Spravato® (esketamine) C III
28 mg nasal spray

Unused SPRAVATO® Returns Form

This completed form must be uploaded to Inmar Portal (https://hrm.healthcare.inmar.com/landing) AND included inside the return box to ensure timely processing. Product should be returned in tamper resistant packaging.

Return Form Number: _____

The number format is the request date, your initials, followed by a number when creating multiple different returns. Ex. 010125AA1

Date of Request: _____

DEA Number: _____

Facility Name: _____

Facility Address: _____

_____

Dispensing Pharmacy Name: _____

Dispensing Pharmacy Address: _____

_____

Sign Here **Signature:** _____ **Name:** _____

Reason for Return (please choose one)

- ○ Incorrect dosage kit ordered
- ○ Patient scheduling
- ○ Exceeded product administration timeframe
- ○ Discontinuation by patient
- ○ Discontinuation by prescriber

This form is not intended for reporting Adverse Events or Product Quality Complaints.
Please call 1-800-526-7736

Total Quantity of Individual Sprayers Returning: _____

NDC	Lot #	Expiration Date	Quantity

Johnson&Johnson

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