

We offer this material in an effort to help patients and providers make decisions about whether or not to pursue ketamine therapy. This list is not intended to be used to make medical decisions and is for informational purposes only. Please consult with your healthcare provider and healthcare team before proceeding with any treatment-related decisions. We do not prescribe or recommend any illicit activity. This information does not constitute medical advice.

****Having a condition listed here does not automatically disqualify you from ketamine therapy, rather it is an indication that it be further discussed with your healthcare provider(s).***

Medical/Psychiatric Contraindications to Ketamine Therapy

- Pregnancy/nursing mothers
- Untreated high blood pressure
- Cardiac diseases needing treatment such as atrial fibrillation or congestive heart failure
- Untreated hyperthyroid disorders
- Clinically significant substance use: active cocaine use, acute alcoholism
- Active mania
- Active psychosis
- Glaucoma or recent eye surgery
- Brain tumor, swelling, injury
- Inability to consent to treatment
- Significant liver disease
- Significant kidney disease
- Difficult airway (from a previous experience, sleep apnea, or anatomic risk factors)

Medical/Psychiatric Relative Contraindications to Ketamine Therapy

- **Current daily use of benzodiazepines reduces the effectiveness of ketamine therapy.** We can work with a patient to taper from benzodiazepines in a medically supervised way.
- **Current heavy daily use of alcohol (with risk of withdrawal).** Ketamine can be used in alcohol withdrawal, but for the purposes of this facilitated exam, we would advise a longer appointment for the client to discuss additional options.

Cautions with these Medications

- Lamotrigine: 6 hours since last dose and wait 6 hours until next dose
- Gabapentin

Ketamine Pharmacodynamic Drug Interactions

Ketamine has been studied and found effective both with and without the concurrent use of antidepressants. It has been recommended to be used in conjunction with oral antidepressants by the esketamine (Spravato) manufacturer. Some medications blunt the effects of ketamine or reduce antidepressant responses.

Compatible Medications

- Antidepressants (SSRI, SNRI, TCA, mirtazapine, bupropion, MAOIs)
- Stimulants, Lithium, valproic acid

Common Drug Names for those Listed Previously

SSRIs

- Citalopram (Celexa)
- Escitalopram (Lexapro)
- Fluoxetine (Prozac)
- Paroxetine (Paxil, Pexeva)
- Sertraline (Zoloft)

SNRI

- Desvenlafaxine (Pristiq)
- Duloxetine (Cymbalta)
- Levomilnacipran (Fetzima)
- Venlafaxine (Effexor XR)

Stimulants

- Adderall
(amphetamine/dextroamphetamine)
- Ritalin and Concerta (methylphenidate)
- Dexedrine (dextroamphetamine)
- Valproic acid
- Felbatol (felbamate)
- Lamictal (lamotrigine)
- Mysoline (primidone)
- Phenobarbital
- Depakote (depakene)

TCA

- Amitriptyline
- Amoxapine
- Desipramine (Norpramin)
- Doxepin
- Imipramine (Tofranil)
- Nortriptyline (Pamelor)
- Protriptyline
- Trimipramine
- Mirtazapine
- Remeron
- Bupropion
- Wellbutrin.
- Wellbutrin SR.
- Wellbutrin XL.
- Zyban

MAOIs

- Isocarboxazid (Marplan)
- Phenelzine (Nardil)
- Selegiline (Emsam)
- Tranylcypromine (Parnate)

Medications that May Cause Blunted Effects

These can be withheld for 24 hours before or on the day of the medicine session. All decisions about medications should be made with your primary physician and/or medical team overseeing treatment.

- Benzodiazepines
- Lamotrigine
- Memantine
- Clozapine
- Risperidone
- Alcohol
- Alprazolam (Xanax®)
- Chlordiazepoxide (Librium®)
- Clorazepate (Tranxene®)
- Diazepam (Valium®)
- Halazepam (Paxipam®)
- Lorazepam (Ativan®)
- Oxazepam (Serax®)
- Prazepam (Centrax®)
- Quazepam (Doral®)

***Some Information from Ben Malcolm, PharmD, MPH Psychopharmacology, Consultantspiritpharmacist.com