

#### PATIENT INFORMATION

**Patient Name:** \_\_\_\_\_ **DOB:** \_\_\_\_\_ **Gender:** ☐ M ☐ F  
**Address:** \_\_\_\_\_ **City:** \_\_\_\_\_ **State:** \_\_\_\_\_ **ZIP:** \_\_\_\_\_  
**Phone:** \_\_\_\_\_ **Email:** \_\_\_\_\_ **Ht:** \_\_\_\_\_ **Wt:** \_\_\_\_\_  
**Please Attach:** ☐ Insurance cards ☐ History & Physical ☐ Most recent labs ☐ Medication list  
☐ NKDA ☐ Allergies: \_\_\_\_\_

#### PRESCRIBER INFORMATION

**Ordering Provider Name:** \_\_\_\_\_  
**Provider NPI:** \_\_\_\_\_ **Phone:** \_\_\_\_\_ **Fax:** \_\_\_\_\_  
**Practice Address:** \_\_\_\_\_ **City:** \_\_\_\_\_ **State:** \_\_\_\_\_ **ZIP:** \_\_\_\_\_

#### REQUIRED INFORMATION

**Documentation:**  
☐ Recent clinical and/or office visit notes supporting primary diagnosis  
☐ Tried and failed prescribed oral antidepressants (*please list*)  
 \_\_\_\_\_

#### SPRAVATO PRESCRIPTION

**ICD-10 Diagnosis Codes:** ☐ **F32.2** Major depressive disorder, single episode, severe without psychotic features  
☐ **F33.2** Major depressive disorder, recurrent severe, without psychotic features  
☐ **Other:** \_\_\_\_\_

☐ **New to Therapy** ☐ **Continuation of Therapy:** Date of last dose (if applicable): \_\_\_\_\_

#### Dosing/Frequency:

☒ **Each nasal spray device delivers two sprays containing a total of 28 mg of esketamine.**

**Weeks 1 to 4 :** ☐ Day 1 starting dose: 56 mg

Then administer twice per week ☐ 56mg or ☐ 84mg

**Weeks 5 to 8 :** Administer once weekly ☐ 56mg or ☐ 84mg

**Weeks 9 to 12 :** Administer once weekly ☐ 56mg or ☐ 84mg **OR** Administer twice weekly ☐ 56mg or ☐ 84mg

☐ **Refills:** \_\_\_\_\_

#### Sage Elevate Standing Orders:

☒ Provide treatment under Sage Elevate's Clinical Guidelines, Medication Safety Protocol, Emergency Guidelines, and Action Plan for Infusion Reactions.

Provider Name

Provider Signature

Date