



Working with providers to access new treatment options for depression.



Potential Candidates

- Patients who are not adequately responding to oral medications.
- Age 18 or older.
- Medication trials: Minimum of 2+ oral antidepressants of adequate dose and duration that were not effective (varies by insurance).
- Some insurance requires history of augmentation strategies such as atypical antipsychotics, lithium, thyroid supplementation, TMS, etc.
- Participation in psychotherapy.
- Severity of symptoms negatively affecting quality of life, ability to function at work, or maintain healthy relationships.

Mechanism of Action

Although the precise MOA is unknown, it is believed to have the following actions:

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

FDA Approved Diagnosis

- Dx: Major Depressive Disorder (MDD) recurrent (moderate or severe).
- Dx: Major Depressive Disorder with Suicidal Ideations (MDSI) with or without MDD history.

Who is not a Candidate

- Dx of Bipolar Disorder with mania.
- Dx of Primary Psychosis.
- Dx of Dissociative Identity Disorder.
- Untreated hypertension.
- Hx of CVA or Aneurysm.
- Substance use disorder (with under six months sobriety).
- Pregnancy or breastfeeding.

Standard Treatment Protocol

- 56mg initial dose then either 56mg or 84mg dose thereafter.
- Induction phase: twice weekly for the first four weeks. Then once weekly for four weeks.
- Maintenance dosing is variable. Typically every one to two weeks.
- SPRAVATO® dosing is self-administered by patient, under provider observation.
- Patient is monitored in clinic for 120 minutes following dose.
- Patient is registered in the FDA required REMS (Risk Evaluation and Mitigation Strategy) program.



6400 SE Lake Rd, Suite 155
Portland, OR 97222
(503) 447-3285



SPRAVATO[®] Dosage

- 56mg (two 28mg devices)
- 84mg (three 28mg devices)

How Long Until It Works

- Variable from patient to patient.
- Patients typically improve within the first eight weeks. Some even have remission of depressive symptoms in this time period.
- Expectation management: Length of treatment varies, but is typically greater than 12 months.



Patient Should Know

- Must have transportation to and from treatment.
- Continue taking oral medications.
- Dissociation is not necessary for medication to provide efficacy.
- Establishing with a therapist potentially improves outcomes.
- The authorization process can take four to eight weeks. The patient may get a letter of denial initially but we appeal all denials.

Potential Adverse Effects

Adverse effects typically occur and resolve within the two hour monitoring period.

- Dissociation
- Dizziness
- Nausea
- Sedation
- Vertigo
- Hypoesthesia
- Anxiety
- Lethargy
- Blood Pressure increase
- Vomiting
- Feeling drunk
- Euphoric mood
- Bladder irritability
- Headache