

# MATRxVIP

## MATRIX VIP PHARMACY

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Phone (866) 410-3306 Fax (866) 410-3304

Questions? E-mail us at [INFO@MATRIX-PHARMACY.COM](mailto:INFO@MATRIX-PHARMACY.COM) or Call (866) 410-3306. We are here to assist you!

## SPRAVATO<sup>®</sup> (esketamine) CIII 56mg ENROLLMENT FORM

### PATIENT INFORMATION & DEMOGRAPHICS

ORDER DATE: \_\_\_\_\_ APPOINTMENT DATE (if known): \_\_\_\_\_  
FIRST NAME: \_\_\_\_\_ LAST NAME: \_\_\_\_\_  
DOB: \_\_\_\_\_  Female  Male PHONE: \_\_\_\_\_  
ADDRESS: \_\_\_\_\_  
CITY: \_\_\_\_\_ STATE: \_\_\_\_\_ ZIP: \_\_\_\_\_  
INSURANCE COMPANY: \_\_\_\_\_ ID#: \_\_\_\_\_  
GROUP#: \_\_\_\_\_ EMERGENCY CONTACT: \_\_\_\_\_

### PRESCRIPTION INFORMATION

DIAGNOSIS:  F33.\_\_\_\_ (Major Depressive Disorder)

**SPRAVATO<sup>®</sup> (esketamine) CIII Nasal Spray 56mg**

#### Directions:

Administer intranasally:  day 1 starting dose only  once weekly  twice weekly

once every other week

Quantity: \_\_\_\_\_ box(es) Refills: \_\_\_\_\_

Prescriptions for Spravato are delivered only to the prescriber's REMS-authorized and DEA-registered healthcare setting and is never dispensed directly to patients.

### PRESCRIBER INFORMATION

OFFICE/CLINIC NAME: \_\_\_\_\_ ATN: \_\_\_\_\_  
OFFICE ADDRESS: \_\_\_\_\_  
CITY: \_\_\_\_\_ STATE: \_\_\_\_\_ ZIP: \_\_\_\_\_  
PHONE: \_\_\_\_\_ FAX: \_\_\_\_\_  
PRESCRIBER NAME \_\_\_\_\_  
NPI: \_\_\_\_\_ LICENSE: \_\_\_\_\_ DEA: \_\_\_\_\_  
PRESCRIBER SIGNATURE: \_\_\_\_\_ DATE: \_\_\_\_\_

(substitution permissible if applicable)

IN ORDER FOR A BRAND NAME PRODUCT TO BE DISPENSED, THE PRESCRIBER MUST HANDWRITE "BRAND NECESSARY" OR "BRAND MEDICALLY NECESSARY" IN THE SPACE BELOW.

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