Hennepin Health
300 South Sixth Street, MC 604
Minneapolis, Minnesota 55487-0604

Ketamine Infusions

Effective Date: 01/01/2023

Therapeutic area

General anesthetic; antidepressant

Policy statement

Ketamine infusions require prior authorization. Requests will be evaluated using the clinical criteria outlined below.

Approval criteria

Initial approval

All of the following must be met:

- The member meets all esketamine (Spravato) criteria, as determined using InterQual criteria utilized by Hennepin Health.
- The members have had an inadequate response to esketamine (Spravato).
- Ketamine infusions are requested as a medical benefit.
- Initial approval is for a duration of 3 months.

Renewal

All of the following must be met:

- The member has been evaluated by a clinician within the previous 3 months.
- Clinical improvement in depressive symptoms is documented.
- Renewals may be approved for up to 6 months.