Spravato™ (esketamine) Intranasal Treatment Patient Referral Form

Spravato (esketamine) is the first and only NMDA receptor antagonist approved for the treatment of **TRD (Treatment-Resistant Depression)** and **MDSI (Major depression with suicidal ideation*)** in adults.

Patient Information

Name: _____ DOB: _____

Phone Number: _____ Email: _____

Diagnosis:

_____ Treatment Resistant Depression (failed **TWO** or more antidepressants)

Please note, we will need accurate information that includes the name of the antidepressant the patient has failed, dates the patient took the antidepressant, dose of the antidepressant, and a reason for discontinuation of the antidepressant in order for this referral to be accepted. We will be unable to continue with the approval process and/or insurance approval for Spravato without this information.

_____ Major Depression with Suicidal Ideation *Treatment with Spravato is not a substitute for psychiatric hospitalization in a patient with active intent to harm self.

Referring Clinician / Referring Provider

Name: _____ Practice: _____

Phone: _____ Fax: _____

This is a referral specifically for treatment with Spravato. Your patient will continue to see you for their antidepressant medication management. Your patient must be on an oral anti-depressant and remain on an oral antidepressant throughout Spravato **(**esketamine). Spravato (esketamine) is used in conjunction with an oral antidepressant. Please call the Spravato **(**esketamine) referral line (417) 347-7583 with any questions.

Please complete these forms and fax with records including insurance information to (417) 347-0407.

After we receive your referral form, we will do the following.

- **We will contact your patient and schedule a screening appointment and discuss treatment, answer preliminary questions, and collect any other relevant information needed.**
- **We will gather and submit documentation for prior authorization with insurance.**
- **We will complete a benefits investigation and notify the patient of any anticipated out-of-pocket costs.**
- **We will update you when your patient is scheduled with us and again following initial treatment to share information regarding treatment response.**

For additional information regarding Spravato please visit; https://www.spravato.com/

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Please list antidepressants the patient has failed. This should include the name, dose, frequency, and dates patient started and stopped medication. (May use separate sheet if needed)

_____
_____
_____

Please list current medications patient is taking with dose and frequency. (Include current oral antidepressant.)

_____
_____
_____

Does the patient have a history aneurysmal vascular disease (including thoracic and abdominal aorta, intracranial and peripheral arterial vessels.)

- YES
- NO

Does the patient have a hypersensitivity to esketamine, ketamine, or any of the excipients?

- YES
- NO

Does the patient have a history if arterial venous malformation?

- YES
- NO

Does the patient have a history of intracerebral hemorrhage?

- YES
- NO

Does the patient have a history cardiovascular disease?

- YES
- NO

Does the Patient have a history if hypertension? (Hypertension must be under control prior to starting treatment.)

- YES
- NO

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Has the patient ever been diagnosed with bipolar mania, if so when was the last time they were manic?

_____

Does the patient have a history of auditory hallucinations, visual hallucinations, or psychosis?

_____

Does the patient have any type of cognitive impairment?

- YES
- NO

Is the patient pregnant or planning to become pregnant?

- YES
- NO

Does the patient have a history of substance use?

- YES
- NO

Current substance abuse or dependence can complicate treatment with Spravato (esketamine). Patients are required to be free from all illicit substances (including marijuana and medical marijuana) for 30 days prior to treatment with Spravato (esketamine) and must remain off all substances during Spravato (esketamine) treatment.

Is the patient prescribed any controlled substances? (Stimulants, benzodiazepines, opiates, sedative etc...)

_____

Patients will be asked to hold all controlled substances on the day they are receiving Spravato (esketamine) treatment.

Please make sure the patient is aware and agree to the following requirements with Spravato (esketamine) treatment prior to sending the referral.

- Patient will need to have a driver to and from all Spravato (esketamine) appointments.
- Patients are not to drive on the day of receiving Spravato (esketamine) until they have had a good night's rest.
- Patient will be monitored for 2 hours during Spravato (esketamine) treatments and may not leave the facility during that time.
- Spravato (esketamine) is preformed twice weekly for weeks 1-4 and once a week for weeks 5-8. A decision will be made after the 8 week induction period regarding whether the patient will continue to receive weekly treatments or move to bi-weekly.

_____ _____

Referring Clinician / Referring Provider Signature: Date: