Esketamine nasal spray is the first licensed antidepressant in 30 years that offers a new mode of action thought to target the glutamate system.1–6

Join experienced experts as they discuss the use of esketamine nasal spray in the management of patients with treatment-resistant major depressive disorder, and share experience from their clinics.

An international faculty will share clinical data and explore the practicalities of using esketamine nasal spray, from choosing the right patients and managing expectations, to setting up the clinic and managing potential side effects.

Monday 14th September, 15:00–15:30 CEST

To find out more information about the Industry Product Theatre, and to join, please access the ECNP congress programme here or contact your local Janssen representative.

Industry Product Theatre on the occasion of the 33rd ECNP Congress Virtual, with educational financial support provided by Janssen.

“Following the development and approval of the SSRI fluoxetine in 1987, approved treatments (including ‘atypical’ antidepressants such as mirtazapine, agomelatine, etc.) how continued to primarily target the monoaminergic system.2–6 In contrast, esketamine nasal spray acts as an antagonist of the NMDA glutamate receptor and is proposed to lead to an increase in AMPAR stimulation and neurotrophic signalling.1

AMPAR: α-amino-3-hydroxy-5-methyl-4-isoxazolepropionic acid receptor; NMDA: N-Methyl-d-aspartic acid; SSRI: selective serotonin reuptake inhibitor.


▼ This medicinal product is subject to additional monitoring. This will allow quick identification of new safety information. Healthcare professionals are asked to report any suspected adverse reactions.

Prescribing information is available on the reverse and adverse events should be reported to Janssen and the local regulatory authorities.
SPRAVATO ▲ ABBREVIATED PRESCRIBING INFORMATION BASED ON THE EU SUMMARY OF PRODUCT CHARACTERISTICS

SPRAVATO 28 mg NASAL SPRAY, SOLUTION

ACTIVE INGREDIENT(S): 28 mg esketamine

Please refer to Summary of Product Characteristics (SmPC) before prescribing.

INDICATION(S): SPRAVATO, in combination with a SSRI or SNRI, is indicated for adults with treatment-resistant depression (TRD), who have failed to achieve meaningful improvement on a stable antidepressant regimen in a prior antidepressant therapeutic trial.

DOSE & ADMINISTRATION: The dose of SPRAVATO should be determined by a psychiatrist. SPRAVATO is intended to be self-administered by the patient under the close supervision of a healthcare professional. SPRAVATO should be administered under a nasal administration of SPRAVATO and a post-administration observation period. Both administration and post-administration observation of SPRAVATO should be carried out in a clinical setting, prior to discharge. SPRAVATO should be administered immediately after the patient is considered stable based on clinical judgement.

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Special populations: Hepatic impairment: No dose adjustment is necessary in patients with mild (Child Pugh class A) or moderate (Child Pugh class B) hepatic impairment. However, the use of esketamine nasal spray should be avoided in patients with severe hepatic impairment (Child-Pugh class C). Use in this population is not recommended. Renal impairment: No dose adjustment is necessary in patients with mild to moderate renal impairment. Patients who require a nasal corticosteroid or nasal decongestant on a dosing day should be advised not to administer these medicinal products 1 hour before or 2 hours after SPRAVATO administration. The next subsequent spraying should be prevented in patients with severe renal impairment. The next treatment should be postponed until the next dosing timeout.

Method of administration: SPRAVATO is for nasal use only. The nasal spray device is a single-use device that delivers a total of 28 mg of esketamine, in two sprays (one spray per nostril). To prevent loss of medicinal product, the nasal spray device should not be primed before use. It is intended for administration by the patient under the supervision of a healthcare professional. Each patient should be carefully assessed before prescribing. Patients with cardiovascular and cerebrovascular conditions should be carefully assessed to determine whether the potential benefits of SPRAVATO outweigh its risks. After administration, if blood pressure remains elevated, assistance should promptly be sought from experienced providers experienced in blood pressure management. In the unusual circumstance of a severe increase in blood pressure occurring immediately after administration, returns should be made to the healthcare setting. If hypotension is a concern, lower blood pressure could occur after any treatment session. Before prescribing SPRAVATO, patients with cardiovascular and cerebrovascular conditions should be carefully assessed.

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