7.2.17 SPRAVATO® (ESKETAMINE) DISPENSING, ADMINISTRATION, HANDLING, STORAGE AND DISPOSAL

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Revision History: Not Applicable

References: Title 21 Code of Federal Regulations (C.F.R.) Part 1306; 21 C.F.R part 1304; 21 C.F.R §§ 1301.71(1) and 1301.75(b); 21 C.F.R. § 1317.05(a); Nursing Rights of Medication Administration, National Library of Medicine, National Center for Biotechnology Information

Policy Owner: Adult Services Section Manager

Director Signature: **Signature on File**

I. Policy Statement

The purpose of this policy is to instruct Sonoma County Department of Health Services, Behavioral Health Division (DHS-BHD) providers on the procedures for dispensing, administration, handling, storage, and disposal of the Schedule III controlled medication **SPRAVATO® (Esketamine)** in the treatment of qualifying members struggling with treatment resistant major depressive disorder and/or major depressive disorder with active suicidal ideation.

II. Scope

This policy applies to all DHS-BHD Covered Persons including employees (full-time, part-time, extra-help), unpaid interns, paid interns, temporary agency workers, registered volunteers, and all individual providers contractually designated as covered persons. Covered Persons do not include Community Based Organization (CBO) staff.

III. Definitions

A. Authorized Representative: The designated individual at a Spravato Risk Evaluation and Mitigation Strategy (REMS) site who oversees the

implementation of the program and the coordination of services. This individual may be a health program manager, member care manager, medical director, or other supervising/managing staff member responsible for day-to-day operations.

B. Electronic Health Record (EHR): An EHR is an electronic version of a member's medical history, that is maintained by the provider over time, and may include all of the key administrative clinical data relevant to that person's problems, medications, vital signs, past medical history, immunizations, laboratory data and radiology reports.

C. Esketamine: Esketamine is a Schedule III controlled drug used as a general anesthetic and also for the treatment of depression, sold under the brand name SPRAVATO®.

D. Pronoun Usage: Throughout this policy, the singular "they/their" is used as a gender-neutral pronoun to promote clarity, readability, and inclusivity.

E. Risk Evaluation and Mitigation Strategy (REMS): A REMS is a strategy to manage known or potential risks associated with a drug and is required by the US Food and Drug Administration (FDA), to ensure that the benefits of the drug outweigh its risks.

F. Serious Adverse Events of Interest (SAEI): Adverse events involving sedation, dissociation, respiratory depression, and hypertension that result in:

1. Hospitalization
2. Disability or permanent damage
3. Death
4. Life-threatening symptoms
5. Important medical event (defined as any event that may jeopardize the member or may require intervention to prevent one of the above outcomes)

IV. Policy

A. Spravato (Esketamine) is available through a restricted distribution that supports safe and appropriate use for members.

1. This includes the Food & Drug Administration (FDA), the Spravato REMS program, which requires that Spravato be administered under the direct medical supervision of a healthcare provider, and members must be monitored by a healthcare provider post-administration for **at least 2 hours.**
2. Spravato must never be dispensed directly to a member for home use.

B. Spravato (Esketamine) treatment may only be administered at a Spravato REMS certified site.

   1. The Authorized Representative will ensure that the site administering Spravato (Esketamine) is properly enrolled in the Spravato REMS program, utilizing the Spravato REMS Outpatient Healthcare Setting Enrollment Form.

   2. If the Authorized Representative changes, the new Authorized Representative will need to re-certify the site in the REMS program by completing a new Spravato REMS Outpatient Healthcare Setting Enrollment Form.

C. All Spravato REMS-certified sites are required to have a pulse oximeter monitoring device.

   1. The Authorized Representative will ensure that the site has obtained the required device and that it remains in good working order.

D. Spravato (Esketamine) treatment may be supervised by either a Psychiatric Nurse (with a prescriber present on site), or prescribing practitioner.

   1. The Authorized Representative will ensure that a prescribing practitioner is onsite (in person), at all times during the administration and monitoring of the treatment.

   2. The Authorized Representative will ensure a healthcare provider (Psychiatric Nurse or prescribing practitioner), is onsite (in person), to monitor each member for **at least 2 hours** following administration of medication for resolution of sedation and dissociation, and changes in vital signs.

E. All involved medical staff at the Spravato REMS certified site must complete the initial required training on the prescribing, dispensing, and administration of Spravato (Esketamine), as outlined in the Spravato REMS Outpatient Healthcare Setting Enrollment Form.

   1. The Authorized Representative will maintain a record documenting staff's completion of required trainings.

   2. The Authorized Representative will ensure that any new staff onboarding with the Spravato REMS certified site will complete the initial required training prior to providing Spravato services.

F. The Authorized Representative will maintain a physical copy of all policies and procedures governing implementation of the Spravato REMS program at the site.

   1. The *SPRAVATO Highlights of Prescribing Information* document (Attachment #1 of this policy and procedure) shall serve as the primary reference document for:

a. Indications and usage

b. Dosage and administration

c. Dosage forms and strengths

d. Contraindications

e. Warnings and precautions

f. Adverse reactions

g. Uses in specific populations

G. In conjunction with the Psychiatric Nurse, the Authorized Representative will maintain a record of all shipments of Spravato received, using the MHS 140 Controlled Substance Log, the MHS 142 Controlled Substances Signature Log, and the dispensing information—including the member's name, dose, number of devices, and date of administration—recorded in the Medication Administration Record (MAR) in the Electronic Health Record (EHR).

1. Record of return of waste medication to the pharmacy (either incomplete administration or unused medication) will be kept for review using MHS 165 Medication Disposal Log.

V. Procedures

A. Referral Process

1. The referring prescriber, who must be a DEA CIII-registered DHS-BHD staff prescriber, determines if the member is appropriate for Spravato (Esketamine) treatment, including screening for all contraindications, warnings and precautions, drug interactions, specific population use, and drug abuse/dependence indicators listed in Attachment 1: *SPRAVATO-Highlights of Prescribing Information.*

   a. The referring prescriber will consult with the prescribers supervising the Spravato (Esketamine) program administration as clinically indicated.

   b. Spravato is not for use in children, and no referrals for members ages 0-17 will be accepted.

2. The referring prescriber or psychiatric nursing staff complete the MHS 240 Esketamine/Spravato Referral Form, and submit to the clinic manager for scheduling and coordination with the Esketamine/Spravato treatment team in the REMS certified clinic.

3. The prescriber supervising the Esketamine/Spravato program will review the referral information and make a clinical determination as to the appropriateness for treatment.

    a. If the referral is rejected, the prescriber supervising the Esketamine/Spravato program will communicate the reason for the rejection to the referring prescriber.

    b. If the referral is accepted, Psychiatric Nurse or the prescriber supervising the Esketamine/Spravato program will notify the referring prescriber and the member's assigned case manager.

4. The completed referral form will be scanned into the EHR by clerical staff at the Spravato REMS certified site.

5. The referred member's assigned case manager coordinates transportation for the member to and from scheduled Esketamine/Spravato treatment sessions.

    a. Members undergoing Esketamine/Spravato treatment will experience impaired ability to drive and operate machinery after treatment, and should not drive or operate machinery until the next day after a restful sleep.

B. Transferring Treatment Settings

    a. The Psychiatric Nurse or Authorized Representative will notify Spravato REMS in advance, if member treatment will be transferred from one REMS-certified Healthcare Setting to another REMS-certified Healthcare Setting.

C. Ordering

1. A Drug Enforcement Administration (DEA) CIII-registered prescriber in the REMS-certified clinic will enter the order for Esketamine/Spravato within the EHR.

    a. The prescriber determines, in the exercise of their sound medical discretion, and in consultation with the referring prescriber, that it is appropriate for the member to self-administer the controlled substance while under the direct supervision of the prescriber and/or Psychiatric Nurse at the REMS certified clinic.

    b. The order is for a single dose of the controlled substance for a particular member–not a take-home supply for the member, and not for the clinic's office stock.

    c. The order will include the prescriber's DEA-CIII number, selected on the ordering screen in the EHR.

d. The prescribing location on the order can only be the REMS-certified clinic.

2. The Psychiatric Nurse in the REMS certified clinic contacts the pharmacy for delivery of medication on scheduled treatment dates and times, and facilitates completion of Prior Authorization or Treatment Authorization Request as necessary.

3. The prescribing provider will complete Spravato REMS Patient Enrollment Form with the member, provide a copy to the member, and to the authorized clinic representative and Psychiatric Nurse for entry into Spravato REMS system.

4. The Psychiatric Nurse ensures the Spravato REMS enrollment form is signed by both the prescriber and the member, and the form is submitted to the Spravato REMS program prior to commencing treatment.

    a. The Psychiatric Nurse will log into SpravatoRems.com to submit the enrollment form.

5. The Psychiatric Nurse/prescriber will ensure medication consent is signed by both the prescriber and the member.

    a. A copy of the FDA-Approved Medication Guide for Spravato will be provided to the member and reviewed with them.

    b. The member will be advised that Janssen Pharmaceuticals, Inc. and its agents, including trusted vendors, may contact them or their prescriber via phone, mail, fax, or email to support administration of the REMS.

    c. The member will be advised that Janssen Pharmaceuticals, Inc. and its agents, including trusted vendors, may use, disclose, and share their personal health information to support the administration of the REMS.

6. The induction and maintenance dosing schedule will be determined by the Spravato dosing schedule.

    a. Please see Attachment 1: *SPRAVATO-Highlights of Prescribing Information* for recommended dosing schedule.

7. All members referred for Spravato (Esketamine) treatment should be assessed for the benefit of a one-time dose of PRN Ondansetron, should member experience nausea during initial treatment session.

    a. If deemed appropriate by prescribing practitioner, prescription should be ordered for delivery for availability during initial treatment session.

D. Storage and Handling

1. Upon delivery of medication by specialty pharmacy, medication will be stored in accordance with MHP-10 Outpatient Medication Services Policy.

2. The medication is to be administered only to the member named on the order **no later than 14 days** after the date of receipt of the medication from the pharmacy.

    a. If the medication is not administered to the member named on the order **within 14 days** after the date of receipt from the pharmacy, then the medication will be disposed of according to the Disposal Protocol outlined below (See Section F).

    b. Unused medication will not be distributed, transferred, loaned, or sold to any other member or entity.

E. Treatment Protocol

1. Treatment Preparation

    a. Treatment team staff will call and remind member the day before their scheduled treatment and confirm again prior to Spravato administration that member understands they should not eat for **at least 2 hours** before administering Spravato, and not to drink any liquids at least 30 minutes before administering Spravato.

        i. Members should be encouraged NOT to drink coffee or any caffeinated beverages the morning of treatment, as this can increase blood pressure.

    b. On day of first treatment and prior to each following treatment, PHQ-9 should be completed in the EHR.

        i. Psychiatric Nurse or program clinical staff will support member in completing on day of treatment.

    c. Psychiatric Nurse or prescriber will assess member prior to each treatment, provided necessary medication education, explain procedure, address questions and/or concerns the member may have and ensure member is comfortable.

        i. The assessment will include the base-line monitoring elements described in the Monitoring Protocol below, taken and recorded prior to the self-administration of treatment.

        ii. Member will be reminded that they should not drive or operate machinery until the next day after a restful sleep.

2. Administration

    a. Treatment shall occur in a therapy room readily accessible by treatment staff while affording member a quiet calm environment.

        i. Music and/or reading materials may be provided to member to support comfort during treatment.

    b. On day of first treatment the member will be provided with the Spravato trainer device to familiarize with self-administration in clinic.

        i. If the member requests to practice with the trainer device during subsequent visits always allow them to do so.

    c. Prior to providing medication to the member for self-administration, the treatment provider will utilize the five rights of medication administration: the right patient, the right time and frequency of administration, the right dose, the right route, and the right drug.

    d. The member will self-administer the dose to commence treatment.

F. Monitoring Protocol

1. General Monitoring Procedure

    a. Prior to commencement of individual treatment sessions, the Psychiatric Nurse will record the member's baseline measure of blood pressure, vitals (including pulse oximetry), sedation, and dissociation, according to the specific procedures below, in order to clear the member to initiate self-administration.

    b. During the treatment session, the member will be monitored for changes in blood pressure, vitals (including pulse oximetry), sedation, and dissociation, at the timing intervals indicated in the sections below.

    c. At the end of the **2 hour** monitoring, the member will be assessed for final measures of blood pressure, vitals (including pulse oximetry), sedation, and dissociation, according to the specific procedures below, in order to clear the member to leave the treatment setting.

2. Monitoring of Blood Pressure

    a. Using a Vitals Flowsheet in the EHR, provider will measure and record blood pressure prior to medication self-administration.

        i. If baseline blood pressure is at or above 140/90 mmHg, discussion with prescriber on site will occur to determine appropriateness for treatment.

ii. Provider should assess for symptoms of hypertensive crisis including headache, chest pain, and blurred vision.

iii. Prescriber on site will decide whether treatment can proceed, or treatment should be postponed, and member should be referred for medical treatment to address hypertension.

b. Following self-administration of medication, blood pressure should be obtained and recorded by the Psychiatric Nurse or prescriber **every 40 minutes** for the remainder of treatment and recorded on the Vitals Flowsheet in the EHR.

i. On site prescriber should be notified if blood pressure exceeds 180/110 mmHg.

ii. The nurse and/or provider should assess for symptoms including shortness of breath, headache, chest pain, blurred vision, diminished consciousness or any focal neurological deficits and determine whether emergency medical care should be sought.

iii. All adverse medication reactions should be logged in MHS 107 Sentinel Event Form and Spravato REMS Patient Monitoring Form.

c. A final blood pressure should be recorded at end of treatment prior to discharge (i.e. no less than **2 hours** after self-administration of medication).

i. If blood pressure is decreasing and member appears stable, the member may be discharged at the end of the **2 hour** monitoring period with a plan for future treatment.

ii. If at the end of **2 hours**, blood pressure exceeds 140/90 mmHg, the onsite prescriber should be notified.

iii. The onsite prescriber will decide if the member is safe to leave; or should remain for another 20-40 minutes, after which time member's blood pressure should be reassessed.

iv. For members who are deemed safe to leave clinic with blood pressure above 140/90 mmHg, the Psychiatric Nurse will call the member at their home on the same day of treatment to assess for symptoms of continued high blood pressure including headache, chest pain and blurred vision.

(1) If any of these symptoms exist, the onsite prescriber should be notified and determine if the member should be referred for emergency medical care via ambulance.

v. All adverse medication reactions should be logged in MHS 107 Sentinel Event Form and Spravato REMS Patient Monitoring Form.

3. Monitoring Respiratory Status

   a. Due to the risk of respiratory depression, member must be monitored for changes in respiratory status by a healthcare provider for at least 2 hours (including pulse oximetry) at each treatment session, followed by an assessment to determine when the member is considered clinically stable and ready to leave the healthcare setting.

   b. The Psychiatric Nurse will take and record pulse oximetry readings prior to, during (every 40 minutes of treatment), and toward the end of the 2 hour monitoring period, and record them on both the Flowsheet in the EHR and the Spravato REMS Patient Monitoring Form.

   c. All adverse medication reactions should be logged in MHS 107 Sentinel Event Form and Spravato REMS Patient Monitoring Form.

4. Monitoring for Sedation and/or Dissociation

   a. Monitor member for any sedation/dissociation side effects before, after, and during the treatment.

   b. Should member display symptoms of dissociation/psychosis/hallucinations which are clinically significant or do not resolve within the treatment period, the onsite prescriber should be consulted and appropriateness for emergency care referral via EMS should be considered.

   c. All adverse medication reactions should be logged in MHS 107 Sentinel Event Form and Spravato REMS Patient Monitoring Form.

5. Reporting Adverse Events

   a. Report any Serious Adverse Events of Interest immediately to the REMS program at the following locations.

      i. SpravatoRems.com on the Spravato REMS Patient Monitoring Form.

      ii. To report SUSPECTED ADVERSE REACTIONS, contact Janssen Pharmaceuticals, Inc. at 1-800-JANSSEN (1-800-526-7736) or FDA at 1-800-FDA-1088 or www.fda.gov/medwatch.

   b. All non-serious adverse events or product quality complaints should be reported to: Janssen at 1-800-JANSSEN (1-800-526-7736) or the FDA at 1-800-FDA-1088 or www.fda.gov/medwatch.

6. Submission of Monitoring Documents

    a. Psychiatric Nurse will log into SpravatoRems.com and complete Spravato REMS Patient Monitoring Form **within 7 days** after each treatment.

        i. Scan completed Spravato REMS forms in member's EHR.

G. Disposal Procedures

1. Dispose of used device(s) in waste container provided.

2. If medication is not fully utilized, the partially utilized medication device shall be disposed of using the Spravato Disposal Program procedures (last updated 07/01/2025) and entered on medication disposal log.

3. In the situation where the medication is not administered to the member named on the order **within 14 days** after the date of receipt from the pharmacy, the medication device shall be disposed of in accordance with the medication disposal policy and entered on the medication disposal log.

H. Documentation of Services

1. All treatment services involving the supervised self-administration and monitoring of Esketamine should be documented in EHR as "Medication training and support - H0034".

VI. Forms

A. MHS 107 Sentinel Event Form

B. MHS 140 Controlled Substances Log

C. MHS 142 Controlled Substances Signature Log

D. MHS 165 Medication Disposal Log

E. MHS 240 SCBH Spravato (Esketamine) Referral Form

F. SPRAVATO REMS Outpatient Healthcare Setting Enrollment Form

G. SPRAVATO REMS Patient Enrollment Form

H. SPRAVATO REMS Patient Monitoring Form

VII. Attachments

Attachment #1 SPRAVATO - Highlights of Prescribing Information