Spravato® (esketamine) nasal spray

SPRAVATO® REMS

Patient Monitoring Form - Outpatient Use Only

For Healthcare Setting Use Place Patient Label or Barcode Here

INSTRUCTIONS:

This form is intended only for use by outpatient medical offices or clinics, **excluding emergency departments**. You must also submit the **Patient Enrollment Form** if this is the patient's first treatment session.

1. Monitor the patient for any signs of sedation, dissociation, or respiratory depression during the 2-hour monitoring period as a requirement of the REMS.
2. Complete all required fields on this form after **every** treatment session for **all outpatients** enrolled in the SPRAVATO® REMS.
3. Submit completed patient monitoring forms within **7 days** online at www.SPRAVATOrems.com.

**** Indicates Required Field***

Patient

First Name*: Patrick | MI: H | Last Name*: Corporal | Birthdate* (MM/DD/YYYY): 02/19/1990 | Sex*: ■ Male ☐ Female ☐ Other

Is this the patient's first treatment* ■ Yes ☐ No

If YES, is the patient enrolled*? ☐ Yes ■ No

If NO is selected, please submit the Patient Enrollment Form at www.SpravatoREMS.com or by fax.

Concomitant Medication

Is the patient currently taking any of the following medication(s) that may cause sedation, dissociation, respiratory depression, or blood pressure changes (including but not limited to benzodiazepines, sedative hypnotics, opioids, psychostimulants)? ■ Yes ☐ No

If yes, list medications here: Opiods

Monitoring Healthcare Provider

First Name*: Will | Last Name*: Smith

Telephone*: (562) 840-2638 | Email*: willsmith@surgicalcenter.com

Healthcare Setting Information (PRINT)

Healthcare Setting Name*: Surgical Center

Healthcare Setting Address 1*: 1600 buford hwy | Healthcare Setting Address 2: Building 1600

City*: Loganville | State*: GA | ZIP*: 30043 | Healthcare Setting DEA Number*: F5930256

Patient Treatment Session Information (Administration and Monitoring)

Treatment Date* (MM/DD/YYYY): 06/17/2027

Dose Administered* ■ 56 mg ☐ 84 mg ☐ Other:_____ **Lot Number*:** _____

Treatment Duration*
(Patient must be monitored for at least 2 hours)

Total treatment duration 120 **minutes** (from 1st device administration to completion of monitoring)

If not monitored for at least 2 hours, provide reason why: not applicable

Monitoring of Vital Signs*:

Were vital signs in acceptable range prior to:

Administration? ■ Yes ☐ No

Treatment session completion? ■ Yes ☐ No

Monitoring of Pulse Oximetry*:

Was pulse oximetry at an acceptable level prior to administration? ■ Yes ☐ No

During treatment? ■ Yes ☐ No

At treatment session completion? ■ Yes ☐ No

If a Serious Adverse Event (SAE) occurred during the session, describe in the following section

Serious Adverse Events of Interest

For this SPRAVATO® REMS, a Serious Adverse Event (SAE) of interest is defined as any event involving **sedation, dissociation, respiratory depression, or hypertension** that results in death, hospitalization, disability/permanent damage, an important medical event+, or is life-threatening.

Did the patient experience a SAE of interest as defined above?

■ Yes (describe in following section) ☐ No

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Spravato® (esketamine) CIII nasal spray

SPRAVATO® REMS

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For Healthcare Setting Use Place Patient Label or Barcode Here

** Indicates Required Field*

Patient Information (PRINT)

First Name*:	MI:	Last Name*:	Birthdate* (MM/DD/YYYY):	Sex*:
Patrick	H	Corporal	02/19/1990	■ Male ☐ Female ☐ Other

Monitoring Healthcare Provider

First Name*:	Last Name*:
Will	Smith
Phone*: (562) 840-2638	**Email:** willsmith@surgicalcenter.com
Treatment Date (MM/DD/YYYY): 06/17/2027	

Serious Adverse Events of Interest – Additional Details (PRINT)

Janssen Pharmaceuticals, Inc., a Johnson & Johnson Company Safety Department will follow up to obtain more information about events reported in this table.
If needed, add additional pages to document SAEs.

Event Outcome (Check all that apply)*	Event Timing	**Description of Serious Adverse Event of Interest** (include relevant details such as clinical course, therapeutic interventions, comorbidities, prescription/nonprescription medications)	Event Resolution
The SAE resulted in one or more of the following outcomes: ☐ Death ☐ Life-threatening ■ Hospitalization ☐ Disability/permanent damage ☐ Important Medical Event	Date of Event (MM/DD/YYYY) 06/18/2027 During treatment session? ☐ Yes ■ No	☐ Sedation ■ Dissociation ☐ Respiratory depression ☐ Hypertension Details: Patient expereinced moments of dissociation a day after treatment	☐ Yes ☐ No ■ Unknown If yes, time to resolution (min): ________
The SAE resulted in one or more of the following outcomes: ☐ Death ☐ Life-threatening ■ Hospitalization ☐ Disability/permanent damage ☐ Important Medical Event	Date of Event (MM/DD/YYYY) 06/18/2027 During treatment session? ☐ Yes ■ No	☐ Sedation ■ Dissociation ☐ Respiratory depression ☐ Hypertension Details: Patient expereinced moments of dissociation a day after treatment	☐ Yes ☐ No ■ Unknown If yes, time to resolution (min): ________
The SAE resulted in one or more of the following outcomes: ☐ Death ☐ Life-threatening ■ Hospitalization ☐ Disability/permanent damage ☐ Important Medical Event	Date of Event (MM/DD/YYYY) 06/18/2027 During treatment session? ☐ Yes ■ No	☐ Sedation ■ Dissociation ☐ Respiratory depression ☐ Hypertension Details: Patient expereinced moments of dissociation a day after treatment	☐ Yes ☐ No ■ Unknown If yes, time to resolution (min): ________

+Defined as any event that may jeopardize the patient or may require intervention to prevent one of the above outcomes.

Report other product quality complaints or adverse events that are not defined above to:
Janssen Pharmaceuticals, Inc. at 1-800-526-7736 or the FDA at 1-800-FDA-1088 or www.fda.gov/medwatch.

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