doi: 10.1002/14651858.CD009293.pub2.
- 18. McCloud TL, Caddy C, Jochim J, et al. Ketamine and other glutamate receptor modulators for depression in bipolar disorder in adults. Cochrane Database Syst Rev. 2015 Sep 29;(9):CD011611. doi: 10.1002/14651858.CD011611.pub2.
- McIntyre RS, Rosenblat JD, Nemeroff CB, et.al. Synthesizing the evidence for ketamine and esketamine in treatment-resistant depression: An international expert opinion on the available evidence and implementation. *Am J Psychiatry*. 2021; 178:383-399. 20. Messina AG, Wang M, Ward MJ, Wilker CC, Smith BB, Vezina DP, Pace NL. Anaesthetic interventions for prevention of
- awareness during surgery. Cochrane Database of Systematic Reviews 2016, Issue 10. Art. No.: CD007272. DOI: 10.1002/14651858.CD007272.pub2
- 21. O'Connell NE, Wand BM, McAuley J, Marston L, Moseley GL. Interventions for treating pain and disability in adults with complex regional pain syndrome- an overview of systematic reviews. Cochrane Database of Systematic Reviews 2013, Issue 4. Art. No.: CD009416, DOI: 10.1002/14651858.CD009416.pub2.

- Reynolds SL, Bryant KK, Studnek JR, Hogg M, Dunn C, Templin MA, Moore CG, Young JR, Walker KR, Runyon MS. Randomized Controlled Feasibility Trial of Intranasal Ketamine Compared to Intranasal Fentanyl for Analgesia in Children with Suspected Extremity Fractures. Acad Emerg Med. 2017;24:1430-1440. Available at <a href="https://onlinelibrary.wiley.com/doi/epdf/10.1111/acem.13313">https://onlinelibrary.wiley.com/doi/epdf/10.1111/acem.13313</a>.
- 23. Sanacora G, Frye MA, McDonald W et al. A Consensus Statement on the Use of Ketamine in the Treatment of Mood Disorders. JAMA Psychiatry. 2017; 74:399-405. Available at <a href="https://vailmed.com/PDF/Consenus%20Statement%20on%20the%20Use%20J6%20Ketamine%20in%20the%20Treatment%20of%20Mood%20Disorders%20JAMA%20Psychiatry.pdf">https://vailmed.com/PDF/Consenus%20Statement%20on%20the%20Use%20J6%20Ketamine%20in%20the%20Treatment%20of%20Mood%20Disorders%20JAMA%20Psychiatry.pdf</a>. Accessed on July 10, 2024.
- Schwenk ES, Viscusi ER, Buvanendran A, et al. Consensus Guidelines on the Use of Intravenous Ketamine Infusions for Acute Pain Management From the American Society of Regional Anesthesia and Pain Medicine, the American Academy of Pain Medicine, and the American Society of Anesthesiologists. Reg Anesth Pain Med. 2018 Jul;43(5):456-466. Available at https://www.ncbi.nlm.nih.gov/pmc/articles/PMC6023582/pdf/aap-43-456.pdf.

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