



## Controlled Substance Prescribing Guidance Document

### Ketamine Nasal Spray

Effective January 2, 2020, Rhode Island prescribers *must sign and transmit electronic prescriptions in schedules II, III, IV, and V to comply with RI Law §21-28-3.18 section 3.*

#### Helpful hints when electronically prescribing Ketamine Nasal Spray:

1. Select Ketamine (bulk) powder as the drug. The drug selected needs to be a controlled substance
2. In the instructions, directions, or notes field, please indicate:
  - a. The concentration of the preparation (Ketamine 10mg/ml nasal spray)
  - b. The directions (ex. Inhale 1 spray in each nostril every 4-6 hours as needed)
  - c. An ICD-10 diagnosis Code
  - d. A quantity of dose units dispensed. Federal law prohibits more than 100 dosage units
  - e. Refills (maximum of 5)
3. Do not use the name brand (Ketalar®) when prescribing Ketamine

### EXAMPLE

Date Written	<u>12/31/2023</u>	
Doctor	<u>Pepper, John D MD</u>	Phone <u>1234567890</u>
Agent Name	_____	SLN _____
Address	<u>123 Main Street Providence, RI 02904</u>	DEA <u>MP3213213</u>
		NPI <u>101010101</u>

---

Name	<u>Doe, Jane B</u>	Phone <u>1234567890</u>
Address	<u>321 State Street Providence, RI 02904</u>	DOB <u>1/1/2000</u>
		Gender <u>F</u>
<b>R<sub>x</sub></b>	Qty <u>0.1GM</u> <u>Ketamine (bulk) powder 100%</u>	

**Instructions:**  
Ketamine 10mg/ml nasal spray. Inhale 1 spray (0.1ml) in each nostril every 4-6 hours as needed. Dispense 10ml with 5 refills.

DAW	<u>No</u>	Refills <u>5</u>
-----	-----------	------------------

EPCS Signature Validated ☒

The prescription needs to be sent by the prescriber with the controlled substance selected as the active drug for the Electronic Prescriptions for Controlled Substances (EPCS) signature to be validated

3844 Post Road, Warwick RI 02886

Phone: 401-284-4505

Fax: 401-284-4506

www.bayviewrx.com



**Most common Formulations:**

Ketamine 10mg/ml Nasal Spray

Ketamine 50mg/ml Nasal Spray

Ketamine 100mg/ml Nasal Spray

Ketamine 25mg/ml / Lidocaine HCl 4% Nasal Spray

**Have additional questions?**

**Feel free to call one of our pharmacists to assist you further.**

3844 Post Road, Warwick RI 02886  
Phone: 401-284-4505  
Fax: 401-284-4506  
[www.bayviewrx.com](http://www.bayviewrx.com)