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Name(s)

• Generic: esketamine (es KET a meen) | Brand: Spravato Nasal Spray

Therapeutic Category

Antidepressant | Non-Selective, Non-Competitive N-methyl-D-aspartate (NMDA) Receptor Antagonist

Indication(s)

- 1. Treatment-resistant depression (TRD): Approved for use in adults taking an oral antidepressant.
- 2. Depressive symptoms in Adults w/ Major Depressive Disorder (MDD) w/ Acute Suicidal Ideation/Behavior: Approved for use in adults taking an oral antidepressant.

Dosage Form & Strength

Nasal Spray: (Spravato "Brand Only") 56 mg, 84 mg

Dosing by Indication

- Dosing for Treatment-resistant depression (TRD) in Adults
 - Administered in conjunction with an oral antidepressant
 - Induction Phase for weeks 1-4: Administered intranasally bid. Starting dose is 56 mg on day one and subsequent doses are 56 mg or 84 mg
 - Maintenance Phase for weeks 5-8: Administer 56 mg or 84 mg intranasally once weekly. Week 9 and after is 56 mg or 84 mg intranasally administered every 1-2 weeks
- Dosing for Depressive symptoms in Adults w/ Major Depressive Disorder (MDD) w/ Acute Suicidal Ideation/Behavior in Adults
 - Administered in conjunction with an oral antidepressant
 - o Recommended dosage is 84 mg twice per week for 4 weeks. May reduce 56 mg twice per week based on tolerability. After 4 weeks the therapeutic benefit of continued usage should be evaluated.

Mechanism of Action & Pharmacology

- MOA: Esketamine is the S-enantiomer of racemic ketamine. It is a non-selective and non-competitive antagonist of the NMDA receptor. The exact antidepressant effect is unknown.
- Pharmacodynamics in regards to cardiac electrophysiology has shown a large increase in heart rate but lacks relevancy to Qtc prolongation when used in therapeutic doses
- Absorption: 48% bioavailable | Protein Binding: 43-45% | Elimination: Biphasic w/ a rapid decline in the first
 2-4 hours | Half-Life: 7-12 hours | Metabolism: CYP2B6, CYP3A4, and to a lesser extent CYP2C9 and CYP2C19 |
 Excretion: <1% is unchanged in urine

Special Populations & Considerations

- **Limitation of Use:** Efficacy in reducing or preventing suicide or suicidal behavior has not been proven. The use of Spravato as an anesthetic agent has not been approved.
- Not recommended for pediatric use



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- Do not administer if patient has blood vessel disease, abnormal connection between veins and arteries, history of bleeding in brain, or hypersensitivity reactions.
- Not recommended in pregnancy

Side Effects

- 48-61%: Sedation
- Others: Dissociation, increase in blood pressure, cognitive impairment, impaired ability to drive and operate machinery, ulcerative or intersticial cystitis, embryo-fetal toxicity

Risk Evaluation and Mitigation Strategy (REMS): <u>Sedation, Dissociation, Abuse/Misuse</u> – Only available through REMS program and can only be administered at healthcare settings certified in the Spravato REMS program.

Drug Interactions

- Antidepressants medicines may increase suicidal thoughts/actions
- CNS depressants (benzodiazepines, opioids, alcohol) may increase sedation
- Stimulants (amphetamines, methylphenidate, modafinil, armodafinil) may increase sedation
- MAOIs may increase blood pressure

Monitoring Parameters

- Blood pressure:
 - If baseline BP is elevated (>140 mmHg systolic, >90 mmHg diastolic) consider risk
 - Reassess blood pressure at approximately 40 minutes
- Changes in mood, behavior, thoughts, and feelings.
- Abuse and Misuse

Patient Counseling Information

- Spravato nasal spray is administered yourself under a healthcare providers' supervision
- Treatment schedules are to be followed exactly as specified by healthcare providers
- Do not drive or operate machinery after taking Spravato
- If a nasal corticosteroid or nasal decongestant is being used by the patient, administer Spravato at least 1 hour before the other medications

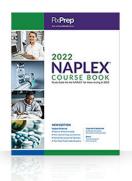
Reference(s)

- https://www.spravato.com/
- https://www.janssenlabels.com/package-insert/product-patient-information/SPRAVATO-medication-guide.pdf
- https://www.drugs.com/pro/spravato.html
- https://www.rxlist.com/spravato-drug.htm



PREPARE FOR SUCCESS!

Comprehensive (NAPLEX)

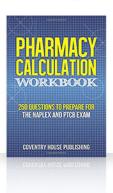


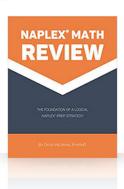


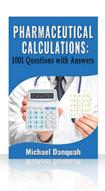


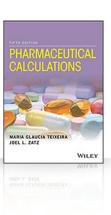


Calculations (NAPLEX)

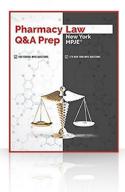






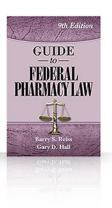


Pharmacy Law (MPJE)









Supplemental









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Monday at 7 am EST (6 am CST, 4 am PST)

HEY NEW GRAD!

So you landed that perfect job offer or got the perfect match for your PGY1 and now the **ONLY** thing standing in your way is passing the NAPLEX and MPJE.

Here are some NAPLEX & MPJE prep recommendations to help you do everything you can to pass the first time!

HEY STUDENT!

When I was P1 one of the best pieces of advice I got from those before me was to use a NAPLEX Prep book while learning each topic.

This helps focus your learning and the repetition helps to retain info and indirectly prepare you for the NAPLEX









