Field Name	Field Description
Prior Authorization Group Description	Ketamine
Drugs	Ketamine (Ketalar)
Covered Uses	Medically accepted indications are defined using the following sources: the Food and Drug Administration (FDA), Micromedex, American Hospital Formulary Service (AHFS), United States Pharmacopeia Drug Information for the Healthcare Professional (USP DI), the Drug Package Insert (PPI), or disease state specific standard of care guidelines.
Exclusion Criteria	N/A
Required Medical Information	See "Other Criteria"
Age Restrictions	N/A
Prescriber Restrictions	Depression: N/A Complex Regional Pain Syndrome (CRPS): pain management specialist
Coverage Duration	Initial: 4 weeks Continuation of therapy: 6 months
Other Criteria	**Drug is being requested through the member's medical benefit** Depression Initial Authorization: • Diagnosis of major depressive disorder (MDD) or treatment-resistant depression (TRD) • Documented trial and failure of two preferred oral antidepressants (e.g. SSRIs, SNRIs, TCAs) of at least a minimum effective dose for four (4) weeks or longer OR a medical justification as to why the patient cannot use preferred alternative(s). Re-authorization: • Documentation was submitted indicating the member has clinically benefited from therapy. CRPS Initial Authorization: • Diagnosis of CRPS (may also be termed reflex sympathetic dystrophy, algodystrophy, causalgia, Sudeck atrophy, transient osteoporosis, and acute atrophy of bone) • Patient has tried and failed at least 8 weeks treatment with

Revision/Review Date 4/2024	**or continues to receive physical therapy (PT) and/or occupational therapy (OT).**
	• **Patient has tried and failed at least two of the following:**
	  ○ **NSAIDs**
	  ○ **Anticonvulsants (e.g. gabapentin, pregabalin)**
	  ○ **Antidepressants (e.g. SNRIs, TCAs)**
	  ○ **Bisphosphonate (in the setting of abnormal uptake on bone scan)**
	Re-authorization:
	• **Patient has demonstrated clinical benefit.**
	
	Medical Director/clinical reviewer must override criteria when, in his/her professional judgement, the requested item is medically necessary.