BlueCross BlueShield of Vermont

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Ketamine
Corporate Medical Policy

File Name: Ketamine
File Code: 5.01.VT204
Origination: New Policy
Last Review: 12/2020
Next Review: 12/2021
Effective Date: 04/01/2021

Description/Summary

Ketamine, a CIII controlled substance, produces a cataleptic-like state in which the patient is dissociated from the surrounding environment by direct action on the cortex and limbic system. Ketamine is a noncompetitive NMDA (N-methyl-D-aspartate) receptor antagonist that blocks glutamate receptors. Glutamate is an excitatory neurotransmitter that helps regulate information processing and overall communications between brain and various regions of the body.

Note: This policy does not address the enantiomer of ketamine, esketamine, which is approved by the Food and Drug Administration (FDA) and available as a trade agent sold by a manufacturer for intranasal office administration only.

Policy

Coding Information

Click the links below for attachments, coding tables & instructions:

Attachment I- CPT®/HCPCS Code Table & Instruction

Policy Guidelines

Ketamine is FDA approved as a general anesthetic. This policy is intended to guide the off-label use of ketamine HCl infusion in adults with a depressive episode associated with major depressive disorder (MDD) (unipolar), treatment resistant. It is thought that ketamine triggers reactions in the cortex that enable brain connections to regrow via a pathway possibly due to the glutamate surge. However, other neurotransmitters, including the opioid system, may be involved, based on certain studies, heightening concerns about abuse potential. Ketamine may only be administered in intravenous formulation, following all state and federal procedural regulations for outpatient intravenous administration, including being administered under direct supervision by a qualified licensed medical professional

according to relevant state and federal regulations.

When a service may be considered medically necessary

1. Ketamine is being used as a general anesthetic under appropriate and generally accepted clinical guidelines for children under 12; **OR**
2. Patient has MDD, unipolar treatment refractory depression; **AND**
3. Patient's current depressive episode is severe as evidenced by a HAM-D greater or equal to 17 or MADRS greater or equal to 28; **AND**
4. Patient is >= 18 years of age; **AND**
5. Patient has demonstrated nonresponse (<25% improvement in depression symptoms or scores) to at least four different U.S. Food and Drug Administration approved antidepressants, from at least two different pharmacological classes (ex. selective serotonin reuptake inhibitors SSRIs, serotonin norepinephrine reuptake inhibitors SNRIs, tricyclic antidepressants TCAs, bupropion, mirtazapine etc) and each used at therapeutic dosages for at least 6 weeks targeting depression, according to the prescriber; **AND**
6. Failure of a trial of a psychotherapy known to be effective in the treatment of major depressive disorder of an adequate frequency and duration, without significant improvement in depressive symptoms, as documented by standardized rating scales that reliably measure depressive symptoms; **AND**
7. Patient has no history of psychosis; **AND**
8. Patient's history of controlled substance prescriptions has been checked using the state prescription drug monitoring program (PDMP), according to the prescriber; **AND**
9. Patient does not currently meet criteria for a substance use disorder, unless in remission; **AND**
10. Patient is not pregnant or breastfeeding; **AND**
11. Ketamine is intravenously infused; **AND**
12. Resuscitative equipment should be available during use as IV administration or overdose may cause respiratory depression or apnea and other complications; **AND**
13. Patient is monitored for respiratory depression, apnea, or other complications during the infusion, and for an appropriate time after the infusion; **AND**
14. Ketamine is being prescribed by a psychiatrist or psychiatric advanced practice registered nurse; **AND**
15. Ketamine is not being prescribed for a pain syndrome; **AND**
16. Ketamine infusion will be administered thru the patient's medical benefit

When a service may be considered investigational

Ketamine administered by any route other than intravenous. Subcutaneous infusions, sublingual, oral, nasal, rectal, transdermal, or any other preparation of ketamine for any other administration other than intravenous are considered to be **investigational**.

Administration of Ketamine for chronic pain of any sort is considered **investigational.**

Legislative Guidelines

This policy complies with Vermont Act 128 V.S.A. § 4089e. Added 1997, effective April 27, 1998.

Reference Resources

1. Ketamine. Drug Facts and Comparisons. Facts & Comparisons [database online]. St. Louis, MO: Wolters Kluwer Health, Inc; 12/31/19. Accessed 1/7/2020
2. Spravato (esketamine nasal spray) Express Scripts Prior Authorization Policy. Selected Revision 3/20/2019

Document Precedence

Blue Cross and Blue Shield of Vermont (BCBSVT) Medical Policies are developed to provide clinical guidance and are based on research of current medic al literature and review of common medical practices in the treatment and diagnosis of disease. The applicable group/individual contract and member certificate language, or employer's benefit plan if an ASO group, determines benefits that are in effect at the time of service. Since medical practices and knowledge are constantly evolving, BCBSVT reserves the right to review and revise its medical policies periodically. To the extent that there may be any conflict between medical policy and contract/employer benefit plan language, the member's contract/employer benefit plan language takes precedence.

Audit Information

BCBSVT reserves the right to conduct audits on any provider and/or facility to ensure compliance with the guidelines stated in the medical policy. If an audit identifies instances of non-compliance with this medical policy, BCBSVT reserves the right to recoup all non-compliant payments.

Administrative and Contractual Guidance

Benefit Determination Guidance

Prior approval may be required and benefits are subject to all terms, limitations and conditions of the subscriber contract.

NEHP/ABNE members may have different benefits for services listed in this policy. To confirm benefits, please contact the customer service department at the member's health plan.

Federal Employee Program (FEP): Members may have different benefits that apply. For further information please contact FEP customer service or refer to the FEP Service Benefit Plan Brochure. It is important to verify the member's benefits prior to providing the service to determine if benefits are available or if there is a specific exclusion in the member's benefit.

Coverage varies according to the member's group or individual contract. Not all groups are required to follow the Vermont legislative mandates. Member Contract language takes precedence over medical policy when there is a conflict.

If the member receives benefits through an Administrative Services (ASO) only group, benefits may vary or not apply. To verify benefit information, please refer to the member's employer benefit plan documents or contact the customer service department. Language in

the employer benefit plan documents takes precedence over medical policy when there is a conflict.

Related Policies

Off-Label Drug

Policy Implementation/Update information

12/2020	New policy supersedes all prior policies concerning this benefit

Eligible providers

Qualified healthcare professionals practicing within the scope of their license(s).

Approved by BCBSVT Medical Directors Date Approved

Joshua Plavin, MD, MPH, MBA
Chief Medical Officer

Kate McIntosh, MD, MBA, FAAP
Senior Medical Director

Attachment I
CPT® Code list & Instructions

Code	Description	Policy Instructions
The following codes will be considered as medically necessary when applicable criteria have been met.		
J3490	**Unclassified drugs**	Age 0-12 years of age
The following codes will be considered as medically necessary when applicable criteria have been met.		
J3490	**Unclassified drugs**	Age 13+ years of age – Requires Prior Approval Required with Diagnoses codes: F32.2, F33.2, F33.9
The following codes will be considered investigational.		
J3490	**Unclassified drugs**	Age 13 + years of age –Investigational if any of the one diagnosis codes is present on submitted claim: (F31.4, F31.5, F31.60, F31.61, F31.62, F31.63, F31.64, F31.70, F31.71, F31.72, F31.73, F31.74, F31.75, F31.76, F31.77, F31.78, F31.81, F31.89,

		F31.9, F32.0, F32.1,F32.3, F32.4, F32.5, F32.8, F32.9, F33.0, F33.1, F33.3, F33.40, F33.41, F33.42, F34.0, F34.1, F34.81, F34.89, F34.9, F39, G89.0, G89.11, G89.12, G89.18, G89.21, G89.22, G89.28, G89.29, G89.3, G89.4)