JINARC® (tolvaptan) prescribing checklist for treatment initiation – Section A

Patient name		Patient hospital number	

JINARC (tolvaptan) 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. The following checklists are provided as items that can help you before you initiate patients on JINARC, Section A, and to assist you with assessing patients for ongoing treatment with JINARC, Section B. It may be useful to use these checklists in patient records or notes to assist in the documentation of prescribing decisions. For full information on JINARC please consult the Summary of Product Characteristics (SmPC). If you require further information on JINARC please contact Otsuka Medical Information at medical.information@otsuka-europe.com or call +353 1 695 0725.

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

CONTRAINDICATIONS – if any of the following apply to the patient then they should **not** be treated with JINARC	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 JINARC. 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 normalized ratio (INR) >1.5); • ALT or AST >3 x ULN with persistent signs or symptoms of hepatic injury		
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		

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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, JINARC may be prescribed with caution along with appropriate monitoring	Yes	No
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 of on glomerular filtration rate (GFR): a reversible reduction in GFR has been observed at initiation of JINARC treatment		
Medicines likely to interact with JINARC: 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. JINARC doses must be reduced in patients taking moderate or strong CYP3A inhibitors, as concomitant use of these drugs increases JINARC exposure. See JINARC SmPC for more information.		

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

Ensure female of childbearing potential is 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 JINARC

PRESCRIBING DECISION (initiation)

I intend to initiate treatment with JINARC at the following dose (enter dosing):

Clinician name		Date	

If you have decided to prescribe JINARC 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 education brochure, a patient alert card and a patient safety information leaflet

▼ **This medicinal product is subject to additional monitoring. This will allow quick identification of new safety information. Healthcare professionals are asked to report any suspected adverse reactions to HPRA Pharmacovigilance, Earlsfort Terrace, IRL – Dublin 2; Tel: +353 1 676 4971; Fax: +353 1 676 2517; Website: www.hpra.ie; Email: medsafety@hpra.ie.**
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Limited access to water		
Dehydration		
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Fluid and electrolyte imbalance		
Serum sodium abnormalities		
History of anaphylaxis		
Lactose and galactose intolerance		
Diabetes mellitus		
Elevated uric acid concentration		
Effect of on glomerular filtration rate (GFR): a reversible reduction in GFR has been observed at initiation of JINARC treatment		
Medicines likely to interact with JINARC: 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. JINARC doses must be reduced in patients taking moderate or strong CYP3A inhibitors, as concomitant use of these drugs increases JINARC exposure. See JINARC SmPC for more information.		

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JINARC® (tolvaptan) prescribing checklist for patient monitoring – Section B

Patient name		Patient hospital number	

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Section B: Checklist for patient assessment for ongoing eligibility for JINARC treatment

It is suggested that the following checklist is completed monthly for JINARC 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 JINARC should 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	**Interrupt JINARC 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. Report associated adverse events using the reporting mechanism indicated below. Testing must continue at increased time frequency until symptoms/ signs/ laboratory abnormalities stabilise or resolve, at which point JINARC maybe reinitiated.**
Liver function results stabilise If ALT and AST levels remain below 3 x ULN	**Restart JINARC treatment cautiously at same or lower dose with frequent monitoring and report associated adverse events using the reporting mechanism indicated below.**
ALT or AST >8 x ULN	**Permanently discontinue treatment and report associated adverse events using the reporting mechanism indicated below.**
ALT or AST >5 x ULN for more than 2 weeks	
ALT or AST >3 x ULN and (BT >2 x ULN or International Normalized Ratio (INR) >1.5)	
ALT or AST >3 x ULN with persistent signs or symptoms of hepatic injury (as noted above)	

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

JINARC® (tolvaptan) prescribing checklist for patient monitoring – Section B

Patient name		Patient hospital number	

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FLUID AND ELECTROLYTE BALANCE	Tick box
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 counsel on the importance of pregnancy prevention

Ensure female of childbearing potential is 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 JINARC

PRESCRIBING DECISION (ongoing treatment) Titrate dose upward, if tolerated, with at least weekly intervals between up-titrations.	Tick box
Based on tolerability and other tests performed on this patient (select one option below)	
• **I intend to continue JINARC at the following dose (enter dosing)**	
• **I have decided to interrupt treatment with JINARC**	
• **I have decided to permanently discontinue treatment with JINARC**	

Clinician name		Date	

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