



Your guide to treatment with SPRAVATO®

For people with treatment-resistant depression (TRD)
who have been prescribed SPRAVATO®

For further information on SPRAVATO®, or if you experience any side effects,
speak to your doctor or nurse, or contact Janssen Medical Information on
[local markets to insert].

This includes any possible side effects not listed in the package leaflet.
You can also report side effects directly to the [insert local regulatory authority
reporting scheme for medicines, e.g. MHRA Yellow Card] at [insert URL, phone
number etc.] and to Janssen-Cilag Ltd. on [local markets to insert].

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CP-183833
Date of preparation: April 2021



Welcome to your SPRAVATO® guide

This booklet is for people who have been prescribed SPRAVATO® to treat their TRD.

Your doctor has diagnosed you with TRD because you are going through an episode of depression that isn't getting any better after trying at least two different treatments.^{PIL} SPRAVATO® has been prescribed to help treat your symptoms.

This guide has been created to provide you with some information about SPRAVATO®. You will also find a few tools at the back of the guide to support you during the treatment process.

While the information here can provide some guidance, always consult your healthcare team (your doctor or a nurse at your clinic) if you have any questions or concerns related to your treatment or symptoms.

Contents

1.	Your guide to SPRAVATO®	5
	Understanding SPRAVATO® and how it could help you	
2.	Common questions and answers about SPRAVATO® therapy	11
	What is depression and how is it normally treated?	12
	My doctor diagnosed me with TRD – what does this mean?	12
	How is TRD treated?	12
	Why do I have to keep taking an oral antidepressant while I'm using SPRAVATO® therapy?	13
	Can I take SPRAVATO® if I'm pregnant, thinking of trying for a baby, or breastfeeding?	13
	Am I likely to gain weight with SPRAVATO®?	13
	I think I'm experiencing a side effect with SPRAVATO® – what should I do?	14
	Will I become addicted to SPRAVATO®?	14
	Why do I need to take SPRAVATO® in a healthcare setting?	14
	Why do I need to be monitored after I have taken SPRAVATO®?	15
	Is it dangerous?	
	What should I do if I miss a treatment session?	15
	How long do I need to take SPRAVATO® for?	15
	Will my depression come back again (relapse) when using SPRAVATO®, or after I stop therapy?	16
	I have other health problems – can I still take SPRAVATO®?	16
	I'm taking some other medications – can I still take SPRAVATO®?	17
3.	Further support and tools	19
	To help you keep track of your appointments and guide discussions with your healthcare team	



1.

SECTION 1

Your guide to SPRAVATO®

This section provides a quick overview of SPRAVATO®. If you have any further questions, please refer to Section 2 (beginning on Page 11) or speak with your healthcare team.



Why have I been prescribed SPRAVATO® therapy?

Your doctor has prescribed SPRAVATO® because you are going through an episode of depression that isn't getting better after trying at least two different treatments with antidepressants (ADs).^{PIL}

SPRAVATO® works differently to other AD treatments you may have tried in the past. It is also taken differently; as a nasal spray in a healthcare setting.^{SPC}

What can SPRAVATO® do for me?

In a short-term trial where people with TRD took SPRAVATO® for 4 weeks:^{POP}



In a long-term clinical trial:^{WAJ}

People with TRD who took SPRAVATO® started to feel better quickly, and for most people, the improvements lasted over the course of a year.

As SPRAVATO® is taken at regular intervals, this gives you the opportunity to meet regularly with your doctor or other healthcare professional. They can then work with you to make the most of every opportunity to help you get better, and continue to assess how well SPRAVATO® is working for you.

What side effects might I get with SPRAVATO®?

We know how worrying it is to experience a side effect, and how much it may feel like taking a step backwards in your recovery.

A good way to manage any ups and downs is knowing what to expect. Here's a list of potential side effects which you may experience temporarily. This doesn't mean you definitely will, but it's better to know what might come your way, so you can ask your doctor for advice.

If you experience any side effects, these may include:^{PIL}

- | | | |
|---|---|--------------------------------|
| • A feeling of disconnection from yourself, your thoughts, feelings or things around you (dissociation) | • Headache | • Spinning sensation (vertigo) |
| • Dizziness | • Change in sense of taste | • Vomiting |
| | • Feeling sleepy | • Nausea |
| | • Decreased feeling or sensitivity, including around the mouth area | • Increased blood pressure |

When SPRAVATO® was taken in clinical trials, most people said that any side effects they experienced were **mild or moderate** and **got better after an hour or two**, while they were still being looked after by a doctor or nurse.^{SPC}

Some people with certain cardiovascular or respiratory conditions will require additional care, so further precautions may be taken.^{SPC}

For full details of all the possible side effects that can be experienced with SPRAVATO®, ask your healthcare team.

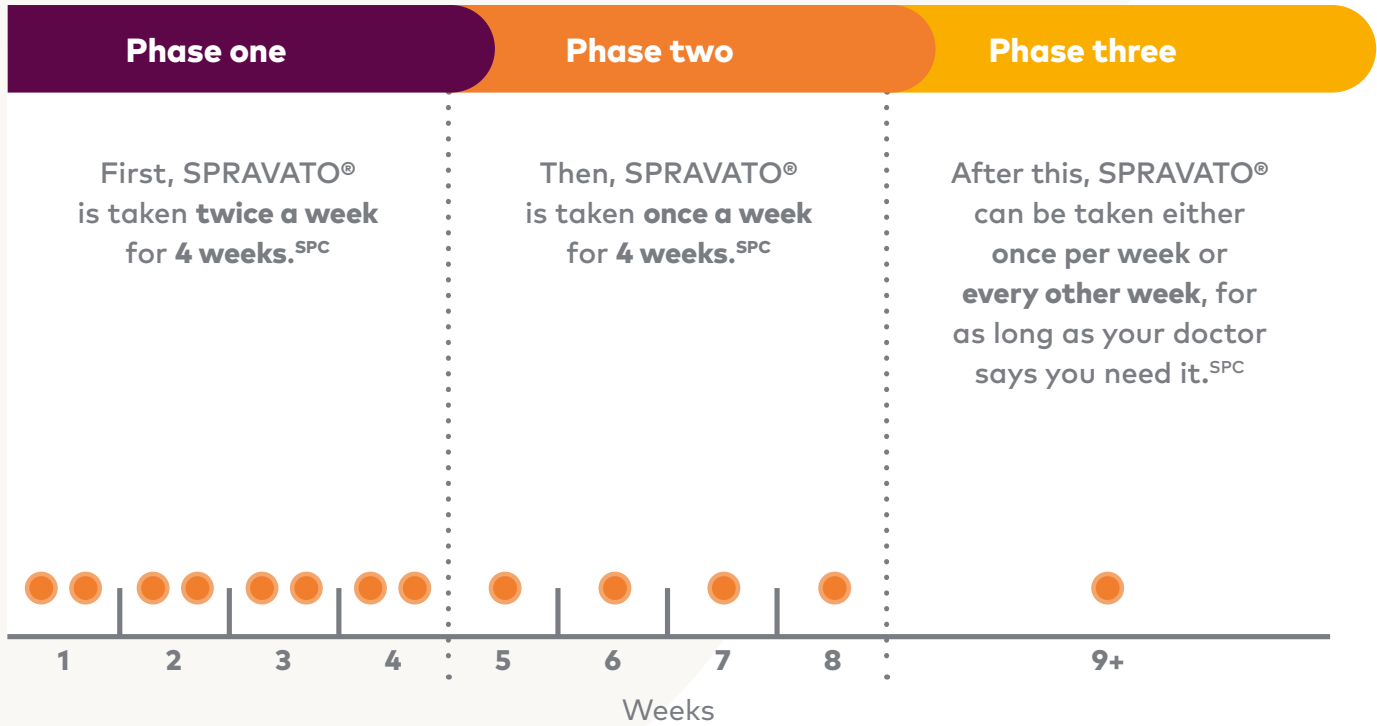


If you think you are experiencing or have experienced a side effect, either in the healthcare setting or later at home, it's important you let someone know. **This is so the medicine can be monitored to make sure it is safe for you and others to use. You can report any side effects in one of the following ways:**

- Tell your healthcare team
- Contact the [insert local regulatory authority reporting scheme for medicines, e.g. MHRA Yellow Card] at [insert URL, phone number etc.]
- Contact the Janssen Medical Information team (Janssen are the company that make SPRAVATO®) on [insert contact details]

If you experience difficulty breathing or staying awake while using SPRAVATO®, contact your healthcare team immediately.^{PIL}

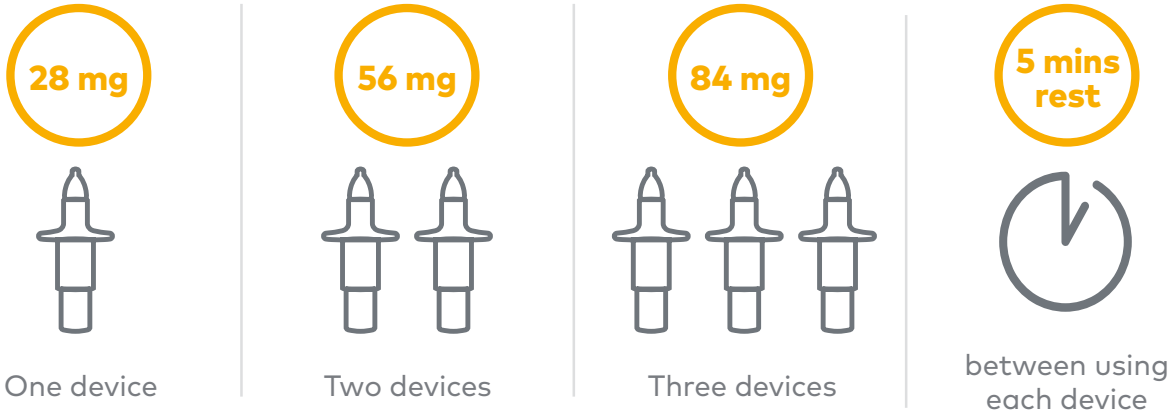
How often will I take SPRAVATO®?



How much SPRAVATO® will I need to take?^{SPC,PIL}

In each session, you may need to use up to three devices, depending on the dose your doctor thinks is best for you^{SPC}

One device contains 28 mg of SPRAVATO®
Each device delivers two sprays (one in each nostril)^{SPC}



Do I need to do anything before my appointments?






Immediately before your appointment:^{SPC,PIL}

- Avoid drinking for **30 minutes**
- Avoid using nasal corticosteroids or nasal decongestants for **1 hour**
- Avoid eating for **2 hours**


After your appointment:^{SPC,PIL}

- **Do not drive, operate heavy machinery, or engage in any other activities that require complete mental alertness or coordination, until the next day after a restful night's sleep**
- You will need to travel home using public transport or make plans for someone else to drive you home

What will happen at my appointment?

-  The healthcare professional will seat you in a calm environment and take your blood pressure.^{SPC} They'll then show you how to use the nasal spray.^{IFU}
-  After you have taken SPRAVATO®, you will need to stay for a while so that your healthcare team can monitor you for any side effects you may experience.^{SPC}
-  When SPRAVATO® was taken in clinical trials, **nearly every** person was ready to leave **within 90 minutes** of treatment, and **nearly half** of people were ready to leave **within an hour**.^{*,POP}
-  The healthcare professional will also measure your blood pressure around 40 minutes after you have taken SPRAVATO®, and as needed afterwards.^{SPC} You should **let them know if you are feeling unwell**.
-  They will check on you until they feel you are ready to leave.^{SPC}

How long do I need to take SPRAVATO® for?

-  It's recommended that you keep taking SPRAVATO® for **at least 6 months after you notice your mood improving**.^{SPC}
- It may be tempting to stop attending appointments if you start feeling better, but it is important that you keep taking SPRAVATO® as directed by your doctor.^{PIL}
- Clinical trials have shown that when people with TRD respond to SPRAVATO® during their first 4 weeks of treatment, continuing treatment can help keep them well and reduce their risk of a relapse.^{DAL,WAJ}

* In the TRANSFORM-2 trial. Discharge time was assessed on each therapy day. Values of ≥44.3% and ≥93.2% represent when the lowest proportion of patients were ready for discharge at 60 and 90 mins respectively.^{POP}

DAL Daly E et al. JAMA Psychiatry 2019; 76: 893–903.
IFU SPRAVATO®, Instructions for Use. 2021.
PIL SPRAVATO®, Patient Information Leaflet. 2021.
POP Popova V et al. Am J Psychiatry 2019; 176(6): 428–438.
SPC SPRAVATO®, Summary of Product Characteristics. 2021.
WAJ Wajs E et al. J Clin Psychiatry 2020; 81(3). Published online. DOI: 10.4088/JCP.19m12891.



SECTION 2

Q&A

If you have any questions about your SPRAVATO® therapy, we recommend that you first talk to your healthcare team. However, you can also find some answers to common questions in this section.

2.

Common questions about SPRAVATO®

1.

What is depression and how is it normally treated?

Depression (sometimes known as major depressive disorder, or MDD for short) is what a lot of people might know as 'severe' or 'clinical' depression.

People who have depression have usually experienced sadness or low mood for at least 2 weeks, in addition to other potential symptoms, which can include:^{DSM}

- Losing interest or pleasure in things you once enjoyed
- Losing or gaining weight
- Having trouble sleeping, or sleeping a lot
- Feeling worthless or guilty
- Feeling less hungry nearly every day
- Feeling restless or slowed down to an extent other people have noticed
- Feeling fatigued (deeply tired)
- Trouble thinking or concentrating
- Thoughts of death, or ending your own life

It's estimated that over 40 million people in Europe have depression,^{WHO3} which means that more than 1 in every 20 people suffer with the condition.^{UNP}

Depression is normally treated with a combination of talking therapies and medications.^{GEL,CLE}

For some people, finding a medication that works for them and helps relieve their depressive symptoms is not always straightforward.^{ALH}

2.

My doctor diagnosed me with TRD – what does this mean?

Doctors can sometimes describe depression that is difficult to treat as 'treatment-resistant depression' (or TRD for short).

Usually, this is used to describe an episode of depression which isn't getting better, even after trying at least two different antidepressant medications.^{EMA}

As many as one in three people with depression do not feel better even after trying several treatments – so it's a lot more common than you might expect.^{ALH}

3.

How is TRD treated?

TRD can be treated by using more than one medication at the same time, even if you have tried one of them before.^{GEL,KEN} SPRAVATO® can be used to treat TRD alongside another antidepressant called a SSRI or a SNRI.^{SPC}

4.

Why do I have to keep taking oral antidepressant therapy while I'm using SPRAVATO® therapy?

You will either continue on your current oral antidepressant or can be prescribed a new oral antidepressant when you start SPRAVATO®.^{SPC} This is there to help you make the most of your treatment and give you the best chance at relieving your depressive symptoms.

5.

Can I take SPRAVATO® if I'm pregnant, thinking of trying for a baby, or breastfeeding?

You cannot use SPRAVATO® if you're pregnant, think you might be pregnant, or are planning to have a baby.^{PIL}

If you're sexually active, you must be using a highly effective method of contraception during your treatment. You can talk to your doctor for advice on the best contraceptive option for you.

If you're breastfeeding, you shouldn't use SPRAVATO®. If you are, consult your doctor before starting treatment so you can discuss the benefits of breastfeeding for you and your child alongside the benefits of continuing treatment for you.^{PIL}

6.

Am I likely to gain weight with SPRAVATO®?

At the moment there's not enough data to know if people who take SPRAVATO® put on weight.



Common questions about SPRAVATO®

7.

I think I'm experiencing a side effect with SPRAVATO® – what should I do?

Depending on the severity of the symptoms you are experiencing, either contact your doctor or psychiatrist (you can note down their contact details at the back of this booklet), or seek immediate medical care by dialling [local markets to insert contact details] in the event of an emergency.

It's especially important to let your healthcare team know straight away if you feel chest pain, shortness of breath, sudden severe headache, changes in vision, or seizures (fits) after using SPRAVATO®.



If you think you are experiencing or have experienced a side effect, either in the healthcare setting or later at home, you should report it in one of the following ways:

- Tell your healthcare team
- Contact the [insert local MHRA Yellow Card equivalent] at [insert URL, phone number etc.]
- Contact the Janssen Medical Information team (Janssen are the company that make SPRAVATO®) on [insert contact details]

8.

Will I become addicted to SPRAVATO®?

When people with TRD took SPRAVATO® in clinical trials, there were very few signs that they were becoming addicted (such as having cravings, becoming more tolerant or used to the effects, or having withdrawal symptoms).^{DAL,POP,FED,WAJ} This means it's unlikely you will become addicted to your SPRAVATO® therapy.

9.

Why do I need to take SPRAVATO® in a healthcare setting?

SPRAVATO® needs to be taken in the presence of a healthcare professional, to ensure you administer it correctly and are receiving the correct amount of your medication.^{PIL}

You will also be monitored for a short while after you take your dose so that your healthcare team can support you with any side effects you may experience immediately afterwards.^{PIL}

10.

Why do I need to be monitored after I have taken SPRAVATO®? Is it dangerous?

More than 1,900 patients have taken SPRAVATO® in clinical trials to test how well it works and whether it's safe to use.^{DAL2,CAN,CAN2,SPC} Your doctor would not prescribe it to you if it was dangerous.

Some people have reported certain side effects happening shortly after taking their dose of SPRAVATO® – you can read more about these on Page 7.

In the clinical trials where SPRAVATO® was tested, side effects usually got better on their own within a couple of hours and were rated as mild or moderate in severity.^{SPC}

SPRAVATO® may increase or decrease your blood pressure, or cause you to experience some things differently (for example sounds seeming louder or colours appearing brighter). This means you need to remain in the healthcare setting until your healthcare team decide that you are ready to leave.^{SPC}

Remember to tell your doctor straight away if you get chest pain, shortness of breath, sudden severe headache, changes in vision, or seizures (fits) after using SPRAVATO®.

11.

What should I do if I miss a treatment session?

If you realise that you've missed a SPRAVATO® treatment session, you should contact a member of your healthcare team straight away.

They will tell you when to come in for your next appointment and manage what dose you will need to take.

12.

How long do I need to take SPRAVATO® for?

If SPRAVATO® isn't working for you after your first 4 weeks of treatment, or you experience a bad side effect, you may need to stop taking SPRAVATO®.^{SPC}

If this happens, you should talk to your healthcare team about whether it is appropriate for you to continue taking SPRAVATO®.

If you start to feel better whilst taking SPRAVATO® therapy, it's recommended that you continue to take the treatment for at least another 6 months.^{SPC}

It's important to follow your doctor's advice and continue taking treatment, or you may be at risk of your symptoms returning.^{DAL,SPC}



Common questions about SPRAVATO®

13.

Will my depression come back again (relapse) when using SPRAVATO®, or after I stop therapy?

It is impossible to predict exactly what will happen when somebody stops taking a treatment. However, in clinical trials, the risk of having a relapse was much lower when people with TRD continued to take SPRAVATO® alongside an oral antidepressant, than if they just continued to take an oral antidepressant on its own.^{DAL}

If your healthcare team do advise you to stop using SPRAVATO® therapy, you should continue to:

- Visit your psychiatrist as recommended and continue to take any other medications they have prescribed
- Practise any mental wellbeing exercises that you may have been taught
- Share your thoughts and feelings – if you feel like your mood might be worsening again let your healthcare team know as soon as possible
- Maintain your physical health by eating well, exercising, and avoiding recreational drugs or an excessive alcohol intake

14.

I have other health problems – can I still take SPRAVATO®?

People who have had certain health problems such as an ‘aneurysm’ (a weak spot in a blood vessel where it widens, or bulges out), a history of bleeding in the brain, or a recent heart attack should not take SPRAVATO®. This is because SPRAVATO® may cause a temporary rise in blood pressure, which for these people would be very dangerous.^{PIL}

If you have a medical condition that affects your heart, blood vessels, lungs, or breathing, then you may have to be treated at a different clinic, where you can be monitored more closely.^{SPC} Your healthcare professional will let you know if this applies to you and explain your next steps.

SPRAVATO® is broken down in the liver. This means for people with severe liver damage, use of SPRAVATO® is not recommended. However, for people with only mild or moderate liver damage, SPRAVATO® may still be used.^{SPC}

Similarly, SPRAVATO® hasn’t been tested in people with kidney damage^{SPC} so doctors may decide not to use it in people with this health problem.

Your doctor will have carefully assessed your general health before prescribing SPRAVATO®, and will only have prescribed it if they feel that it is appropriate for you.

15.

I’m taking some other medications – can I still take SPRAVATO®?

This will depend on what medications you are taking. Some can affect how SPRAVATO® works, how it is removed from your body, or could make some side effects more severe.^{SPC}

You should tell your doctor:^{SPC}

- About any medications you are taking when you begin treatment
- If you ever have any changes to your medications as you continue treatment
- If you have taken any non-prescription medication or substances (e.g. over-the-counter or off-the-shelf medicines, alcohol, recreational drugs, etc.) since your previous appointment

Your doctor can use this information to decide whether you will need to delay your treatment for a little while.^{SPC}

ALH Al-Harbi KS. Patient Prefer Adherence 2012; 6: 369–388.
CAN Canuso CM et al. Poster 130. Presented at the 58th Annual Meeting of American College of Neuropsychopharmacology (ACNP), 8th–11th December 2019, Orlando, Florida, USA.
CAN2 Canuso CM et al. Am J Psychiatry 2018; 175(7): 620–630.
CLE Cleare A et al. J Psychopharmacol 2015; 29(5): 459–525.
DAL Daly E et al. JAMA Psychiatry 2019; 76: 893–903.
DAL2 Daly E et al. JAMA Psychiatry 2018; 75(2): 139–148.
DSM Diagnostics and Statistical Manual of Mental Disorders. Fifth Edition. 2013.
EMA European Medicines Agency. Guideline on clinical investigation of medicinal products in the treatment of depression. EMA/CHMP/185423/2010 Rev 2.
FED Fedgchin M et al. Int J Neuropsychopharmacol 2019; 22(10): 616–630.
GEL Gelenberg AJ et al. Practice Guideline for the treatment of patients with major depressive disorder. Third edition. Part A-II-6, American Psychiatric Association 2010.
KEN Kennedy SH et al. Can J Psychiatry 2016; 61(9): 540–560.
PIL SPRAVATO®, Patient Information Leaflet. 2021.
POP Popova V et al. Am J Psychiatry 2019; 176(6): 428–438.
SPC SPRAVATO®, Summary of Product Characteristics. 2021.
UNP United Nations Population Division. World Population Prospects, the 2017 Revision. 2017. Available at: <https://population.un.org/wpp/Download/Standard/Population/>. Accessed March 2021.
WAJ Wajs E et al. J Clin Psychiatry 2020; 81(3). Published online. DOI: 10.4088/JCP.19m12891.
WHO3 World Health Organisation. Depression and Other Common Mental Health Disorders: Global Health Estimates, 2017. Available at: <https://apps.who.int/iris/bitstream/handle/10665/254610/WHO-MSD-MER-2017.2-eng.pdf?sequence=1>. Accessed March 2021.





3.

SECTION 3 Further support and tools

In this section you will find useful tools and resources to help you through your SPRAVATO® therapy.





Useful contacts

Discuss with your healthcare team who your best point of contact will be during your treatment. This should include someone that you can contact out of hours. Note their names and details in these pages, so you have them ready for when you need them.

External points of support

There are several other resources where you can find out more about your condition, or talk to someone in an impartial and confidential environment.

Support services [to vary dependent on market] [For UK]:

	Mind https://www.mind.org.uk/ 0300 123 3393
	Sane http://www.sane.org.uk/ 07984 967 708 [Temporary number to be used during COVID-19]
	Mental Health UK https://www.mentalhealth-uk.org/ 020 7840 3008
	Mental Health Foundation https://www.mentalhealth.org.uk/ 020 7803 1100
	Rethink Mental Illness https://www.rethink.org/ 0300 5000 927
	Samaritans https://www.samaritans.org/ 116 123

Contact form

Here is where you can note important contact details for your healthcare team so you always have them to hand.

Key Contact	Details
GP	T: T (out of hours): M: Address:
Psychiatrist	T: T (out of hours): M: Address:
Non-emergency	[to be localised]
Emergency number	[to be localised]



Depressive symptom and side effect log

Use this log to note down and describe any symptoms or potential side effects you experience between appointments so you can inform your healthcare team.

Feel free to use this space to also note down any successes, achievements, or positive thoughts and feelings you may have, as these can be useful when talking to your doctor.

Remember to always let your healthcare team know if you experience any side effects during your treatment with SPRAVATO® therapy.

Note down as many details as possible, including:

- What did you feel?
- How long did it last?
- Did anything bring this on?
- Giving the symptom a rating - on a scale of 1 to 3, how strong was the effect? (1, mild; 2, moderate; 3, strong)

Date	Depressive symptom(s)	Date	Side effect(s)
22/02/20	Example: Felt low this morning for no particular reason, didn't feel like getting up but improved as the day went on. 2/3.	25/02/20	Example: Started eating dinner and it didn't taste quite right – started to feel nauseous and lost my appetite. 1/3.
.../.../....		.../.../....	
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Treatment diary

Here is a treatment diary that you can use to keep track of your appointments with SPRAVATO® therapy.

Date	Frequency	Week 1	Week 2	Week 3	Week 4
.../.../....	Phase One Weeks 1–4 2 sessions per week	.../.../.... .../.../....	.../.../.... .../.../....	.../.../.... .../.../....	.../.../.... .../.../....
.../.../....	Phase Two Weeks 5–8 1 session per week	Week 5 .../.../....	Week 6 .../.../....	Week 7 .../.../....	Week 8 .../.../....
.../.../....	Phase Three Week 9+ 1 session per week or every 2 weeks	Week 9 .../.../....	Week/.../....	Week/.../....	Week/.../....

Key definitions

Dissociation

A side effect of treatment that some people may experience.^{SPC}
In clinical trials, some people taking SPRAVATO® described dissociation as things seeming unreal, things moving in slow motion, the body feeling "changed", feeling "spaced out", or like they have lost track, feeling disconnected from their own body, and things feeling unclear or foggy.^{WIL4}

MDD

Major depressive disorder: Symptoms of depressive mood and a loss of interest lasting at least 2 weeks, alongside three additional symptoms that are present at the time such as appetite loss, fatigue, and insomnia.^{DSM}

Relapse

When your depressive symptoms start to come back after a period of feeling well again. Sometimes this can be caused by not taking medication correctly or often enough, but sometimes it can happen for no obvious reason.

Remission

Feeling mostly or completely better. In this context means very few, or no, detectable symptoms of depression.

Sedation

A side effect that some people may experience.^{SPC} Described as feeling sleepy, calm or mellow. It may affect attention, judgment, thinking, reaction speed, and motor skills.^{SPC}

TRD

Treatment-resistant depression: A term used to describe an episode of depression where someone is not feeling better, even after trying at least two different treatments with antidepressants.

DSM Diagnostics and Statistical Manual of Mental Disorders. Fifth Edition. 2013.
SPC SPRAVATO®, Summary of Product Characteristics. 2021.
WIL4 Williamson D et al. Poster presented at The International Society for CNS Clinical Trials and Methodology (ISCTM) 15th Annual Scientific Meeting; 19–21 February, 2019, Washington DC, USA.

Notes pages

Use this space to write down any notes that you discuss with your healthcare team, or any questions that you might have ahead of your appointments.

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Blank lined paper for writing on page 27.

