Pine Rivers Private Hospital now administering SPRAVATO®

(esketamine hydrochloride)

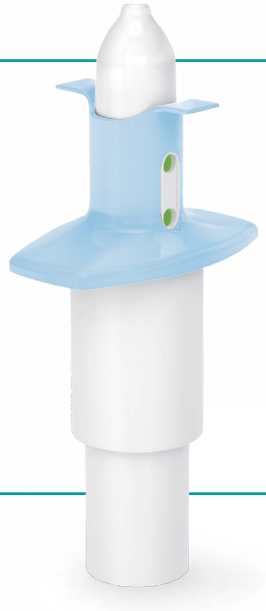
We are now an approved SPRAVATO Treatment Centre

SPRAVATO is a Schedule 8 medicine and is self-administered by the patient only under the supervision of a healthcare professional at an approved SPRAVATO Treatment Centre.[1]

Our clinic has undertaken the SPRAVATO Readiness Program, completed comprehensive training and assessment requirements to be certified as a SPRAVATO Treatment Centre, and is now accepting referrals.

SPRAVATO indication:

Treatment-resistant depression defined as Major Depressive Disorder in adults who have not responded adequately to at least two different antidepressants of adequate dose and duration to treat the current moderate to severe depressive episode. (SPRAVATO is to be initiated in conjunction with a newly initiated oral antidepressant).[1]



SPRAVATO efficacy and safety

SPRAVATO's proposed novel mechanism of action is modulating glutamate signalling to restore synaptic connectivity.[1-4]

SPRAVATO has been proven to provide a clinically meaningful reduction in depressive symptoms as early as 24 hours†, with over half of patients achieving remission after 1 month‡, and nearly 6 out of 10 of those maintaining remission after 1 year of therapy§.[1,5,6]

The majority of adverse events (AEs) observed with SPRAVATO are mild-to-moderate in severity, with most of the common AEs resolving on the same day. Rate of discontinuations due to AEs are low (3.8% at 1 year; 23/603 patients).[1,6]

†MADRS score reduction, LS mean between-group difference of -3.3 points favouring SPRAVATO + oral AD vs placebo + oral AD; p=not reported. ‡In TRANSFORM 2, 52.5% (53/101) were in remission; defined as MADRS score ≤12. §In SUSTAIN 2, 58.2% (351/603) were in remission; defined as MADRS score ≤12.

Healthcare professionals certified to administer SPRAVATO

The following healthcare professionals are qualified to administer SPRAVATO at Pine Rivers Private Hospital:

- **Dr Chinna Samy**

Patient referrals

If you're a doctor looking to refer a patient with treatment-resistant depression (TRD) for SPRAVATO treatment at Pine Rivers Private Hospital, please submit a request for further information via email: **pinerivers.referrals@healthscope.com.au** and include the following information: Contact name, mobile/ phone, fax, email and address of your clinic.

Our helpful staff will then be in touch to begin the referral process.

Typical SPRAVATO patient journey

Consult
Patient attends consult with either GP or psychiatrist

Diagnosis
Consulting GP/psychiatrist recognises that the patient does not have an adequate response to their 2nd line treatment

Referral
Consulting GP/psychiatrist refers patient to a SPRAVATO Treatment Centre

SPRAVATO Treatment Centre
Patient undergoes initial assessment for SPRAVATO at a SPRAVATO Treatment Centre and funding options are discussed

SPRAVATO Treatment
SPRAVATO is self-administered by the patient under the supervision of a healthcare professional[1]

SPRAVATO patient monitored until clinically stable

Follow-up
SPRAVATO certified psychiatrist and/or nurse confirm patient's second treatment for that week

SPRAVATO dosing schedule[1]

SPRAVATO is available in three nasal spray presentations:

28 mg (1 device pack), 56 mg (2 device pack), 84 mg (3 device pack)

1. Induction
Weeks 1–4

(2x sessions per week)[1]

Starting dose on Day 1:

- **<65 years old:** 56 mg
- **≥65 years old:** 28 mg

Subsequent doses:*

- **<65 years old:** 56 mg or 84 mg
- **≥65 years old:** 28 mg, 56 mg or 84 mg

At the end of Week 4:

Evaluate therapeutic benefit and determine need for continued treatment

2. Maintenance
Weeks 5–8

(1x session per week)[1]

During maintenance:

- **<65 years old:** Continue to administer SPRAVATO at 56 mg or 84 mg at a reduced frequency of once per week
- **≥65 years old:** Continue to administer SPRAVATO at 28 mg, 56 mg or 84 mg at a reduced frequency of once per week

3. Tailored frequency
Week 9 onwards

(1x session per week or every 2 weeks)[1]

From Week 9 onwards:

Frequency of SPRAVATO dosing can be either once per week, or every 2 weeks

- Select the lowest frequency that allows the patient to maintain remission or response
- Periodically re-examine the need for continued treatment. Treatment should continue for at least 6 months after depressive symptoms improve

*Subsequent doses should be increased in increments of 28 mg, based on efficacy and tolerability.

SPRAVATO funding options available for your patient

As SPRAVATO is currently not listed on the Pharmaceutical Benefits Scheme (PBS), patients may need to seek alternative funding options to assist with the costs of treatment. Funding alternatives when accessing SPRAVATO treatment may include:

- Australian Defence Force (ADF)
- Out of Pocket or Superannuation (SPRAVATO SAVE Program available for support)
- Department of Veterans' Affairs (DVA)
- Comcare
- WorkCover
- Other

Spravato® (esketamine) nasal spray

▼ This medicinal product is subject to additional monitoring in Australia. This will allow quick identification of new safety information. Healthcare professionals are asked to report any suspected adverse events at www.tga.gov.au/reporting-problems

WARNING: During and after SPRAVATO administration patients must be monitored for blood pressure, sedation and dissociation until clinically stable. SPRAVATO is to be provided by the Healthcare Professional for patients to administer under their direct supervision. Patients should be instructed not to drive or operate machinery until next day (see 4.2 DOSE AND METHOD OF ADMINISTRATION). There is no safety and efficacy data for the use of SPRAVATO in patients under 18 years old.

PBS Information: This product is not listed on the PBS.

Before prescribing, please review the SPRAVATO Product Information, including the boxed warning, available at: janssen.com.au/Spravato_PI or via the QR code.

References: **1.** SPRAVATO (esketamine hydrochloride) Approved Product Information. **2.** Murrough JW *et al. Nat Rev Drug Discov* 2017;16:472–86. **3.** Duman RS. *Dialogues Clin Neurosci* 2014;16:11–27. **4.** Dale E. *Biochem Pharmacol* 2015; 95:81–97. **5.** Popova V *et al. Am J Psychiatry* 2019;176(Suppl):428–38. **6.** Wajs E *et al. J Clin Psychiatry* 2020;81:19m12891. doi:10.4088/JCP.19m12891.

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