

Patient name: _____ DOB: _____ Allergies: _____

Urine pregnancy test PRN

Code Considerations for Patients NEW to SPRAVATO®:

- F32.0 Major depressive disorder, single episode, mild
- F32.1 Major depressive disorder, single episode, moderate
- F32.2 Major depressive disorder, single, severe w/o psychotic features
- F32.9 Major depressive disorder, single episode, unspecified
- F33.0 Major depressive disorder, recurrent, mild
- F33.1 Major depressive disorder, recurrent, moderate
- F33.2 Major depressive disorder, recurrent, severe w/o psychotic features
- R45.851 Suicidal ideations

Code Considerations for Patients Already Receiving SPRAVATO®:

- F32.4 Major depressive disorder, single episode, in partial remission
- F32.5 Major depressive disorder, single episode, in full remission
- F33.41 Major depressive disorder, recurrent, in partial remission
- F33.42 Major depressive disorder, recurrent, in full remission

Standard initiation for treatment-resistant depression:

- Starting dose = 56mg intranasal
- Contact prescriber after first dose and advance dose to 84mg intranasal as directed by prescriber.
 - Date/Time dose advanced to 84mg: _____ Signature: _____
- Give twice weekly for 4 weeks, then contact prescriber to evaluate treatment response.
 - Date/Time treatment beyond 4 weeks authorized: _____ Signature: _____
- Then give once weekly for 4 weeks.
- Then give every other week.

Continue treatment for depression:

- Dose (check one) = 56mg / 84mg Frequency: _____
- Previous treatment location and phone #: _____

Continue treatment for major depressive disorder with acute suicidal ideation or behavior:

- Give (check one): 56mg / 84mg intranasal.
- Give twice weekly to complete 4 weeks.
- How many doses of ketamine or esketamine has the patient already received in this series? _____

Contingency medication orders:

- Ondansetron 4mg ORAL x1 as needed for nausea. May give as premedication.
- Promethazine 25mg ORAL or 12.5mg IM x1 as needed for nausea, if ondansetron not effective.
- Acetaminophen 650mg ORAL x1 as needed for headache.
- Alprazolam 0.5mg ORAL x1 as needed for severe anxiety. Report to prescriber.

*Physician signature

*Date

*Time

*Denotes field that must be completed by healthcare worker

FAX order form to 503-815-7515



Physician Order

Physician Order: SPRAVATO®
Adventist Health Tillamook
1000 Third St., Tillamook OR 97141

{ Patient label }