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 (faile	d TWO or more antidepressants in current depressive episode)
Major Depression with Suicidal Ideation hospitalization in a patient with active intent	on *Treatment with Spravato is <u>not a substitute</u> for psychiatric to harm self.
<u>Refe</u>	rring Clinician / Referring Provider
Name:	Practice:
Phone:	Fax:
depressant and remain on an oral antidepress diagnosis they must have failed two antidepress (esketamine) must be administered in conjunt Please fax completed Spravato (esketamine) After we receive your referral form, Compass We will contact your patient within two Spravato Treatment Providers. Our go We will complete a benefits investigation	ne) Referral Form and patient demographic information to 620-276-050
information regarding treatment resp	oonse. rees to the following requirements with Spravato (esketamine) treatmen
 Patients will need to have a driver to Patients are not to drive on the day o Patients will be monitored for 2 hours during that time. Spravato (esketamin Patients must abstain from substance initiation throughout duration of Spra 	and from all Spravato (esketamine) appointments. f receiving Spravato (esketamine) until they have had a good night's rest. s during Spravato (esketamine) treatments and may not leave the facility ne) is initiated twice weekly for weeks 1-4 and once a week for weeks 5-8 e use (including alcohol and marijuana) for 30 days prior to treatment evato treatment.
Referring Clinician / Referring Provider Sig	nature Date