

**Supplemental Table 1:** Comprehensive Compendium of Preclinical Studies Evaluating the Antinociceptive Effects of Ketamine.

| Study (First Author, Year)               | Pain Model                        | Animal(s) Studied | Generalizable Pain Category | Generalizable Medical Conditions                     | Findings  |
|--|-----------------------------------|-------------------|-----------------------------|--|---|
| M'Dahoma et al 2014 <sup>S1</sup>        | Spinal cord transection           | Rat               | Neuropathic                 | Central neuropathic pain, spinal cord injury         | Acute treatment with ketamine (50 mg/kg IP) increased pressure threshold to trigger a nocifensive response. Effect lasted 90 minutes.   |
| Rodrigues-Filho et al 2004 <sup>S2</sup> | Brachial plexus avulsion          | Rat               | Neuropathic                 | Plexopathy, traumatic nerve injury, neuropathic pain | Ketamine (25 mg/kg IP) reduced mechanical and cold allodynia 20 days after brachial plexus avulsion.  |
| Mei et al 2011 <sup>88</sup>             | SNL                               | Rat               | Neuropathic                 | Plexopathy, traumatic nerve injury, neuropathic pain | Ketamine (IT 100, 300 µg/kg) attenuated mechanical allodynia in a dose-dependent manner, as measured on POD 0 to 3. No effect on paw withdrawal threshold at 30 a dose of µg/kg   |
| Mei et al 2011 <sup>89</sup>             | SNL                               | Rat               | Neuropathic                 |  | Ketamine (IT 100, 300 µg/kg) administered daily from POD 8 to POD 10 after SNL produced a reduction in mechanical allodynia as measured 30 minutes after injection  |
| Suzuki et al 2001 <sup>S3</sup>          | SNL                               | Rat               | Neuropathic                 |  | Ketamine (IV 1, 5, and 10 mg/kg) given 2 weeks after SNL and sham operated rats inhibited post-discharge, thermal, and mechanical evoked responses, with greater effect in nerve ligated rats.                          |
| Qian et al 1996 <sup>S4</sup>            | SNL                               | Rat               | Neuropathic                 |  | Ketamine (IP 0.01 mg/kg) attenuated mechanical hyperalgesia, cold allodynia, and other nociceptive behaviors for 15-30 minutes. Ketamine (IP 1 mg/kg) attenuated all nociceptive behaviors for 45-75 minutes.           |
| Xie et al 2017 <sup>S5</sup>             | Spared nerve injury (SNI)         | Rat               | Neuropathic                 | Peripheral neuropathy                                | Ketamine (IP 20 mg/kg) given on POD 16 decreased levels of inflammatory cytokines (IL-1β, IL-6) in rats with depression-like phenotype subjected to SNI.  |
| Vega-Avelaira et al 2012 <sup>90</sup>   | SNI                               | Rat               | Neuropathic                 |  | In rats undergoing SNI on P10, Ketamine (SC 1, 10, 20 mg/kg) produced dose-dependent reversal of mechanical allodynia on POD 21.  |
| Truin et al 2011 <sup>S6</sup>           | Partial sciatic nerve ligation    | Rat               | Neuropathic                 | Peripheral neuropathy, traumatic neuropathy          | Low dose ketamine (IT, either 50 or 100µg) followed by 30 minutes of SCS in rats who were non-responders to SCS led to a significant increase in paw withdrawal threshold, thereby converting them into SCS responders. |
| Doncheva et al 2019 <sup>S7</sup>        | Chronic constriction injury (CCI) | Rat               | Neuropathic                 | Radicular pain (disc herniation, nerve entrapment)   | In a neuropathic pain model, Ketamine (IP, 50 mg/kg doses over 14 days) provided antinociceptive effect to thermal nociception for 180 minutes and to mechanical nociception for 60 minutes after administration.       |
| M'Dahoma et al 2015 <sup>S8</sup>        | CCI                               | Rat               | Neuropathic                 |  | Ketamine (IP 50 mg/kg) given 15 days after CCI reduced mechanical hyperalgesia and allodynia, though effects were less pronounced than with pregabalin.   |
| Chen et al 2014 <sup>S9</sup>            | CCI                               | Rat               | Neuropathic                 |  | Inhaled butorphanol (100µg) + ketamine (1mg, either inhaled or SC) increased mechanical pain threshold for 4 hours after administration in rats subjected to CCI.   |
| Pelissier et al 2003 <sup>S10</sup>      | CCI                               | Rat               | Neuropathic                 |  | Ketamine (SC 12.5, 25, 50, 100 mg/kg) showed a synergistic response when used with opioids in CCI rats.   |
| Yamamoto et al 1993 <sup>S11</sup>       | CCI                               | Rat               | Neuropathic                 |  | Ketamine (IT 24 to 240 µg) temporarily eliminated hyperalgesia at doses which did not alter normal motor function.  |

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| Lim et al 2013 <sup>S12</sup>         | CCI                                  | Mouse | Neuropathic             |  | 7 days after CCI, IT ketamine (3 or 10 µg) plus pregabalin (30 µg) suppressed response to mechanical allodynia and thermal hyperalgesia. Ketamine and pregabalin alone at these doses were ineffective.  |
| Castel et al 2013 <sup>S13</sup>      | Induced intrathalamic hemorrhage     | Rat   | Neuropathic             | Central neuropathic pain, post-stroke pain                   | Ketamine (IP 25 mg/kg) given on days 28, 30, 32 post-injury alleviated mechanical allodynia in rats with induced intracerebral thalamic hemorrhage.  |
| Pelissier et al 2008 <sup>S14</sup>   | Intraarticular CFA injection         | Rat   | Inflammatory            | Monoarticular osteoarthritis                                 | IT ketamine (1, 10, and 30 µg) induced dose-dependent increases in vocalization threshold to pressure on hind paw and reduced capsaicin-induced nociceptive behavior in normal and monoarthritic rats  |
| Boettger et al 2010 <sup>S15</sup>    | Antigen-induced arthritis            | Rat   | Inflammatory            | Rheumatoid arthritis, other inflammatory arthritis           | Spinal ketamine (single IT dose at 50 µg) decreased arthritis severity and hyperalgesia in the acute stage after induced arthritis. Ketamine IT infusion at 50 µg/hr for 21 days after induction produced similar results in the chronic stage. Reduced inflammatory cell infiltration was observed on histopathology in both phases in animals treated with ketamine. |
| Zhang et al 2016 <sup>S16</sup>       | CFA injection (hindpaw)              | Rat   | Inflammatory            | Tissue injury or inflammation (arthritis, tumor growth, etc) | Single-dose ketamine (IP 20 mg/kg) injected 14 days after CFA relieved mechanical allodynia and associated depression-like behaviors.  |
| Edwards et al 2007 <sup>S17</sup>     | CFA injection                        | Rat   | Inflammatory            |  | Ketamine (SC 5, 10 mg/kg) produced anti-nociceptive but not antihyperalgesic effects.  |
| Romero et al 2011 <sup>S18</sup>      | PGE <sub>2</sub> injection           | Rat   | Inflammatory            |  | Ketamine (10-80 µg in paw) produced local antinociceptive response against PGE <sub>2</sub> induced hyperalgesia.  |
| Nishihara et al 1995 <sup>S19</sup>   | PGE <sub>2</sub> injection           | Rat   | Inflammatory            |  | Ketamine (IT 1 to 1000ng) attenuated PGE <sub>2</sub> -induced hyperalgesia.   |
| Rivat et al 2002 <sup>S20</sup>       | Carrageenan injection                | Rat   | Inflammatory            |  | Ketamine (SC 10 mg/kg, 3 doses in 5-hour intervals) prevented enhancement of inflammation-induced hyperalgesia caused by repeat carrageenan administration or fentanyl administration.   |
| Klimscha et al 1998 <sup>S21</sup>    | Carrageenan injection                | Rat   | Inflammatory            |  | Racemic and S(+)-ketamine (IT 10, 50, 100 µg) attenuated hyperalgesia from carrageenan-induced hindpaw inflammation.   |
| Lebrun et al 2000 <sup>S22</sup>      | Formalin injection                   | Rat   | Inflammatory            |  | Pretreatment with ketamine (IP 5 mg/kg) 10 minutes before SC formalin injection attenuated the increase in amplitude of cortical SSEPs.  |
| Gilron et al 1999 <sup>S23</sup>      | Formalin injection                   | Rat   | Inflammatory            |  | Pretreatment with ketamine (IV 10 mg/kg) produced lower nociceptive scores in the formalin test compared to post-treatment after formalin administration.  |
| Shimoyama et al 1999 <sup>S24</sup>   | Formalin injection                   | Rat   | Inflammatory            |  | Pretreatment with oral ketamine (30 to 180 mg/kg) reduced formalin-induced flinching behavior.   |
| Das et al 2017 <sup>S25</sup>         | Closed distal tibia fracture/casting | Mouse | Neuropathic             | CRPS, orthopedic trauma                                      | Ketamine (IP 2.5mg/kg) given 6 weeks after injury reduced mechanical allodynia on the fracture side and improved burrowing activity.   |
| Minville et al 2010 <sup>S26</sup>    | Closed distal tibia fracture/casting | Mouse | Neuropathic             |  | Ketamine (SC 1, 10, and 50 mg/kg) given before injury/surgery prevented sufentanil-induced hyperalgesia to mechanical and thermal nociception.   |
| Sher and Mitchell 1990 <sup>S27</sup> | Ischemia of femoral artery           | Rat   | Ischemic                |  | Ketamine (5.94 and 594 µg IT) significantly reduced hyperalgesia to noxious pinching after induced femoral artery ischemia.  |
| Andoh et al 2008 <sup>S28</sup>       | Inoculation with melanoma cells      | Mouse | Nociceptive/neuropathic | Mixed cancer pain  | Oral ketamine (50 mg/kg) produced no effect on thermal hyperalgesia.   |
| Kuraishi et al 2003 <sup>S29</sup>    | Inoculation with melanoma cells      | Mouse | Nociceptive/neuropathic |  | Ketamine (IP 30 mg/kg) given 2 weeks after tumor inoculation partially inhibited allodynia.  |

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| Saito et al 2006 <sup>S30</sup>         | Induced bone sarcoma   | Mouse     | Nociceptive/neuropathic | Bone cancer                        | Ketamine (IP 5 to 40 mg/kg) given 14 days after tumor cell implantation inhibited pain-related behaviors in a dose dependent manner, with 40 mg/kg producing similar efficacy to morphine 80 mg/kg  |
| Pascual et al 2010 <sup>S31</sup>       | Intraperitoneal paclitaxel injection                                 | Rat       | Nociceptive/neuropathic | Visceral pain, chemotherapy agents | High-dose ketamine (IP 50 mg/kg) increased mechanical and thermal pain thresholds when given 2 weeks after paclitaxel injection. Lower doses of ketamine (IP 12.5 mg/kg) showed additive analgesic effect when combined with morphine 1 mg/kg.              |
| Sun et al 2016 <sup>S32</sup>           | Nociceptive testing after inducing opioid-induced hyperalgesia (OIH) | Rat       | Nociceptive             | Opioid-induced hyperalgesia        | Ketamine (IT 10 µg) attenuated development of mechanical and thermal hyperalgesia after remifentanyl administration and surgical incision.  |
| Rozisky et al 2011 <sup>S33</sup>       | OIH  | Rat       | Nociceptive             | Opioid-induced hyperalgesia        | Ketamine (IP 30 mg/kg) given 30 minutes before formalin testing at postnatal day 30 and 60 (P30, P60) reversed the increased nociceptive response caused by daily morphine exposure during P8-14.   |
| Gu et al 2010 <sup>S34</sup>            | OIH  | Rat       | Nociceptive             | Opioid-induced hyperalgesia        | Pretreatment with ketamine (SC 10 mg/kg) attenuated the increase in allodynia/hyperalgesia from intraoperative remifentanyl infusion.   |
| Van Elstraete et al 2005 <sup>S35</sup> | OIH  | Rat       | Nociceptive             | Opioid-induced hyperalgesia        | Pretreatment with ketamine (SC 10 mg/kg) produced near complete attenuation of the delayed hyperalgesia produced by IT morphine, without modification of morphine's initial analgesic effects.  |
| Holtman et al 2005 <sup>S36</sup>       | OIH  | Rat       | Nociceptive             | Opioid-induced hyperalgesia        | Pretreatment with ketamine (IP 0.75 and 1.5 mg/kg) attenuated morphine-induced hyperalgesia in a dose-dependent manner.   |
| Richebé et al 2005 <sup>S37</sup>       | OIH  | Rat       | Nociceptive             | Opioid-induced hyperalgesia        | Ketamine pretreatment (SC, 3 - 10 mg/kg doses) attenuated fentanyl-induced hyperalgesia in the postoperative phase.   |
| Laulin et al 2002 <sup>S38</sup>        | OIH  | Rat       | Nociceptive             | Opioid-induced hyperalgesia        | Ketamine (SC 10 mg/kg) prevented fentanyl-induced hyperalgesia and acute tolerance to morphine.   |
| Kissin et al 2000 <sup>S39</sup>        | OIH  | Rat       | Nociceptive             | Opioid-induced hyperalgesia        | Ketamine (IP 10 mg/kg) attenuated acute tolerance to anesthesia during alfentanil infusion and suppressed rebound hyperalgesia 1 day after infusion.  |
| Célèrier et al 2000 <sup>S40</sup>      | OIH  | Rat       | Nociceptive             | Opioid-induced hyperalgesia        | Ketamine pretreatment (SC 10 mg/kg) enhanced the initial analgesic effect and prevented development of hyperalgesia with fentanyl bolus administration  |
| Galeotti et al 2006 <sup>S41</sup>      | OIH  | Mouse     | Nociceptive             | Opioid-induced hyperalgesia        | Ketamine pretreatment (SC 0.05 to 0.5 µg/mouse) produced a dose-dependent inhibition of morphine induced hyperalgesia as measured by the hot plate test. Ketamine 0.5 µg/mouse sustained reversion of the hyperalgesia for 30 minutes after administration. |
| Shimoyama et al 1996 <sup>S42</sup>     | Opioid tolerance   | Rat/Mouse | Nociceptive             | Opioid tolerance                   | Systemic ketamine in mice (SC 0.3, 3, 10 mg/kg) attenuated and reversed systemically induced morphine tolerance. IT ketamine in rats (12 µg) attenuated morphine tolerance produced by IT morphine.   |
| Lilius et al 2015 <sup>S43</sup>        | Opioid tolerance   | Rat       | Nociceptive             | Opioid tolerance                   | In morphine-tolerant rats, ketamine (SC 10 mg/kg) produced an antinociceptive effect and led to increased brain concentrations of morphine. Authors noted that no opioid-induced hyperalgesia was seen in study animals.                                    |
| Trujillo and Akil 1994 <sup>S44</sup>   | Opioid tolerance   | Rat       | Nociceptive             | Opioid tolerance                   | Ketamine (SC 10 mg/kg/day) inhibited but did not reverse morphine tolerance.  |
| Shen et al 2016 <sup>S45</sup>          | Skin/muscle incision and retraction (SMIR)                           | Rat       | Nociceptive pain        | Surgical pain                      | Ketamine (IP 10 mg/kg) during surgery alleviated postoperative pain behaviors and prevented upregulation of phosphorylated and total NMDA receptors.  |

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| Pacheco et al 2014 <sup>S46</sup>   | Thermal/tail flick   | Mouse  | Nociceptive | Thermal injury                     | Naloxone and other $\mu/\delta$ opioid receptor antagonists antagonized antinociception from ketamine (2, 4, 8 $\mu$ g intracerebroventricular).  |
| Shikanai et al 2014 <sup>S47</sup>  | Hot plate test   | Rat    | Nociceptive | Thermal injury                     | Subanalgesic doses of ketamine (IP 1mg/kg) enhanced morphine-induced analgesia to thermal pain  |
| Lizarraga et al 2008 <sup>S48</sup>   | Mechanical stimulation                                     | Sheep  | Nociceptive | Acute pain, drug synergism         | Ketamine (IT 0.594 to 9.51 $\mu$ g) did not produce hypoalgesia but did prevent NMDA-induced mechanical hypersensitivity. IT ketamine and NSAID produced no added benefit.                  |
| Petrenko et al 2006 <sup>S49</sup>  | Formalin injection, thermal/mechanical/electrical stimulus | Mouse  | Nociceptive | Inflammation, thermal injury       | Ketamine (IP 25, 50, 100 mg/kg) had no antinociceptive effects in response to thermal/mechanical/electrical stimuli but reduced phase 2 nociceptive behavior after formalin injection       |
| Koizuka et al 2005 <sup>S50</sup>   | Hindpaw incision   | Rat    | Nociceptive | Surgical pain                      | Either pre- or post-operative ketamine administration (IP 3 to 30 mg/kg) produced antihypersensitivity effects in a dose-dependent manner. IT ketamine had no effect.                       |
| Nielsen et al 2004 <sup>S51</sup>   | Acidic saline injection into hindpaw                       | Rat    | Nociceptive | Inflammation, chemical injury      | Ketamine (IP 15 mg/kg) transiently increased paw withdrawal threshold to tactile stimulation after acidic saline injection, with effect lasting 30 minutes.                                 |
| Alvarez et al 2003 <sup>S52</sup>   | Capsaicin application                                      | Rat    | Nociceptive | Inflammation, chemical injury      | Ketamine alone (SC 0.4 to 12.5 mg/kg) reduced facial rubbing/scratching in the orofacial capsaicin test in a dose-dependent manner and showed a synergistic effect when used with morphine. |
| Butelman et al 2003 <sup>S53</sup>  | Capsaicin application                                      | Monkey | Nociceptive | Inflammation, chemical injury      | Ketamine (SC 0.32 to 1.8 mg/kg) produced a varying degree of capsaicin-induced thermal allodynia  |
| Nadeson et al 2002 <sup>S54</sup>   | Tail flick and response to electric current                | Rat    | Nociceptive | Opioid potentiation for acute pain | Subanalgesic doses of ketamine (IP, up to 3.75 mg/kg; IT, 25 $\mu$ g) potentiated the antinociceptive effects of IT fentanyl to noxious heat.   |
| Arendt-Nielsen et al 2011 <sup>S55</sup>  | Repetitive electrical stimulation                          | Rat    | Nociplastic | Central sensitization              | Highest ketamine dose (IV 0.2 mg/kg/min for 15 minutes) inhibited wind-up response of WDR neurons. Lower doses did not have a statistically significant effect.                             |
| Quintero et al 2011 <sup>S56</sup>  | Formalin injection/induced stress with forced swimming     | Rat    | Nociceptive | Inflammation, chemical injury      | Forced-swim rats post-treated with subanalgesic doses of ketamine (IP 5 mg/kg) displayed significantly lower pain scores after formalin injection   |
| <p> *: dosing data unavailable<br/> <math>\mu</math>g: microgram<br/> BID: bis in die (twice a day)<br/> CCI: chronic constriction injury<br/> CFA: complete Freund's adjuvant<br/> CPA: conditioned place aversion<br/> CRPS: complex regional pain syndrome<br/> HSV: herpes simplex virus<br/> IL2: interleukin 2<br/> IP: intraperitoneal<br/> IT: intrathecal<br/> IV: intravenous<br/> kg: kilogram<br/> mg: milligram<br/> NMDA N-methyl-D-aspartate<br/> NRS: numerical rating scale<br/> NSAID: nonsteroidal anti-inflammatory drug<br/> PD: pharmacodynamics.<br/> PK: pharmacokinetic<br/> POD: postoperative day<br/> SC: subcutaneous<br/> SNI: spared nerve injury<br/> SNL: spinal nerve ligation<br/> TNF<math>\alpha</math>: tumor necrosis factor alpha<br/> WDR: wide dynamic range </p> |  |        |             |                                    |   |

Abbreviations used in figures:

µg: microgram

BID: bis in die (twice a day)

CCI: chronic constriction Injury

CFA: complete Freund's adjuvant

CPA: conditioned place aversion

CRPS: complex regional pain syndrome

HSV: herpes simplex virus

IL2: interleukin 2

IP: intraperitoneal

IT: intrathecal

IV: intravenous

kg: kilogram

mg: milligram

NMDA N-methyl-D-aspartate

NRS: numerical rating scale

NSAID: nonsteroidal anti-inflammatory drug

PD: pharmacodynamics.

PK: pharmacokinetic

POD: postoperative day

SC: subcutaneous

SNI: spared nerve injury

SNL: spinal nerve ligation

TNFα: tumor necrosis factor alpha

WDR: wide dynamic range