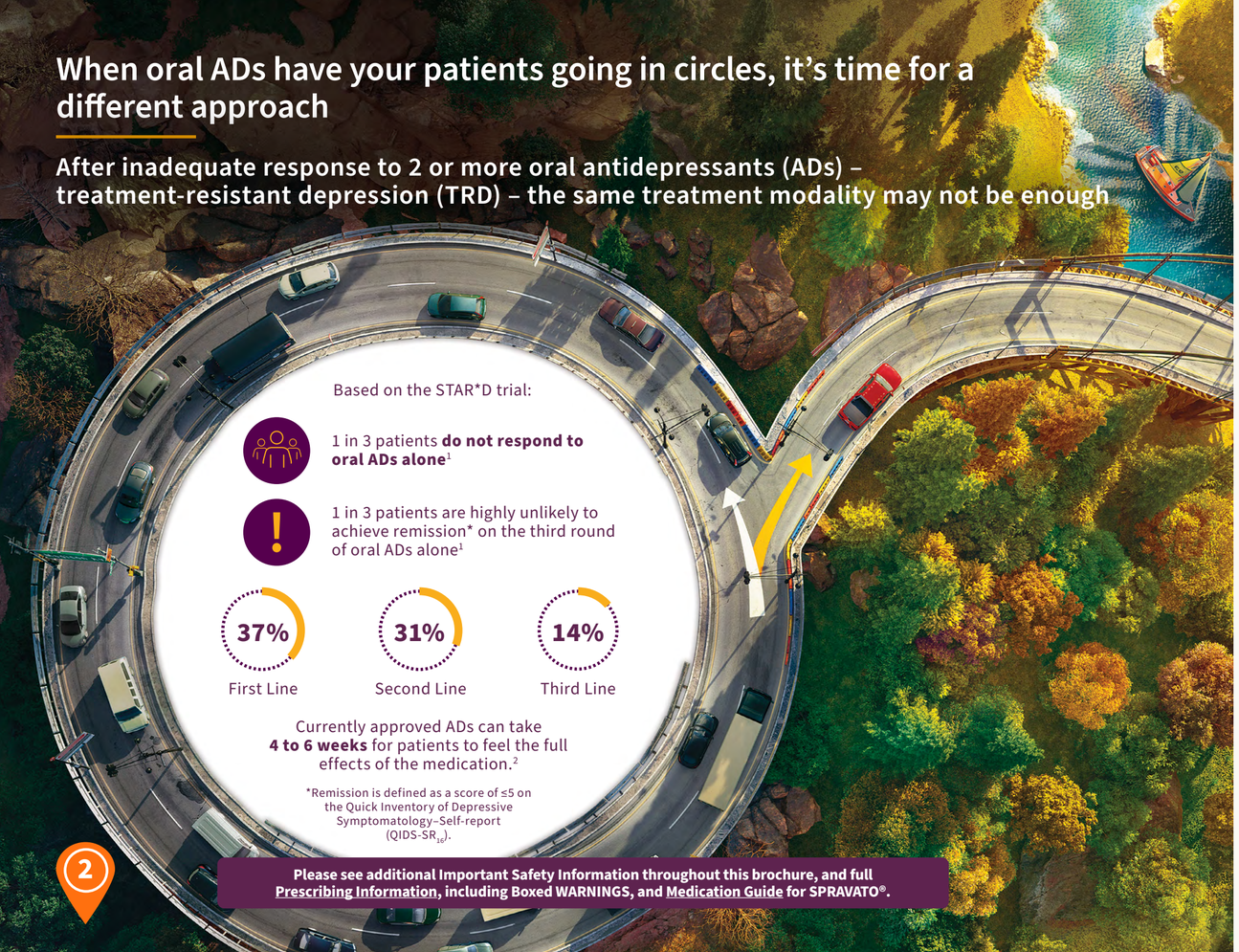
# When oral ADs have your patients going in circles, it's time for a different approach

## After inadequate response to 2 or more oral antidepressants (ADs) – treatment-resistant depression (TRD) – the same treatment modality may not be enough




**Please see additional Important Safety Information throughout this brochure, and full Prescribing Information, including Boxed WARNINGS, and Medication Guide for SPRAVATO®.**



**Spravato®** (esketamine) CIII
28 mg nasal spray

- A different treatment approach
- FDA approved for over 4 years
- Nasal spray formulation

**Indications:**

SPRAVATO® (esketamine) CIII Nasal Spray is indicated, in conjunction with an oral antidepressant, for the treatment of:

- Treatment-resistant depression (TRD) in adults.
- Depressive symptoms in adults with major depressive disorder (MDD) with acute suicidal ideation or behavior.

**Limitations of Use:**

- The effectiveness of SPRAVATO® in preventing suicide or in reducing suicidal ideation or behavior has not been demonstrated. Use of SPRAVATO® does not preclude the need for hospitalization if clinically warranted, even if patients experience improvement after an initial dose of SPRAVATO®.
- SPRAVATO® is not approved as an anesthetic agent. The safety and effectiveness of SPRAVATO® as an anesthetic agent have not been established.

## Important Safety Information (continued)

**CONTRAINDICATIONS**

**SPRAVATO® is contraindicated in patients with:**

- Aneurysmal vascular disease (including thoracic and abdominal aorta, intracranial and peripheral arterial vessels) or arteriovenous malformation.
- History of intracerebral hemorrhage.
- Hypersensitivity to esketamine, ketamine, or any of the excipients.

**WARNINGS AND PRECAUTIONS**

**Sedation:** SPRAVATO® may cause sedation or loss of consciousness. In some cases, patients may display diminished or less apparent breathing. In clinical trials, 48% to 61% of SPRAVATO®-treated patients developed sedation and 0.3% to 0.4% of SPRAVATO®-treated patients experienced loss of consciousness.

Because of the possibility of delayed or prolonged sedation, patients must be monitored by a healthcare provider for at least 2 hours at each treatment session, followed by an assessment to determine when the patient is considered clinically stable and ready to leave the healthcare setting.

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