Washington State Department of Labor & Industries

Esketamine Nasal Spray for Treatment-Resistant Depression

Office of the Medical Director
PO Box 44231
Olympia WA 98504-4321

Please fax complete form along with any supportive medical documentation to 360-902-6315. Write the claim number on every page.

Worker's Name	Claim Number

Section 1
Is this the initial request? ☐ Yes – Go to Section 2 ☐ No – Go to Section 3

Section 2			
Criteria for initial 90-day trial (all of the following must be met):			
1. Is major depressive disorder accepted or is treatment currently authorized? ☐ Yes ☐ No			
2. Has the worker tried and failed:			
A. At least three antidepressant trials from different classes? If "Yes", specify below: ☐ Yes ☐ No			
Antidepressant #1	Date	Dose and Outcome	
Antidepressant #2	Date	Dose and Outcome	
Antidepressant #3	Date	Dose and Outcome	
AND			
B. At least one augmenting agent (second-generation antipsychotic, lithium, or thyroid supplementation)? If "Yes", specify below: ☐ Yes ☐ No			
Augmenting Agent	Date	Dose and Outcome	
AND			
C. Either ECT or TMS? If "Yes", specify below: ☐ Yes ☐ No			
Treatment	Date	Outcome	
3. Is depression moderate to severe based on PHQ-9 ≥ 10 or MADRS ≥ 20 (administered within the last 30 days)? ☐ Yes ☐ No If "Yes", specify below.			
Scale	Date	Score	
4. Is the provider certified in the esketamine nasal spray REMS program? ☐ Yes ☐ No			

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5.	Has the provider verified that the worker has no current or history of aneurysmal vascular disease, arteriovenous malformation, intracerebral hemorrhage, psychosis, or substance use disorder, and any other cautions have been appropriately addressed?	☐ Yes ☐ No

Section 3			
Criteria for continued coverage (all of the following must be met):			
1.	Did the worker experience meaningful improvement in depression severity (≥ 6 point reduction in PHQ-9 score or ≥ 10 point reduction in MADRS score) from the use of esketamine nasal spray?		☐ Yes ☐ No
	If "Yes", specify below:		
Scale	Baseline Date	Score	
	Follow-up Date	Score	
2.	Was esketamine nasal spray well-tolerated with no significant adverse outcomes?		☐ Yes ☐ No
3.	Is esketamine dosing consistent with FDA labeling?		☐ Yes ☐ No

Section 4	
Prescriber Name	Prescriber Phone Number
Signature	Date

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