

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

☒ Supporting Documentation:

Recent office visit notes including all tried and failed prescribed oral antidepressants:

MEDICATION ORDERS

ICD-10 Diagnosis Codes: ☐ F32.2 Major depressive disorder, single episode, severe without psychotic
☐ 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:

☒ 28mg of esketamine per device. 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

☐ Other: _____ ☐ 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