INTRAVENTOUS KETAMINE INFUSION FOR TREATMENT OF DEPRESSION

Non-Discrimination Statement and Multi-Language Interpreter Services information are located at the end of this document.

Coverage for services, procedures, medical devices and drugs are dependent upon benefit eligibility as outlined in the member's specific benefit plan. This Medical Coverage Guideline must be read in its entirety to determine coverage eligibility, if any.

This Medical Coverage Guideline provides information related to coverage determinations only and does not imply that a service or treatment is clinically appropriate or inappropriate. The provider and the member are responsible for all decisions regarding the appropriateness of care. Providers should provide BCBSAZ complete medical rationale when requesting any exceptions to these guidelines.

The section identified as “Description” defines or describes a service, procedure, medical device or drug and is in no way intended as a statement of medical necessity and/or coverage.

The section identified as “Criteria” defines criteria to determine whether a service, procedure, medical device or drug is considered medically necessary or experimental or investigational.

State or federal mandates, e.g., FEP program, may dictate that any drug, device or biological product approved by the U.S. Food and Drug Administration (FDA) may not be considered experimental or investigational and thus the drug, device or biological product may be assessed only on the basis of medical necessity.

Medical Coverage Guidelines are subject to change as new information becomes available.

For purposes of this Medical Coverage Guideline, the terms "experimental" and "investigational" are considered to be interchangeable.

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INTRAVENOUS KETAMINE INFUSION FOR TREATMENT OF DEPRESSION (cont.)

Description:

Intravenous (IV) infusions of the anesthetic ketamine have been investigated for the treatment of depression including severe and drug resistant depression. IV infusions of ketamine are administered in an outpatient setting and may include multiple infusions. Treatment resistant depression typically refers to major depressive episodes that do not respond satisfactorily after two trials of antidepressant monotherapy; however, the definition has not been standardized. Treatment refractory depression typically refers to unipolar major depressive episodes that are highly resistant to treatment and do not respond satisfactorily to many sequential treatment regimens. However, the definition has not been standardized, and there is no clear demarcation between treatment refractory depression and treatment resistant depression.

Criteria:

- Intravenous ketamine for the treatment of depression is considered experimental or investigational based upon:
  1. Lack of final approval from the Food and Drug Administration, and
  2. Insufficient scientific evidence to permit conclusions concerning the effect on health outcomes, and
  3. Insufficient evidence to support improvement of the net health outcome, and
  4. Insufficient evidence to support improvement of the net health outcome as much as, or more than, established alternatives, and
  5. Insufficient evidence to support improvement outside the investigational setting.

Resources:

Literature reviewed 01/17/17. We do not include marketing materials, poster boards and non-published literature in our review.


INTRAVENOUS KETAMINE INFUSION FOR TREATMENT OF DEPRESSION (cont.)

Resources: (cont.)


13. Price RBL, D V. Intravenous Ketamine for the Treatment of Mental Health Disorders. 2014.

INTRA-VENOUS KETAMINE INFUSION FOR TREATMENT OF DEPRESSION (cont.)

Resources: (cont.)


FDA Product Approval Information for Ketalar® (ketamine hydrochloride injection):

- FDA-approved indication: The sole anesthetic agent for diagnostic and surgical procedures that do not require skeletal muscle relaxation, best suited for short procedures but it can be used, with additional doses, for longer procedures. The induction of anesthesia prior to the administration of other general anesthetic agents. To supplement low-potency agents, such as nitrous oxide.
INTRAVENOUS KETAMINE INFUSION FOR TREATMENT OF DEPRESSION (cont.)

Non-Discrimination Statement:

Blue Cross Blue Shield of Arizona (BCBSAZ) complies with applicable Federal civil rights laws and does not discriminate on the basis of race, color, national origin, age, disability or sex. BCBSAZ provides appropriate free aids and services, such as qualified interpreters and written information in other formats, to people with disabilities to communicate effectively with us. BCBSAZ also provides free language services to people whose primary language is not English, such as qualified interpreters and information written in other languages. If you need these services, call (602) 864-4884 for Spanish and (877) 475-4799 for all other languages and other aids and services.

If you believe that BCBSAZ has failed to provide these services or discriminated in another way on the basis of race, color, national origin, age, disability or sex, you can file a grievance with: BCBSAZ’s Civil Rights Coordinator, Attn: Civil Rights Coordinator, Blue Cross Blue Shield of Arizona, P.O. Box 13466, Phoenix, AZ 85002-3466, (602) 864-2288, TTY/TDD (602) 864-4823, crc@azblue.com. You can file a grievance in person or by mail or email. If you need help filing a grievance BCBSAZ’s Civil Rights Coordinator is available to help you. You can also file a civil rights complaint with the U.S. Department of Health and Human Services, Office for Civil Rights electronically through the Office for Civil Rights Complaint Portal, available at https://ocrportal.hhs.gov/ocr/portal/lobby.jsf, or by mail or phone at: U.S. Department of Health and Human Services, 200 Independence Avenue SW., Room 509F, HHH Building, Washington, DC 20201, 1–800–368–1019, 800–537–7697 (TDD). Complaint forms are available at http://www.hhs.gov/ocr/office/file/index.html

Multi-Language Interpreter Services:

Spanish: Si usted, o alguien a quien usted está ayudando, tiene preguntas acerca de Blue Cross Blue Shield of Arizona, tiene derecho a obtener ayuda e información en su idioma sin costo alguno. Para hablar con un interprete, llame al 602-864-4884.

Navajo: Díí kwe’é átah nilíngíí Blue Cross Blue Shield of Arizona haada yít’éego bíná’i’dilkidgo éí doodago Háída bijá aniyeedígíí t’áadoo le’é yina’i’dilkidgo bee haz’ááníh hólo díí t’áá hazaad’k’éhi háká a’dooowolgo bee haz’a doo bąah ilíngódó. Ata’ halne’ígíí koj’ bích’i’ hodilihn 877-475-4799.

Chinese: 如果您，或是您正在協助的對象，有關於插入項目的名稱 Blue Cross Blue Shield of Arizona 方面的問題，您有權利免費以您的母語得到幫助和訊息。洽詢一位翻譯員，請撥電話 在此插入數字 877-475-4799。

Vietnamese: Nếu quý vị, hay người mà quý vị đang giúp đỡ, có câu hỏi về Blue Cross Blue Shield of Arizona quý vị sẽ có quyền được giúp và có thêm thông tin bằng ngôn ngữ của mình miễn phí. Để nói chuyện với một thợ dịch viên, xin gọi 877-475-4799.

Arabic:
إن كان لديك أو لدى شخص تساعده أسئلة بخصوص Blue Cross Blue Shield of Arizona الضرورية، بلغنا من دون دعوة تكلفة، للتحدث مع مترجم يصل ب 877-475-4799.

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INTRAVENOUS KETAMINE INFUSION FOR TREATMENT OF DEPRESSION (cont.)

Multi-Language Interpreter Services: (cont.)

Tagalog: Kung ikaw, o ang iyong tinutuuanang, ay may mga katanungan tungkol sa Blue Cross Blue Shield of Arizona, may karapatang ka na makakuhang tulong at impormasyon sa iyong wika ng walang gastos. Upang makausap ang isang tagsalog, tumawag sa 877-475-4799.

Korean: 만약 귀하 또는 귀하가 돕고 있는 어떤 사람이 Blue Cross Blue Shield of Arizona 에 관해서 질문이 있다면 귀하는 그러한 도움과 정보를 귀하의 언어로 비용 부담없이 얻을 수 있는 권리가 있습니다. 그렇게 동역시와 매너하기 위해서는 877-475-4799 로 전화하십시오.

French: Si vous, ou quelqu’un que vous êtes en train d’aider, a des questions à propos de Blue Cross Blue Shield of Arizona, vous avez le droit d’obtenir de l’aide et l’information dans votre langue à aucun coût. Pour parler à un interprète, appelez 877-475-4799.

German: Falls Sie oder jemand, dem Sie helfen, Fragen zum Blue Cross Blue Shield of Arizona haben, haben Sie das Recht, kostenlose Hilfe und Informationen in Ihrer Sprache zu erhalten. Um mit einem Dolmetscher zu sprechen, rufen Sie bitte die Nummer 877-475-4799 an.

Russian: Если у вас или лица, которому вы помогаете, имеются вопросы по поводу Blue Cross Blue Shield of Arizona, то вы имеете право на бесплатное получение помощи и информации на вашем языке. Для разговора с переводчиком позвоните по телефону 877-475-4799.

Japanese: ご本人様、またはお客様の身の回りの方でも、Blue Cross Blue Shield of Arizonaについてご質問がございましたら、ご希望の言語でサポートを受ける、情報を入手したりすることができます。料金はかかりません。通訳と言語される場合、877-475-4799 までお電話ください。

Farsi: 

اغر شما، یا کسی که شما به یا کمک می‌کنید، سوال در مورد اطلاعات به زبان خود را به طور رایگان در مقیاس 877-475-4799 می‌توانید دریافت نمایید.

Assyrian:

کەن دەتوانە بەرەوە بۆ چەکەکانەی دەنێیەرەیەکەکەی بۆ Blue Cross Blue Shield of Arizona کەتێکە بە کەسەکەی دەتوانەیە بە دەڵێکەیەکەی بۆ 877-475-4799.

Serbo-Croatian: Ukoiko Vi ili neko kome Vi pomažete ima pitanje o Blue Cross Blue Shield of Arizona, imate pravo da besplatno dobijete pomoć i informacije na Vašem jeziku. Da bi ste razgovorili sa prevodiocem, nazovite 877-475-4799.

Thai: หากคุณ หรือคุณช่วยเหลือคนอื่น ๆ นับถึง Blue Cross Blue Shield of Arizona คุณมีสิทธิ์ที่จะเปิดความขยันหมกและสอบถามในภาษาของคุณได้โดยไม่เกิดค่าใช้จ่าย ที่ติดต่อสาย 877-475-4799.