Prescriber Checklist for Tolvaptan Teva

Tolvaptan Teva is indicated to slow the progression of cyst development and renal insufficiency of autosomal dominant polycystic kidney disease (ADPKD) in adults with CKD stage 1 to 4 at initiation of treatment with evidence of rapidly progressing disease.

Section A of the checklist is provided to help you before you initiate patients on Tolvaptan Teva.

Section B is provided to assist you with assessing patients for ongoing treatment with Tolvaptan Teva.

Please use the patient reminder card to support your discussion with the patient.

It may be useful to retain these checklists in patient records or notes to assist in the documentation of prescribing decisions. For full information on Tolvaptan Teva please consult the Summary of Product Characteristics (SmPC). If you require further information on Tolvaptan Teva please contact Teva Medical Information at medinfo@tevauk.com or call 0207 540 7117.

Section A:
Checklist for patient assessment prior to initiation of Tolvaptan Teva treatment

CONTRAINDICATIONS – if any of the below apply to the patient they should **NOT** be treated with Tolvaptan Teva	**Yes**	**No**
Elevated liver enzymes and/or signs or symptoms of liver injury (fatigue, anorexia, nausea, right upper abdominal discomfort, vomiting, fever, rash, pruritus, icterus, dark urine or jaundice) prior to initiation of treatment that meet the requirements for permanent discontinuation of Tolvaptan Teva. Recommendations for permanent discontinuation are: • ALT or AST >8 x upper limit of normal (ULN); • ALT or AST >5 x ULN for more than 2 weeks; • ALT or AST >3 x ULN and (BT >2 x ULN or international normalised ratio (INR) >1.5); • ALT or AST >3 x ULN with persistent signs or symptoms of hepatic injury		
Pregnancy or breastfeeding (including female patients planning a pregnancy)		
Volume depletion		
Hypernatraemia		
Anuria		
Inability to perceive or respond to thirst		
Hypersensitivity to the active substance or any of its excipients, or to benzazepine or benzazepine derivatives		
PRECAUTIONARY CONDITIONS – if any of the following apply to the patient, Tolvaptan Teva may be prescribed with caution along with appropriate monitoring		
Raised liver enzymes, AST and/or ALT stabilised at no greater than 3 x ULN **In case of abnormal baseline levels below the limits for permanent discontinuation, treatment can only be initiated if the potential benefits of treatment outweigh the potential risks, and liver function testing must continue at increased time frequency. The advice of a hepatologist is recommended.**		
Severe hepatic impairment (Child-Pugh class C) (benefit vs. risk must be evaluated carefully and liver enzymes must be regularly monitored)		
Limited access to water		
Dehydration		
Obstruction of urinary outflow (e.g. prostatic hypertrophy)		
Fluid and electrolyte imbalance		
Serum sodium abnormalities		
History of anaphylaxis		
Lactose and galactose intolerance		
Diabetes mellitus		
Elevated uric acid concentration		
Effect on glomerular filtration rate (GFR): a reversible reduction in GFR has been observed at initiation of Tolvaptan Teva treatment		
Medicines likely to interact with Tolvaptan Teva: CYP3A inhibitors (e.g. ketoconazole, fluconazole, grapefruit juice), CYP3A inducers (e.g. rifampicin), CYP3A substrates (warfarin, amiodarone), transporter substrates (e.g. digoxin), drugs increasing serum sodium concentration, diuretics or non-diuretic anti-hypertensive medicines, and vasopressin analogues. Tolvaptan Teva doses must be reduced in patients taking moderate or strong CYP3A inhibitors, as concomitant use of these drugs increases Tolvaptan Teva exposure. See Tolvaptan Teva SmPC for more information.		

Prescriber Checklist for Tolvaptan Teva

PREGNANCY, LACTATION, BREASTFEEDING I confirm I have discussed the following with all female patients of child-bearing potential:		
• All women of childbearing potential should use at least one effective method of pregnancy prevention for 4 weeks before therapy; during therapy (even in the case of dose interruptions) and for at least another 4 weeks after stopping Tolvaptan Teva • Tolvaptan Teva should not be taken if the patient is pregnant or planning a pregnancy as it may harm the baby • If the patient becomes pregnant then she should be advised to STOP her tablets immediately and to inform her doctor • The patient must not breastfeed while taking Tolvaptan Teva and for one month after stopping tolvaptan		

PRESCRIBING DECISION (initiation)
I intend to initiate treatment with Tolvaptan Teva to the following patient:

Patient Name: _____ **Patient Hospital Number:** _____

Prescriber Name: _____ **Date:** _____

If you have decided to prescribe Tolvaptan Teva the patient should be informed of the following points:

- There is a need for monthly blood tests for liver function during the first 18 months of therapy and every three months thereafter
- The patient needs to be vigilant for signs and symptoms of hepatic injury
- The patient needs to drink adequate fluids ahead of thirst and to drink 1-2 glasses of fluid before bedtime
- You will provide them with a patient/carer pack (including a patient/carer education brochure and a patient alert card)

Healthcare professionals are asked to report any suspected adverse reactions. Adverse events should be reported. Reporting forms and information can be found at www.mhra.gov.uk/yellowcard or search for MHRA Yellow Card in the Google Play or Apple App Store. Adverse events should also be reported to Teva UK Limited on 0207 540 7117 or medinfo@tevauk.com.

Section B:
Checklist for patient assessment for ongoing eligibility for Tolvaptan Teva treatment

It is suggested that the following checklist is completed monthly for Tolvaptan Teva patients who are being treated for ADPKD for the first 18 months, and then every three months thereafter.

HEPATIC INJURY	Yes	No
Is the patient showing any signs or symptoms of liver injury? (fatigue, anorexia, nausea, right upper abdominal discomfort, vomiting, fever, rash, pruritus, icterus, dark urine or jaundice) **If the answer is Yes, treatment with Tolvaptan Teva must be interrupted immediately, the cause investigated and the occurrence reported using the reporting mechanism below**		

Liver function test results	Recommended action
ALT or AST abnormal	**Immediately interrupt Tolvaptan Teva treatment and investigate the cause of the raised liver enzyme(s) and repeat tests including ALT, AST, BT and alkaline phosphatase (AP) as soon as possible. Testing must continue at increased time frequency until symptoms/signs/abnormalities stabilise or resolve, at which point Tolvaptan Teva may be reinitiated.**
Liver function results stabilise If ALT and AST levels remain below 3 x ULN	**Restart Tolvaptan Teva treatment cautiously at same or lower dose with frequent monitoring.**
If any of the following occurs: • ALT or AST >8 x ULN • ALT or AST >5 x ULN for more than 2 weeks • ALT or AST >3 x ULN and (BT >2 x ULN or International Normalised Ratio (INR) >1.5) • ALT or AST >3 x ULN with persistent signs or symptoms of hepatic injury (as noted above)	**Permanently discontinue treatment.**

FLUID AND ELECTROLYTE BALANCE	Tick box to confirm
During long-term treatment electrolytes have to be monitored at least every three months	

CONTRAINDICATIONS – if any of the following apply, treatment should be interrupted	Yes	No
Elevated liver enzymes and/or signs or symptoms of liver injury as indicated in the table above		
Pregnancy or breastfeeding		
Volume depletion		
Hypernatraemia		
Anuria		
Inability to perceive or respond to thirst		
Hypersensitivity to the active substance or any of its excipients or to benzazepine or benzazepine derivatives		

IF THE PATIENT IS A FEMALE OF CHILDBEARING POTENTIAL: Provide counselling on the importance of pregnancy prevention

Ensure female patients of childbearing potential are using one effective method of pregnancy prevention at least 4 weeks before therapy, during therapy and even in the case of dose interruptions and for at least a further 4 weeks after stopping Tolvaptan Teva

PRESCRIBING DECISION (ongoing treatment)
Titrate dose upward, if tolerated, with at least weekly intervals between up-titrations

Based on tolerability and other tests performed on this patient (select one option below):	**Tick box**
I intend to continue Tolvaptan Teva at the current dose	
I have decided to interrupt treatment with Tolvaptan Teva	
I have decided to permanently discontinue treatment with Tolvaptan Teva	

Patient Name: _____ **Patient Hospital Number:** _____

Prescriber Name: _____ **Date:** _____

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