UC Riverside, School of Medicine Policies and Procedures Policy Title: Spravato (Esketamine) Spray Medication Management Policy Number: 950-03-033

Responsible Officer:	Chief Medical Officer
Responsible Office:	Clinical Affairs
Origination Date:	06/01/2019
Date of Revision:	12/8/2023
Scope:	UCR Health Clinical Practice Sites

I. Policy Summary

This policy provides guidelines for compliance with FDA-approved risk evaluation and mitigation strategies (REMS) program standards for Spravato spray administration at the clinic. In addition, this policy covers medication safety procedures to mitigate the risks of serious adverse outcomes resulting from sedation and dissociation caused by Spravato (Esketamine) spray administration.

II. Responsibilities

All clinical staff involved in the supervision of the patients' self-administration and post administration monitoring following treatment sessions.

III. Procedures

A. FDA REMS program requirementsⁱ

- 1. Identify an authorized representative from the clinic to enroll the clinic using the outpatient healthcare setting enrollment form.
- 2. Only certified Spravato provider(s) can prescribe and monitor the patient.
- 3. Prior to enrolling patients in the REMS program, certified Spravato provider(s) will counsel the patient on the need for enrollment, monitoring, potential changes in vital signs and risks of sedation and dissociation.
- 4. All patients receiving this medication are required to enroll in Spravato REMS program. Patients will sign all required consent and documents as required by FDA.
- 5. Each patient monitoring form will be completed and submitted after each administration within 7 calendar days following the required process.
- 6. Spravato is only to be administered in the certified clinic.
- 7. Spravato cannot be re-distributed, transferred, loaned or sold.
- 8. All records documenting staff completion of this medication training must be kept on file in the manager's office for 10 years.
- 9. Clinic manager will maintain records of shipments of Spravato received and dispensing information including patient name, dose, number of devices, and date administered for 10 years.
- 10. Clinic will comply with audits related to these FDA requirements.

B. Before FIRST dose treatment

- 1. Certified Provider will discuss with the patient the risks and need for monitoring for resolution of sedation and dissociation and changes in vital signs.
- 2. Verify the patient is enrolled in the REMS program

C. Medication preparation

Healthcare professionals must wear protective gloves while assisting patients with the administration of an unused Spravato spray device and for handling and disposing of used devices.

D. Patient preparation

- 1. Blood pressure prior to administration.
 - a. Do not administer Spravato if an increase in blood pressure or intracranial pressure poses a risk.
- 2. Confirm that patient hasn't eaten for two hours in advance of administration and has had nothing to drink 30 minutes prior to administration.
- 3. Patients who require a nasal corticosteroid or nasal decongestant on a dosing day should administer these medication as least an hour prior to Spravato administration.
- 4. Ensure patients have transportation home following their treatment.

E. Administrationⁱⁱ

- 1. Instruct patient to blow their nose prior to the first device.
- 2. Confirm number of devices needed for treatment.
- 3. Check expiration date, if expired get a new device.
- 4. Peel blister and remove device.
- 5. Do not prime the device, ensure device has 2 green dots, if not dispose of device and get a new one.
- 6. Hand device to the patient.
- 7. Instruct patient to:
 - a. hold the device with the thumb gently supporting the plunger
 - b. recline their head at about 45 degrees
 - c. insert tip straight into the first nostril and close opposite nostril
 - d. breath in through nose while pushing plunger all the way up until it stops
 - e. sniff gently to keep medication inside the nose
 - f. switch hands and insert into second nostril
 - g. repeat steps d and e
- 8. Take device from the patient and confirm that the indicator shows no green dots. If a green dot remains have patient spray again into the second nostril.
- 9. Patient should rest comfortably for 5 minutes after each device and should not blow their nose.
- 10. Repeat steps a-g for and 8-9 for each subsequent device.
- 11. Dispose of the device(s) in the Medical Waste receptacle.

F. Monitoring and Discharge

- 1. Certified provider will assess and monitor the patient for at least 2 hours on resolution of sedation and dissociation, and changes in vital signs.
- 2. Medical assistants can only obtain and report vital signs to the certified provider.
- 3. Certified provider will document patient assessment and response on EPIC
- 4. Certified provider will complete the required FDA patient monitoring form and submit within 7 calendar days.
- 5. Medical assistant will scan and file FDA consent form and patient monitoring form in EPIC under media tab.

6. Patients will require transportation from the treatment center. 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.

G. Medication effects to monitor for:

- 1. Sedation: Because of a possibility of delayed or prolonged sedation, patients must be monitored by a healthcare professional for at least 2 hours following each treatment session, followed by an assessment to determine when the patient is considered clinically stable and ready to leave.
- 2. Dissociation: Because of the risk of dissociation, patients must be monitored by a healthcare professional 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.
- 3. Blood Pressure: Spravato can cause increases in systolic blood pressure (SBP) and/or diastolic blood pressure (DBP), which peak at approximately 40 minutes after administration and last approximately 4 hours:
 - a. If blood pressure is decreasing and the patient appears clinically stable for at least 2 hours, the patient may be discharged at the end of the post-dose monitoring period.
 - b. Assess blood pressure prior to, and approximately 40 minutes after dosing and subsequently as clinically warranted until values decline.
- 4. Other Adverse Reactions: The most commonly observed reactions (incidence ≥5% and at least twice that of placebo plus oral antidepressant) were dissociation, dizziness, nausea, sedation, vertigo, hypoesthesia, anxiety, lethargy, blood pressure increased, vomiting, and feeling drunk.

H. Managing used, partially used and unused devices

For UCR Health, Chief Medical Officer must be notified and approve of any disposal of unused Spravato Spray devices; partially used devices; and expired products following the FDA REMS guidelines below.

1. Used devices.

For SPRAVATO devices that have been used by the patient, it should be disposed of as medical waste according to California and federal regulations for controlled substances.

- 2. Unused devices or partially used devices.
 - a. If the SPRAVATO device has not been used by the patient within <u>14 days</u> of receipt of the *patient-labeled product dispensed from a pharmacy,* then disposal of the product is required.
 - b. If the patient received 1 spray and then it was decided not to continue with treatment by either the patient or the healthcare provider, then disposal of the partially used product is required.
 - c. Call the SPRAVATO Disposal Program at 888-912-7348 to dispose of unused or partially used devices for questions.
- 3. Expired products.
 - a. When the product is past the expiration date printed on the box and blister pack, coordinate with the pharmacy that sent the expired product to exchange it for new product.

Janssen Returns Policy by following this lin	nd eligibility criteria. Please also review the k: <u>n_com_usa/files/jom_return_goods_policy-effective-</u> com_usa/files/jom_return_goods_policy-effective-
IV. Revision History	
Revised December 2023	
Approvals: PATIENT SAFETY COMMITTEE (12/08/2023)	
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ⁱ FDA Approved risk evaluation and mitigation strategies: Spravato (esketmine) spray (Internet), US Food and Drug Administration, 2022, January 3 (cited 2022, July 18). Available from: <u>https://www.accessdata.fda.gov/scripts/cder/rems/index.cfm?event=IndvRemsDetails.page&REMS=386</u>

ⁱⁱ National Institutes of Health, National Library of Medicine, Daily Med, Spravato (Internet), NIH U.S. National Library of Medicine, 2020, August 6 (cited 2022, July 18). Available from: https://dailymed.nlm.nih.gov/dailymed/drugInfo.cfm?setid=d81a6a79-a74a-44b7-822c-0dfa3036eaed

ⁱⁱⁱ Janssen Medical information: Return or disposal of Spravato (internet), Janssen Pharmaceuticals, 2023 August 9, cited 2023, November 20). Available from: <u>https://www.janssenscience.com/products/spravato/medical-content/return-or-disposal-of-spravato#references-content</u>