Actor portrayal.
ADs=antidepressants.
MDD=major depressive disorder.

Spravato® (esketamine) CIII
28 mg nasal spray

For patients with MDD who have had an inadequate response to 2 or more oral ADs – treatment-resistant depression (TRD) – CHOOSE SPRAVATO®[1]

**See inside for important additional data**

## Important Safety Information

**WARNING: SEDATION, DISSOCIATION; ABUSE AND MISUSE; and SUICIDAL THOUGHTS AND BEHAVIORS**

***See full prescribing information for complete boxed warning***

- **Risk for sedation and dissociation after administration. Monitor patients for at least two hours after administration (5.1, 5.2).**
- **Potential for abuse and misuse. Consider the risks and benefits of using SPRAVATO® prior to use in patients at higher risk of abuse. Monitor for signs and symptoms of abuse and misuse (5.3).**
- **SPRAVATO® is only available through a restricted program called the SPRAVATO® REMS (5.4).**
- **Increased risk of suicidal thoughts and behaviors in pediatric and young adult patients taking antidepressants. Closely monitor all antidepressant-treated patients for clinical worsening and emergence of suicidal thoughts and behaviors. SPRAVATO® is not approved for use in pediatric patients (5.5).**

**Indication:**

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

- Treatment-resistant depression (TRD) in adults.

**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.

*(continued on page 3)*

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

# After cycling through multiple oral ADs and months without relief, isn't it time to rethink your patient's treatment regimen?

Based on the STAR*D trial:

**1 in 3 patients do not respond to oral ADs alone[2]**

**Patients with MDD are highly unlikely to achieve remission on the third round of oral ADs; by the third line of oral ADs, the chance of remission falls to 14%[2]**



Please see additional Important Safety Information throughout this guide 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 3 years
- Nasal spray formulation

**Indication:**

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

- Treatment-resistant depression (TRD) in adults.

**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:**

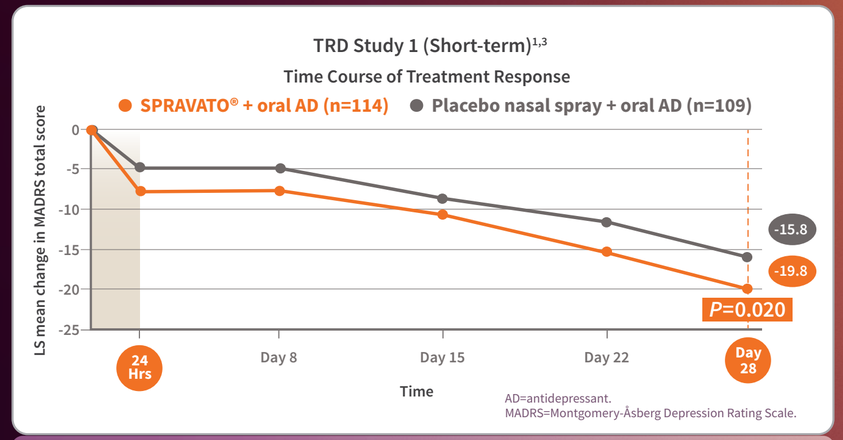
- Aneurysmal vascular disease (including thoracic and abdominal aorta, intracranial and peripheral arterial vessels) or arteriovenous malformation.
- History of intracerebral hemorrhage.
- Hypersensitivity to esketamine, ketamine, or any of the excipients.

**WARNINGS AND PRECAUTIONS**

**Sedation:** 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.

*(continued on page 4)*




**Important Safety Information (continued)**

**Sedation (continued)**

Closely monitor for sedation with concomitant use of SPRAVATO® with CNS depressants (e.g., benzodiazepines, opioids, alcohol).

**Dissociation:** The most common psychological effects of SPRAVATO® were dissociative or perceptual changes (including distortion of time, space and illusions), derealization and depersonalization (61% to 84% of SPRAVATO®-treated patients developed dissociative or perceptual changes). Given its potential to induce dissociative effects, carefully assess patients with psychosis before administering SPRAVATO®; treatment should be initiated only if the benefit outweighs the risk.



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



# SPRAVATO® + oral AD demonstrated **rapid** and superior improvement in depressive symptoms at Week 4 compared to placebo + oral AD[1,3]

**Most of the treatment difference between SPRAVATO® and placebo was observed at 24 hours**

**Between 24 hours and Day 28, both SPRAVATO® and placebo groups continued to improve, and the difference between these 2 groups generally remained the same**

**STUDY DESIGN:**

- Evaluated in a randomized, placebo-controlled, double-blind, short-term (4-week) study in adults with TRD (in current depressive episode and had not responded to ≥2 different oral ADs adequately)
- Patients discontinued prior treatment and were randomized to receive twice weekly doses of SPRAVATO® (flexible; 56 mg or 84 mg) plus a newly initiated oral AD or intranasal placebo plus newly initiated oral AD
- Primary endpoint was change from baseline in the Montgomery-Åsberg Depression Rating Scale (MADRS) total score at 4 weeks
- Patients across SPRAVATO® and placebo nasal spray groups had a median age of 47 years and were 62% female, 93% Caucasian, and 5% Black

**Important Safety Information (continued)**

**Dissociation (continued)**

Because of the risks of dissociation, 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.

**Abuse and Misuse:** SPRAVATO® contains esketamine, a Schedule III controlled substance (CIII), and may be subject to abuse and diversion. Assess each patient's risk for abuse or misuse prior to prescribing and monitor all patients for the development of these behaviors or conditions, including drug-seeking behavior, while on therapy. Individuals with a history of drug abuse or dependence are at greater risk; therefore, use careful consideration prior to treatment of individuals with a history of substance use disorder and monitor for signs of abuse or dependence.

*(continued on page 6)*

Spravato® (esketamine) CIII
28 mg nasal spray

| Most common adverse events (AEs)[1] (incidence ≥5% and at least twice that of placebo + oral AD) | SPRAVATO® + oral AD (N=346) | Placebo + oral AD (N=222) |
|---|---|---|
| Dissociation* | 41% | 9% |
| Dizziness* | 29% | 8% |
| Nausea | 28% | 9% |
| Sedation* | 23% | 9% |
| Vertigo* | 23% | 3% |
| Hypoesthesia* | 18% | 2% |
| Anxiety* | 13% | 6% |
| Lethargy* | 11% | 5% |
| Blood pressure increased* | 10% | 3% |
| Vomiting | 9% | 2% |
| Feeling drunk | 5% | 0.5% |
| **Additional AEs in ≥2% of adults with TRD and at a greater rate than placebo (SPRAVATO® + oral AD vs placebo + oral AD)** | | |
| Headache* (20% vs 17%), Dysgeusia* (19% vs 14%), Insomnia (8% vs 7%), Diarrhea (7 % vs 6%), Nasal discomfort* (7% vs 5%), Throat irritation (7% vs 4%), Dry mouth (5% vs 3%), Hyperhidrosis (4% vs 2%), Euphoric mood (4% vs 1%), Dysarthria* (4% vs 0%), Tremor (3% vs 1%), Oropharyngeal pain (3% vs 2%), Mental impairment (3% vs 1%), Constipation (3% vs 1%), Pollakiuria (3% vs 0.5 %), Feeling abnormal (3% vs 0%), Tachycardia* (2% vs 0.5%) | | |

***The following terms were combined:**

**Dissociation includes:** delusional perception; depersonalization/derealization disorder; derealization; diplopia; dissociation; dysesthesia; feeling cold; feeling hot; feeling of body temperature change; hallucination; hallucination, auditory; hallucination, visual; hyperacusis; illusion; ocular discomfort; oral dysesthesia; paresthesia; paresthesia oral; pharyngeal paresthesia; photophobia; time perception altered; tinnitus; vision blurred; visual impairment
**Dizziness includes:** dizziness; dizziness exertional; dizziness postural; procedural dizziness
**Sedation includes:** altered state of consciousness; hypersomnia; sedation; somnolence
**Vertigo includes:** vertigo; vertigo positional
**Hypoesthesia includes:** hypoesthesia; hypoesthesia oral, hypoesthesia teeth, pharyngeal hypoesthesia
**Anxiety includes:** agitation; anticipatory anxiety; anxiety; fear; feeling jittery; irritability; nervousness; panic attack; tension
**Lethargy includes:** fatigue; lethargy
**Blood pressure increased includes:** blood pressure diastolic increased; blood pressure increased; blood pressure systolic increased; hypertension
**Headache includes:** headache; sinus headache
**Dysgeusia includes:** dysgeusia; hypogeusia
**Nasal discomfort includes:** nasal crusting; nasal discomfort; nasal dryness; nasal pruritus
**Dysarthria includes:** dysarthria; slow speech; speech disorder
**Tachycardia includes:** extrasystoles; heart rate increased; tachycardia

**Important Safety Information (continued)**

**SPRAVATO® Risk Evaluation and Mitigation Strategy (REMS):** SPRAVATO® is available only through a restricted program called the SPRAVATO® REMS because of the risks of serious adverse outcomes from sedation, dissociation, and abuse and misuse.

Important requirements of the SPRAVATO® REMS include the following:

- Healthcare settings must be certified in the program and ensure that SPRAVATO® is:
  - Only dispensed and administered in healthcare settings.
  - Patients treated in outpatient settings (e.g., medical offices and clinics) must be enrolled in the program.
  - Administered by patients under the direct observation of a healthcare provider and that patients are monitored by a



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



## SPRAVATO® offers your patients a consistent safety profile with a minimal risk for weight gain and sexual dysfunction compared to placebo[1,4,5]

**Sexual dysfunction was not observed** in SPRAVATO® trials at a rate greater than 2%[4]

**No notable difference in mean body weight change** compared to placebo plus oral AD from baseline in the short-term Phase 2 and 3 studies[5]

**You can have the confidence that SPRAVATO® demonstrated low discontinuation rates**

**4-week TRD short-term studies***

**4.6%** of patients taking SPRAVATO® discontinued treatment due to AEs

* Two short-term TRD studies in adults aged <65 years.

**Important Safety Information (continued)**

**SPRAVATO® Risk Evaluation and Mitigation Strategy (REMS) (continued)**

healthcare provider for at least 2 hours after administration of SPRAVATO®.

- Pharmacies must be certified in the REMS and must only dispense SPRAVATO® to healthcare settings that are certified in the program.

Further information, including a list of certified pharmacies, is available at www.SPRAVATOrems.com or 1-855-382-6022.

**Suicidal Thoughts and Behaviors in Adolescents and Young Adults:** In pooled analyses of placebo-controlled trials of antidepressant drugs (SSRIs and other antidepressant classes) that included adult and pediatric patients, the incidence of suicidal thoughts and behaviors in patients age 24 years and younger was greater than in placebo-treated patients. SPRAVATO® is not approved in pediatric (<18 years of age) patients.

*(continued on page 8)*

## 4-year analysis of an ongoing, open-label safety extension study

# In a subgroup analysis of TRD patients, SPRAVATO® was assessed for safety as well as secondary endpoints related to efficacy[6,7]

**The data from this subgroup analysis is drawn from an ongoing, Phase 3, open-label, long-term safety extension study in adults with TRD.**

**LIMITATIONS:**

- Results from an open-label, long-term safety study with no comparator group. Efficacy data not assessed for statistical significance
- Generalizability of study findings may be limited by patients who chose to continue from the parent study and by exclusion of participants with significant comorbidities (psychiatric or medical) or substance dependence; decrease in sample size later in the trial may have implications for representativeness/generalizability of findings

**STUDY DESIGN:**

A subgroup analysis was conducted on a cohort of 1006 patients who met criteria consistent with the on-label population.

- Patients eligible for this subgroup analysis were 18-64 years of age and received SPRAVATO® 56 mg or 84 mg twice weekly during IND phase and flexible dosing during OP/M phase; all patients should have taken a permitted oral AD for the duration of the study

**Primary endpoint: Number of participants with treatment-emergent adverse events (TEAEs).**

**Important Safety Information (continued)**

**Suicidal Thoughts and Behaviors in Adolescents and Young Adults (continued)**

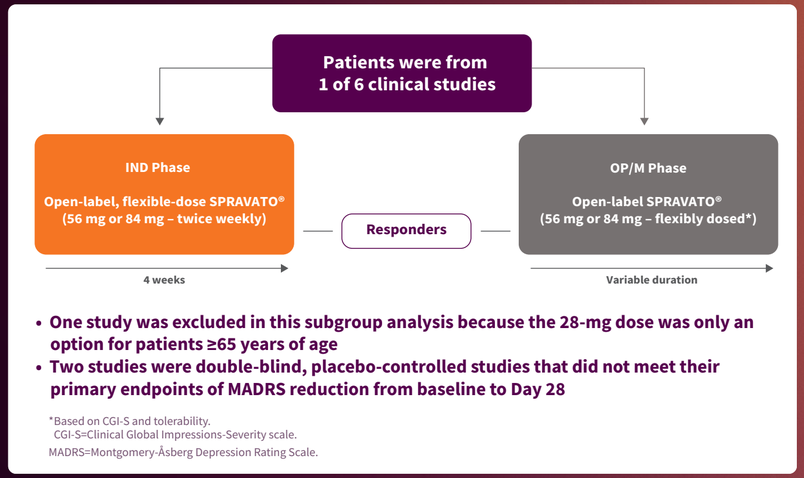
There was considerable variation in risk of suicidal thoughts and behaviors among drugs, but there was an increased risk identified in young patients for most drugs studied.

Monitor all antidepressant-treated patients for clinical worsening and emergence of suicidal thoughts and behaviors, especially during the initial few months of drug therapy and at times of dosage changes. Counsel family members or caregivers of patients to monitor for changes in behavior and to alert the healthcare provider. Consider changing the therapeutic regimen, including possibly discontinuing SPRAVATO® and/or the concomitant oral antidepressant, in



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






- **One study was excluded in this subgroup analysis because the 28-mg dose was only an option for patients ≥65 years of age**
- **Two studies were double-blind, placebo-controlled studies that did not meet their primary endpoints of MADRS reduction from baseline to Day 28**

*Based on CGI-S and tolerability.
CGI-S=Clinical Global Impressions-Severity scale.
MADRS=Montgomery-Åsberg Depression Rating Scale.



**Important Safety Information (continued)**

**Suicidal Thoughts and Behaviors in Adolescents and Young Adults (continued)**

patients whose depression is persistently worse, or who are experiencing emergent suicidal thoughts or behaviors.

**Increase in Blood Pressure:** SPRAVATO® causes increases in systolic and/or diastolic blood pressure (BP) at all recommended doses. Increases in BP peak approximately 40 minutes after SPRAVATO® administration and last approximately 4 hours.

Approximately 8% to 19% of SPRAVATO®-treated patients experienced an increase of more than 40 mmHg in systolic BP and/or 25 mmHg in diastolic BP in the first 1.5 hours after administration at least once during the first 4 weeks of treatment. A substantial increase in blood pressure could occur after any dose administered even if smaller blood pressure effects were observed with previous administrations. SPRAVATO®

*(continued on page 10)*

## 4-year analysis of an ongoing, open-label safety extension study (continued)

### No new safety signals observed, and during the combined IND and OP/M phases, 93.5% of patients experienced ≥1 TEAE[7]

**Most TEAEs (96.7%) occurred and resolved on same day of dosing[7]**

**The majority of dissociation (93.2%), blood pressure increase (86.1%), and sedation (87.4%) resolved in less than 2 hours[8]**

**Additional 4-year safety results**

- Three patients (0.7%) in the IND phase (N=436) and 139 patients (14.3%) in the OP/M phase (N=971) experienced ≥1 serious AE
- Three deaths occurred: 1 in the IND phase and 2 in the OP/M phase (COVID-19, accidental polytrauma, suicide); none were related to ESK
- A total of 60 (6.0%) patients experienced 1 or more TEAEs potentially related to suicidality (suicidal ideation, n=44; suicide attempt, n=11; suicidal behavior, n=3; completed suicide, n=1; depression suicidal, n=1)

| TEAEs | SPRAVATO® (N=1006) |
|---|---|
| Headache | 33.9% |
| Dizziness | 32.0% |
| Nausea | 32.0% |
| Dissociation | 25.6% |
| Somnolence | 23.4% |
| Nasopharyngitis | 22.3% |
| Dysgeusia | 20.9% |
| Vertigo | 19.1% |
| Anxiety | 16.7% |
| Back pain | 16.4% |
| Vomiting | 15.1% |
| Diarrhea | 13.4% |
| Arthralgia | 13.3% |
| Blood pressure increased | 13.1% |
| Urinary tract infection | 12.3% |
| Insomnia | 11.7% |
| Upper respiratory tract infection | 11.5% |
| Influenza | 10.7% |
| Vision blurred | 10.5% |
| Fatigue | 10.4% |
| Hypoesthesia | 10.1% |

**Important Safety Information (continued)**

**Increase in Blood Pressure (continued)**

is contraindicated in patients for whom an increase in BP or intracranial pressure poses a serious risk (e.g., aneurysmal vascular disease, arteriovenous malformation, history of intracerebral hemorrhage). Before prescribing SPRAVATO®, patients with other cardiovascular and cerebrovascular conditions should be carefully assessed to determine whether the potential benefits of SPRAVATO® outweigh its risk.

Assess BP prior to administration of SPRAVATO®. In patients whose BP is elevated prior to SPRAVATO® administration (as a general guide: >140/90 mmHg), a decision to delay

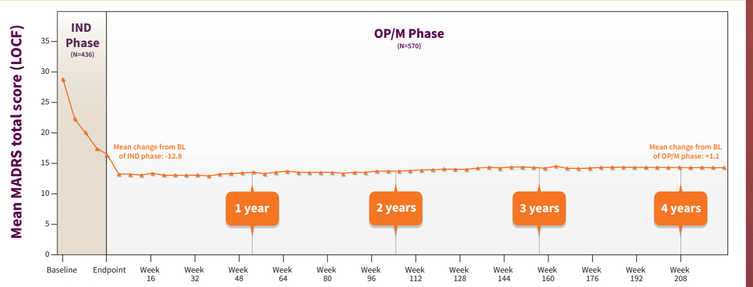


**Please see additional Important Safety Information throughout this guide and full Prescribing Information, including Boxed WARNINGS, and Medication Guide for SPRAVATO®.**

Spravato® (esketamine) CIII
28 mg nasal spray

### In an ongoing, long-term, open-label safety study, MADRS scores were consistent through interim analysis at 4 years[6]

**Mean MADRS Total Scores (LOCF) During the Induction (IND) and Optimization/Maintenance (OP/M) Phases[6]**




BL=baseline.
LOCF=last observation carried forward.
MADRS=Montgomery-Åsberg Depression Rating Scale.

**Efficacy data not assessed for statistical significance.**

**Of the 1006 patients studied in this cohort, 68.9% were treated with SPRAVATO® for at least 30 months**

**Important Safety Information (continued)**

**Increase in Blood Pressure (continued)**

SPRAVATO® therapy should take into account the balance of benefit and risk in individual patients.

BP should be monitored for at least 2 hours after SPRAVATO® administration. Measure blood pressure around 40 minutes post-dose and subsequently as clinically warranted until values decline. If BP remains high, promptly seek assistance from practitioners experienced in BP management. Refer patients experiencing symptoms of a hypertensive crisis (e.g., chest pain, shortness of breath) or hypertensive encephalopathy (e.g., sudden severe headache, visual disturbances, seizures, diminished consciousness, or focal neurological deficits) immediately for emergency care.

*(continued on page 12)*

Spravato® (esketamine) C-III
28 mg nasal spray

**1** **Locate a treatment center with your patient and help set expectations for SPRAVATO®, including its side effects**

Click the QR code to use the find-a-center tool.

**2** **Establish relationship with treatment center and call them to see if they accept your patient's insurance**

**3** **Continue overall mental health care and follow up with your patient**

**Important Safety Information (continued)**

**Increase in Blood Pressure (continued)**

Closely monitor blood pressure with concomitant use of SPRAVATO® with psychostimulants (e.g., amphetamines, methylphenidate, modafinil, armodafinil) or monoamine oxidase inhibitors (MAOIs).

In patients with a history of hypertensive encephalopathy, more intensive monitoring, including more frequent blood pressure and symptom assessment, is warranted because these patients are at increased risk for developing encephalopathy with even small increases in blood pressure.



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

# It takes 3 steps to start your appropriate patients on SPRAVATO® at a REMS-certified SPRAVATO® treatment center

## Setting expectations for your patient

- Review the benefits and risks associated with SPRAVATO®, including Boxed WARNINGS for sedation, dissociation, abuse and misuse, and suicidal thoughts and behaviors
- Discuss what to expect at the treatment center:
  - **First visit:** consultation only; treatment center reviews patient's history, REMS enrollment, insurance
  - **Second visit:** treatment begins; patient self-administers SPRAVATO® and is monitored by a healthcare provider for 2 hours

## Establishing a relationship with the treatment center

- Call the treatment center to find out if they accept your patient's insurance and if they have a referral form or process you can utilize
- If they do not have a referral form, **click the QR code on the right to access a SPRAVATO® Referral Form**

**Important Safety Information (continued)**

**Cognitive Impairment**

Short-Term Cognitive Impairment: In a study in healthy volunteers, a single dose of SPRAVATO® caused cognitive performance decline 40 minutes post-dose. Compared to placebo-treated subjects, SPRAVATO®-treated subjects required a greater effort to complete the cognitive tests at 40 minutes post-dose. Cognitive performance and mental effort were comparable between SPRAVATO® and placebo at 2 hours post-dose. Sleepiness was comparable after 4 hours post-dose.

Long-Term Cognitive Impairment: Long-term cognitive and memory impairment have been reported with repeated ketamine misuse or abuse. No adverse effects of SPRAVATO®

*(continued on page 14)*

Spravato® (esketamine) C-III
28 mg nasal spray

Click the QR code for more details on Janssen CarePath


**Important Safety Information (continued)**

**Cognitive Impairment (continued)**

nasal spray on cognitive functioning were observed in a one-year open-label safety study; however, the long-term cognitive effects of SPRAVATO® have not been evaluated beyond one year.

**Impaired Ability to Drive and Operate Machinery:** Before SPRAVATO® administration, instruct patients not to engage in potentially hazardous activities requiring complete mental alertness and motor coordination, such as driving a motor vehicle or operating machinery, until the next day following a restful sleep. Patients will need

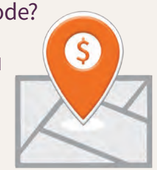


Please see additional Important Safety Information throughout this guide and full Prescribing Information, including Boxed WARNINGS, and Medication Guide for SPRAVATO®.

# The majority of your patients will have coverage* – get them started today

## Want to see local coverage for your ZIP Code?

Call your Janssen Representative and they'll be happy to show you the coverage available in your area



## Janssen CarePath

**Support for patients using commercial or private insurance to pay for medication**

**Janssen CarePath Savings Program can help eligible patients save on their out-of-pocket medication costs for SPRAVATO®.** Depending on their health insurance plan, savings may apply toward co-pay, co-insurance, or deductible. Not valid for patients using Medicare, Medicaid, or other government-funded programs to pay for their medications. Terms expire at the end of each calendar year and may change. There is no income requirement. See full eligibility requirements at Spravato.JanssenCarePathSavings.com.

***73.8% of SPRAVATO® pharmacy claims were approved by insurance.[10]**

The Decision Resources Group (DRG; part of Clarivate) Real World Data Repository (01/2016-03/2021) was used to describe access and real-world use patterns of SPRAVATO® among adults with TRD with private or public insurance.

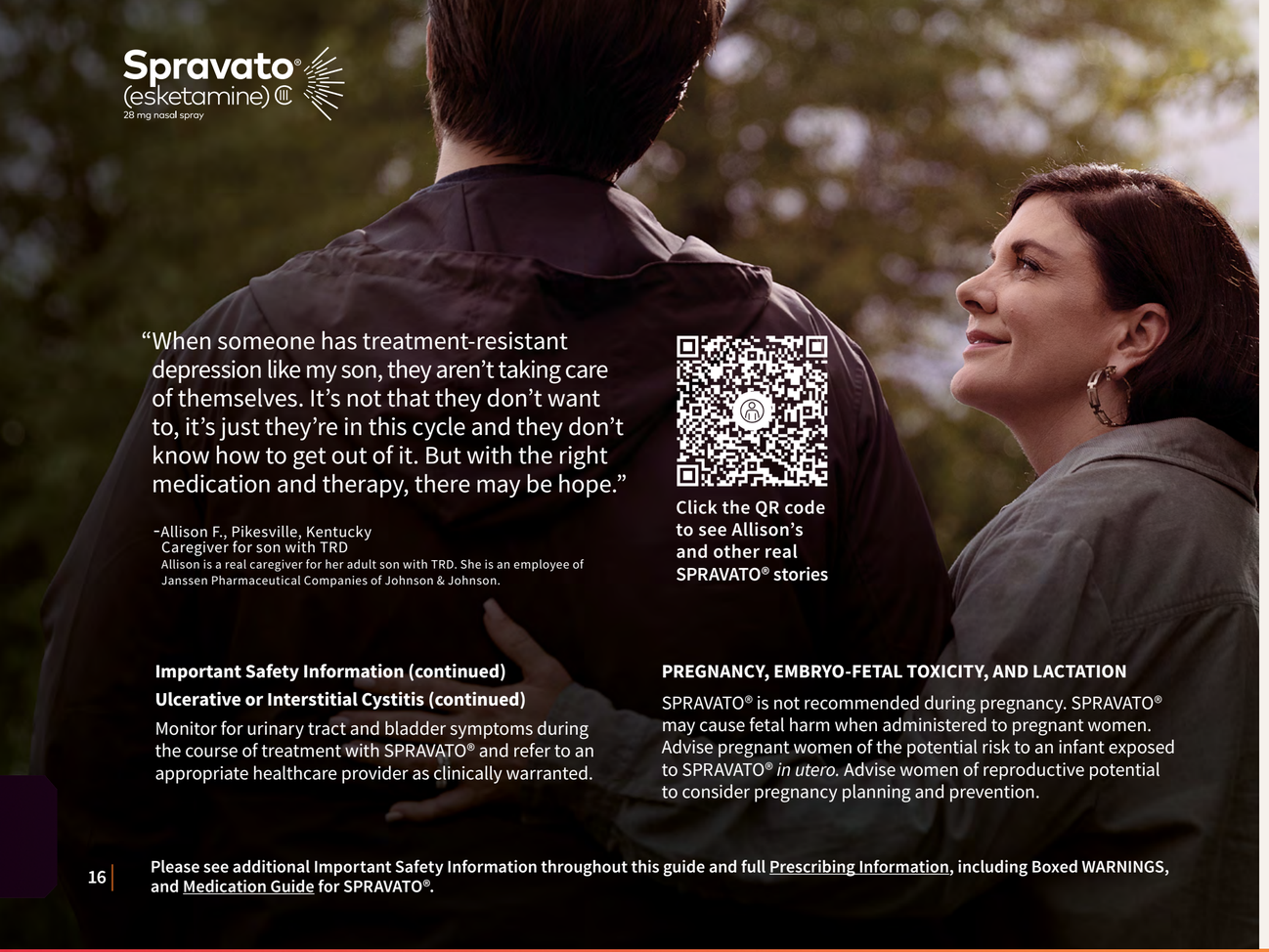
**Important Safety Information (continued)**

**Impaired Ability to Drive and Operate Machinery (continued)**

to arrange transportation home following treatment with SPRAVATO®.

**Ulcerative or Interstitial Cystitis:** Cases of ulcerative or interstitial cystitis have been reported in individuals with long-term off-label use or misuse/abuse of ketamine. In clinical studies with SPRAVATO® nasal spray, there was a higher rate of lower urinary tract symptoms (pollakiuria, dysuria, micturition urgency, nocturia, and cystitis) in SPRAVATO®-treated patients than in placebo-treated patients. No cases of esketamine-related interstitial cystitis were observed in any of the studies, which involved treatment for up to a year.

*(continued on page 16)*




“When someone has treatment-resistant depression like my son, they aren’t taking care of themselves. It’s not that they don’t want to, it’s just they’re in this cycle and they don’t know how to get out of it. But with the right medication and therapy, there may be hope.”

-Allison F., Pikesville, Kentucky
Caregiver for son with TRD
Allison is a real caregiver for her adult son with TRD. She is an employee of Janssen Pharmaceutical Companies of Johnson & Johnson.

**Click the QR code to see Allison’s and other real SPRAVATO® stories**

**Important Safety Information (continued)**

**Ulcerative or Interstitial Cystitis (continued)**

Monitor for urinary tract and bladder symptoms during the course of treatment with SPRAVATO® and refer to an appropriate healthcare provider as clinically warranted.

**PREGNANCY, EMBRYO-FETAL TOXICITY, AND LACTATION**

SPRAVATO® is not recommended during pregnancy. SPRAVATO® may cause fetal harm when administered to pregnant women. Advise pregnant women of the potential risk to an infant exposed to SPRAVATO® *in utero*. Advise women of reproductive potential to consider pregnancy planning and prevention.



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

# For patients with MDD who have had an inadequate response to 2 or more oral ADs – TRD – CHOOSE SPRAVATO®

**Improvement in depressive symptoms at Week 4[1,3]**
Rapid and superior improvement at Week 4 with most treatment difference at 24 hours compared to placebo + oral AD

**Established safety [1,7,8]**
A consistent safety profile with no new safety signals observed at the 4-year analysis of the ongoing SUSTAIN-3 trial

**Consistent long-term response[6]**
In an ongoing, long-term, open-label safety study, MADRS scores were consistent through interim analysis at 4 years

**Coverage**
Most patients will have SPRAVATO® covered by their insurance

**Click the QR code to find a treatment center today**

**Important Safety Information (continued)**

**PREGNANCY, EMBRYO-FETAL TOXICITY, AND LACTATION (continued)**

There are risks to the mother associated with untreated depression in pregnancy. If a woman becomes pregnant while being treated with SPRAVATO®, treatment with SPRAVATO® should be discontinued and the patient should be counseled about the potential risk to the fetus.

Pregnancy Exposure Registry: There is a pregnancy exposure registry that monitors pregnancy outcomes in women exposed to antidepressants, including SPRAVATO®, during pregnancy. Healthcare providers are encouraged to register patients by contacting the National Pregnancy Registry for Antidepressants at 1-844-405-6185 or online at https://womensmentalhealth.org/clinical-and-research-programs/pregnancyregistry/antidepressants/.

*(continued on page 19)*

Spravato® (esketamine) C-III
28 mg nasal spray

To see more details about the information in this guide, please visit spravatohcp.com




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

# Important Safety Information for SPRAVATO®

*(continued from page 17)*

**PREGNANCY, EMBRYO-FETAL TOXICITY, AND LACTATION (continued)**

SPRAVATO® is present in human milk. Because of the potential for neurotoxicity, advise patients that breastfeeding is not recommended during treatment with SPRAVATO®.

**SELECT USE IN SPECIFIC POPULATIONS**

**Geriatric Use:** No overall differences in the safety profile were observed between patients 65 years of age and older and patients younger than 65 years of age. At the end of a 4-week, randomized, double-blind study, there was no statistically significant difference between groups on the primary efficacy endpoint.

**Hepatic Impairment:** SPRAVATO®-treated patients with moderate hepatic impairment may need to be monitored for adverse reactions for a longer period of time.

SPRAVATO® has not been studied in patients with severe hepatic impairment (Child-Pugh class C). Use in this population is not recommended.

**ADVERSE REACTIONS**

The most common adverse reactions with SPRAVATO® plus oral antidepressant (incidence ≥5% and at least twice that of placebo nasal spray plus oral antidepressant) were:

TRD: dissociation, dizziness, nausea, sedation, vertigo, hypoesthesia, anxiety, lethargy, blood pressure increased, vomiting, and feeling drunk.

cp-79821v4

**References:**


1. SPRAVATO® [Prescribing Information]. Titusville, NJ: Janssen Pharmaceuticals, Inc. July 2020.
2. Rush AJ, Trivedi MH, Wisniewski SR, et al. Acute and longer-term outcomes in depressed outpatients requiring one or several treatment steps: a STAR*D report. *Am J Psychiatry*. 2006;163(11):1905-1917. doi:10.1176/ajp.2006.163.11.1905
3. Popova V, Daly EJ, Trivedi M, et al. Efficacy and safety of flexibly dosed esketamine nasal spray combined with a newly initiated oral antidepressant in treatment-resistant depression: a randomized double-blind active-controlled study [published online May 21, 2019]. *Am J Psychiatry*. 2019;176(6):428-438. doi:10.1176/appi.ajp.2019.19020172
4. Data on File. RF-210003. Janssen Pharmaceuticals, Inc.
5. Data on File. RF-210004. Janssen Pharmaceuticals, Inc.
6. Zaki N, Fu DJ, Daly E, et al. Long-term efficacy of esketamine nasal spray in adults with treatment-resistant depression: a subgroup analysis of the ongoing SUSTAIN-3 study. Poster presented at: Neuroscience Education Institute (NEI) Congress; November 4-7, 2021; Colorado Springs, CO.
7. Zaki N, Fu DJ, Daly E, et al. Long-term safety of esketamine nasal spray in adults with treatment-resistant depression: a subgroup analysis of the ongoing SUSTAIN-3 study. Poster presented at: Neuroscience Education Institute (NEI) Congress; November 4-7, 2021; Colorado Springs, CO.
8. Data on File. RF-201855. Janssen Pharmaceuticals, Inc.
9. Daly E, Trivedi M, Janik A, et al. Efficacy of esketamine nasal spray plus an oral antidepressant treatment for relapse prevention in patients with treatment-resistant depression: a randomized clinical trial [published online June 5, 2019]. *JAMA Psychiatry*. 2019;76(9):893-903. doi: 10.1001/jamapsychiatry.2019.1189
10. Teeple A, Zhadanava M, Nash A, et al. Access and real-world use patterns of esketamine nasal spray among patients with treatment-resistant depression covered by private or public insurance. Poster presented at: Psych Congress; October 29-November 1, 2021; San Antonio, TX.

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