Innovative Treatment Options for Depression

THUNDER PAIN AND WELLNESS

Spravato® (esketamine) C III
28 mg nasal spray

Potential Candidates

- Patients who are not adequately responding to oral medications
- Age 18 or older
- Minimum of 2+ oral antidepressants of adequate dose and duration that were not effective (varies by insurance)
- Some insurances require history of augmentation strategies such as atypical antipsychotics, lithium, thyroid supplementation, etc.

FAQs from Patients

Can I drive myself to my treatment?

No. You must have transportation to and from treatment and may not drive until the next day, following a restful sleep.

How long will it take to start working?

Results vary from person to person. Patients typically improve within the first eight weeks, and some even have remission of depressive symptoms in this time period. We have had patients who've experienced relief after their very first dose.

How long will I need to do this?

Again, results vary from person to person, but it is typically greater than 12 months. Keep in mind that the maintenance dosing is generally only every 2 weeks.

Will I still need to take my oral antidepressant?

It depends on your situation -- SPRAVATO may be used as a standalone therapy.

Is this covered by my insurance?

In our experience, insurance will usually authorize SPRAVATO treatments, and many commercial insurance patients are being approved for the patient assistance program. Because insurance coverage varies widely, there is no single answer as to what a patient's out-of-pocket expense might be.

Approved Diagnosis

- Dx: Major Depressive Disorder (MDD) single episode or recurrent, moderate or severe
- F32.2 or F33.2

Who is Not a Candidate

- Bipolar Disorder
- Schizoaffective Disorder
- Untreated Hypertension
- Hx Aneurysm or Intracranial Hemorrhage
- Pregnant or Breast Feeding

Standard Treatment Protocol

- 56mg initial dose, followed by either 56mg or 84mg dose thereafter.
- Standard schedule: twice weekly for the first 4 weeks, followed by once weekly for 4 weeks.
- Maintenance dosing is variable -- typically every 1 to 2 weeks.
- Self-administered by patient, under observation by provider
- Patient is monitored in clinic for 120 minutes following dose
- Patient is registered in the FDA required REMS (Risk Evaluation and Mitigation Strategy) program

Most Common Adverse Reactions

- Dissociation
- Dizziness
- Nausea
- Sedation
- Anxiety
- Increased blood pressure
- Feeling "drunk"

Mechanism of Action

- NMDA receptor antagonist
- Not believed to directly impact serotonin or norepinephrine reuptake
- Glutamate release
- AMPA activation and BDNF release
- Result: enhanced neurogenesis and neuroplasticity

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